Kittitas County
Review Form
Grants & Contract Agreement

#35138

Today's Date 10/17/2016		Agenda Date
Fund/Department 116-Public Health		

Contract/Grant Information

Contract /Grant Agency: Consolidated Contract Amendment 9		
Period Begin Date: January 1, 2015		Period End Date: December 31, 2017
Total Grant/Contract Amount: Increase of $1600.00 for a revised maximum consideration of $333,183.00		
Grant/Contract Number: C17114		
Contract/Grant Summary: The Consolidated Contract Amendment 9 amends the Statement of Work for the following program: • Office of Drinking Water Group A Program-Effective January 1, 2015 Exhibit B-9 Allocations, amends and replaces Exhibit B-8 Allocations as follows: • Increase of $1600.00 for a revised maximum consideration of $333,183.00		

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: _____, Administrator Date:_____

Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:
APPROVED AS TO FORM:

_____

Signature of Prosecutor's Office Date

_____

Signature of Auditor's Office Date

_____

Signature of Board of Health member Date

Financial Information

Total Amount $	State Funds $	Federal Funds $
Percentage County Funds	Matching Funds $	CFDA#
	In-Kind $ Explain	
Is Equipment being purchased?	Who owns equipment?	
New Personnel being hired?	Contact HR hiring – reporting requirements	
Future impacts or liability to Kittitas County:		

Budget Information

Budget Amendment Needed?	Yes ☐ attach budget form	No ☒ Why not Not changing the 2016 allocation
New Division Created?		
Revenue Code 116-615.02.2.346.26.64 - $1600 116-615.02.2.346.26.65 - $1600 116-615.02.2.346.26.66 – ($1600)		

Pass Through Information

Agency to Pass Through	
Amount to Pass Through	$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes ☐ No ☐

County Departments Impacted

	Auditor		Facilities Maintenance
	Information Services		Human Resource
	Prosecutor		Treasurer

Submitted

Signature:	Date:
Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2015 – 2017 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C17114 **AMENDMENT NUMBER: 9**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

   ☐ Adds Statements of Work for the following programs:

   ☒ Amends Statements of Work for the following programs:

   - Office of Drinking Water Group A Program - Effective January 1, 2015

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:

   ☒ Increase of **$1,600** for a revised maximum consideration of **$333,183**.

   ☐ Decrease of _____ for a revised maximum consideration of _____.

   ☐ No change in the maximum consideration of _____.
   Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

_____
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

_____
Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2015-2017 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1,2015 3

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1,2015

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

SOW Type: Revision **Revision # (for this SOW)** 3

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☐ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Fixed Price
☐ Other		

Period of Performance: January 1, 2015 through December 31, 2017

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: The purpose of this revision is to increase contract Consideration, add language to the Payment Information on Task 4, revise Special Billing Requirements and Special Instructions, and change DOH Contact Names.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
Drinking Water Group A - SS	N/A	346.26.64	2421921C	01/01/15	12/31/16	5,000	1,600	6,600
Drinking Water Group A - SS State	N/A	346.26.65	2421252C	01/01/15	12/31/16	5,000	1,600	6,600
Drinking Water Group A - TA	N/A	346.26.66	2421921D	01/01/15	12/31/16	5,000	-1,600	3,400
TOTALS						**15,000**	**1,600**	**16,600**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI).	Final Sanitary Survey Reports must be received by the ODW Regional Office within **30 calendar days** of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$400** for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$800** for each sanitary survey of a

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.		4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office. The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.		non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within **2 working days** of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid **$800** for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline. Late or incomplete reports may not be accepted for payment.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within **30 calendar days** of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: **$250** • 3-6 hours of work: **$500** • More than 6 hours of work: **$750** Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training. See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	LHJ shall be paid mileage, per diem, ~~and~~ lodging ~~costs~~, *and other miscellaneous travel expenses as approved on the pre-authorization form* in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

***For Information Only:**
Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:
http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)
Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

Special Billing Requirements
The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~***$10,000***~~ ***$13,200*** for **Task 1,** and ~~***$5,000***~~ ***$3,400*** for **Task 2, Task 3 and Task 4 combined** during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to the DOH Consolidated Contracts Office, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions
Task 1
Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than **4** surveys of non-community systems with three or fewer connections to be completed between January 1, 2015 and December 31, 2015.
- No more than **5** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2015 and December 31, 2015.
- No more than **1** surveys of non-community systems with three or fewer connections to be completed between January 1, 2016 and December 31, 2016.
- No more than ~~***5***~~ ***9*** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2016 and December 31, 2016.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

Task 2
Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

Task 3
Trained LHJ staff will conduct Technical assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

Task 4
LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

Program Manual, Handbook, Policy References
http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf

DOH Program Contact
~~*Danielle Russell*~~ *Mark Steward*
DOH Office of Drinking Water
16201 E. Indiana Ave, Suite 1500
Spokane Valley, WA 99216
Mark.Steward@doh.wa.gov
(509) 329-2136

DOH Fiscal Contact
Karena ~~*Myers*~~ *McGovern*
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.McGovern@doh.wa.gov
(360) 236-3094

Kittitas County Public Health Department

Indirect Rate as of January 2015: 40.25%

EXHIBIT B-9
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: C17114
Date: September 15, 2016

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
FFY17 DSHS SNAP-Ed IAR	NGA Not Received	Amend 8	10.561	333.10.56	10/01/16	09/30/17	10/01/16	09/30/17	$14,996	$14,996	$14,996
FFY14 EPR LHJ Funding	U90TP000559	Amend 2	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	$528	$23,574	$23,574
FFY14 EPR LHJ Funding	U90TP000559	N/A	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	$23,046		
FFY16 EPR PHEP BP5 LHJ Funding	U90TP000559	Amend 8	93.069	333.93.06	07/01/16	06/30/17	07/01/16	06/30/17	$50,000	$50,000	$105,000
FFY15 EPR PHEP BP4 LHJ Funding	U90TP000559	Amend 4	93.069	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	$5,000	$55,000	
FFY15 EPR PHEP BP4 LHJ Funding	U90TP000559	Amend 3	93.069	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	$50,000		
FFY15 EPR PHEP BP4 Oper Readiness	U90TP000559	Amend 6	93.069	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	$7,704	$7,704	$7,704
FFY14 EPR Planning & Exercises	U90TP000559	Amend 1	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	$24,078	$24,078	$24,078
FFY16 317 Ops	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	$1,232	$1,232	$2,685
FFY15 317 Ops	H23IP000762	Amend 1	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$193	$1,453	
FFY15 317 Ops	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$1,260		
FFY16 AFIX	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	$4,293	$4,293	$9,306
FFY15 AFIX	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$5,013	$5,013	
FFY16 VFC Ops	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	$828	$828	$2,337
FFY15 VFC Ops	H23IP000762	Amend 1	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$380	$1,509	
FFY15 VFC Ops	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$1,129		
FFY16 VFC Ordering	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	$1,400	$1,400	$2,554
FFY15 VFC Ordering	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$1,154	$1,154	
FFY14 Enhance IIS and VTrckS	H23IP000922	Amend 5	93.733	333.93.73	12/01/15	08/31/16	09/30/14	09/29/16	$1,087	$1,087	$1,087
FFY15 MCHBG CBP ConCon	B04MC28134	Amend 3	93.994	333.93.99	01/01/15	09/30/15	10/01/14	09/30/15	$1,723	$34,870	$34,870
FFY15 MCHBG CBP ConCon	B04MC28134	N/A	93.994	333.93.99	01/01/15	09/30/15	10/01/14	09/30/15	$33,147		
FFY17 MCHBG LHJ & Other Contracts	NGA Not Received	Amend 8	93.994	333.93.99	10/01/16	09/30/17	10/01/16	09/30/17	$44,196	$44,196	$88,392
FFY16 MCHBG LHJ & Other Contracts	B04MC29364	Amend 3	93.994	333.93.99	10/01/15	09/30/16	10/01/15	09/30/16	$44,196	$44,196	
Drinking Water Group A - SS		**Amend 9**	**N/A**	**346.26.64**	01/01/15	12/31/16	01/01/15	06/30/17	**$1,600**	**$6,600**	**$6,600**
Drinking Water Group A - SS		Amend 6	N/A	346.26.64	01/01/15	12/31/16	01/01/15	06/30/17	$2,200		
Drinking Water Group A - SS		N/A, Amend 6	N/A	346.26.64	01/01/15	12/31/16	01/01/15	06/30/17	$2,800		
Drinking Water Group A - SS State		**Amend 9**	**N/A**	**346.26.65**	01/01/15	12/31/16	01/01/15	06/30/17	**$1,600**	**$6,600**	**$6,600**
Drinking Water Group A - SS State		Amend 6	N/A	346.26.65	01/01/15	12/31/16	01/01/15	06/30/17	$2,200		
Drinking Water Group A - SS State		N/A, Amend 6	N/A	346.26.65	01/01/15	12/31/16	01/01/15	06/30/17	$2,800		

Kittitas County Public Health Department

EXHIBIT B-9
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: C17114
Date: September 15, 2016

Indirect Rate as of January 2015: 40.25%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
Drinking Water Group A - TA		**Amend 9**	**N/A**	**346.26.66**	01/01/15	12/31/16	01/01/15	06/30/17	**($1,600)**	**$3,400**	**$3,400**
Drinking Water Group A - TA		Amend 6	N/A	346.26.66	01/01/15	12/31/16	01/01/15	06/30/17	$1,000		
Drinking Water Group A - TA		N/A, Amend 6	N/A	346.26.66	01/01/15	12/31/16	01/01/15	06/30/17	$4,000		
TOTAL									**$333,183**	**$333,183**	

Total consideration:	**$331,583**	**GRAND TOTAL**	**$333,183**
	$1,600		
GRAND TOTAL	**$333,183**	**Total Fed**	**$316,583**
		Total State	**$16,600**

*Catalog of Federal Domestic Assistance
**Federal revenue codes begin with "333". State revenue codes begin with "334".