KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2015 – 2017 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C17114 **AMENDMENT NUMBER: 8**

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:

   - Emergency Preparedness & Response - Effective July 1, 2016
   - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2016

   ☒ Amends Statements of Work for the following programs:

   - Maternal & Child Health Block Grant - Effective January 1, 2015

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-8 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-7 Allocations as follows:

   ☒ Increase of **$109,192** for a revised maximum consideration of **$331,583**.

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

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

3. Exhibit C-7 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-6.

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

10/10/16
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Brenda Anderson 10/13/16
Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Emergency Preparedness & Response - Effective July 1, 2016

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

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

Period of Performance: July 1, 2016 through June 30, 2017

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

Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2016 grant period ending June 30, 2017.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY16 EPR PHEP BP5 LHJ FUNDING	93.069	333.93.06	18101190	07/01/16	06/30/17	0	50,000	50,000
TOTALS						**0**	**50,000**	**50,000**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) as necessary to advance LHJ preparedness or complete the deliverables in this statement of work.		Submit mid-year and end-of-year progress reports.	December 31, 2016 and June 30, 2017	Reimbursement for actual costs not to exceed total funding consideration amount.
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements (e.g. performance measures, gap analysis, mid-year and end-of-year reporting templates, etc.)		Submit completed templates to DOH	June 30, 2017	
3	Develop or update and maintain written procedures to activate an Emergency Response Plan within the jurisdiction. Include the following: • Describe how the command structure is utilized to manage emergency response		Submit mid-year and end-of-year progress reports. Submit the most recent Emergency Response Plan.	December 31, 2016 and June 30, 2017 June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Describe the relationship between the LHJ and the county Emergency Operating Center (EOC) during a response. • Identify and maintain an EOC location from which public health will coordinate the Emergency Support Function #8 (ESF#8) response (this may be the County's EOC) • Identify the actions the LHJ will take in response to public health incidents that initiate a response. • Describe the process for notifying and mobilizing staff during an incident. 3.1) Document that ESF#8 is identified in the Public Health Emergency Plan and is integrated with the City and/or County Emergency Plans. 3.2) Provide training on ESF#8 response plans and policies for appropriate staff who serve in the EOC in the ESF#8 role within the Incident Command System (ICS). 3.3) Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by local emergency management in the county.		Submit written ESF#8 documentation showing inclusion in city and/or county emergency plans. Provide agenda and sign-in sheets for training conducted. Provide syllabus and sign-in sheets for training conducted.	June 30, 2017 June 30, 2017 June 30, 2017	
4	Develop or update and maintain a decision making protocol to support the Local Health Officer (LHO) and the Public Health Administrator in making policy level decisions during an emergency. Ensure the LHO is capable of exercising legal authorities as necessary to protect public health.		Submit completed protocol to DOH	June 30, 2017	
5	Maintain Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES) program as the primary emergency notification system within the LHJ and include all critical LHJ positions as registered users.		Submit list of registered users to include their title and role in the emergency response plan.	June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	5.1) Conduct a notification drill, within the jurisdiction, using WASECURES. Notes: Registered users of WASECURES must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJ, as needed, on utilizing WASECURES. LHJ may choose to utilize other notification systems in addition to WASECURES to alert staff during incidents.		Submit results of notification drill.	June 30, 2017	
6	Develop or update and maintain procedures for defining how LHJ will request assistance during disasters from the local Emergency Operations Center (EOC), neighboring LHJs, and DOH. • Identify how resources are coordinated with the local EOC. • Identify how to coordinate logistics to receive resources from DOH and other partners. (If LHJs rely on local Emergency Management (EM) or other partners to coordinate logistical issues for receiving resources, and the local EM plan documents this fact, that documentation will suffice.)		Submit up to date procedures to DOH	June 30, 2017	
7	Develop or update and maintain procedures and tools to demonstrate the ability to inform the public of threats to health and safety by various means. Include a list of the various mechanisms used by the LHJ for releasing information to the public during drills, exercises or incident response. 7.1) Create and maintain templates for news releases for categories of public health hazards.		Submit up to date procedures used to inform the public during drills, exercise or incident response. Include a summary of how communication tools were used. Submit sample templates.	June 30, 2017 June 30, 2017	
8	Develop and/or update and maintain a continuity of operations plan (COOP) for your jurisdiction. Plan shall include: • Definition and identification of essential services to sustain LHJ mission and operations • Line of succession and written delegation of authority for select critical positions in the LHJ, including LHO.		Submit the most current COOP plan to DOH	June 30, 2017	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	• Managing spontaneous volunteers who may request to support the public health agency's response either by incorporation or triaging to other volunteer resources.				

***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

Special Requirements
Federal Funding Accountability and Transparency Act (FFATA)
This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

DOH Program Contact
Jennifer Moore, Contract and Finance Specialist
Department of Health
P O Box 47960
Olympia, WA 98504-7960
jennifer.moore@doh.wa.gov
PHEP/HPP Deliverable Submission email address: concondeliverables@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Maternal & Child Health Block Grant - Effective January 1, 2015

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

SOW Type: Revision **Revision # (for this SOW)** 2

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

Period of Performance: January 1, 2015 through September 30, 2017

Statement of Work Purpose: The purpose of this statement of work is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities, add and revise deliverable due dates, extend the period of performance from September 30, 2016 to September 30, 2017 for continuation of MCHBG-related activities, and add Special Instructions.

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
FFY15 MCHBG CBP CONCON	93.994	333.93.99	78734250	01/01/15	09/30/15	34,870	0	34,870
FFY16 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730260	10/01/15	09/30/16	44,196	0	44,196
FFY17 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730270	10/01/16	09/30/17	0	44,196	44,196
TOTALS						79,066	44,196	123,262

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every other month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ.		Designated LHJ staff will participate in contract management calls.	~~September 30, 2016~~ ~~September 30, 2017~~	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for
1b	Participate in DOH sponsored MCHBG-related quarterly conference calls and/or webinars, including up to two (2) in-person meetings.		Designated LHJ staff will participate in calls, webinars, and meetings.	~~September 30, 2016~~ ~~September 30, 2017~~	
1c	Complete 2015-2016 MCHBG Budget Workbook for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 4, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2014 – December 31, 2014.		Submit actual expenditures using the MCHBG Budget Workbook (Sections A and B only) to contract manager.	February 18, 2015	the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for January 1, 2015 through September 30, 2015.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2015	
1f	Complete 2016-2017 MCHBG Budget Workbook for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 2, 2016	
1g	*Report actual expenditures for October 1, 2015 through September 30, 2016.*		*Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.*	*November 30, 2016*	
1h	*Report actual expenditures for October1, 2016 through March 31, 2017.*		*Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.*	*May 26, 2017*	
1i	*Complete 2017-2018 MCHBG Budget Workbook for October 1, 2017 through September 30, 2018 using DOH provided template.*		*Submit completed MCHBG Budget Workbook to DOH contract manager.*	*September 1, 2017*	
MCHBG Assessment and Evaluation					
2a	Participate in statewide capacity and needs assessment activities in preparation for next statewide 5 year plan, as requested.		Documentation using report template provided by DOH.	May 1, 2015	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements and Special Billing Requirements.
2b	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH.	*September 30, 2016* *September 30, 2017*	
2c	*Report program level strategy measure data*		*Documentation using Action Plan Quarterly Report and MCHBG Budget Workbook*	*January 15, 2017* *April 15, 2017* *July 15, 2017*	
MCHBG Implementation					
3a	Develop 2015-2016 MCHBG Action Plan for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft - August 21, 2015 Final - September 4, 2015	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this
3b	Report activities and outcomes of 2014-2015 MCHBG Action Plan using DOH provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3c	Develop 2016-2017 MCHBG Action Plan for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft- August 19, 2016 Final-September 2, 2016	
3d	Report activities and outcomes of 2015-2016 MCHBG Action Plan using DOH-provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2016 April 15, 2016 July 15, 2016 *October 15, 2016* If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	
3e	*Develop 2017-2018 MCHBG Action Plan for October 1, 2017 through September 30, 2018 using DOH-provided template*		*Submit MCHBG Action Plan to DOH contract manager.*	*Draft- August 18, 2017* *Final-September 1, 2017*	
3f	*Report activities and outcomes of 2016-2017 MCHBG Action Plan using DOH-provided template.*		*Submit Action Plan quarterly reports to DOH contract manager*	*January 15, 2017* *April 15, 2017* *July 15, 2017* *If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month*	
Children with Special Health Care Needs (CSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CSHCN Program as referenced in CSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015 January 15, 2016 April 15, 2016 July 15, 2016 *October 15, 2016* *January 15, 2017* *April 15, 2017* *July 15, 2017*	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4b	Administer ~~allocated~~ *requested* DOH Diagnostic and Treatment funds for infants and children per CSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CSHCN Program as needed.	30 days after forms are completed.	period. See Program Specific Requirements and Special Billing Requirements.
4c	Participate in the CSHCN Regional System and quarterly meetings as described in the CSHCN Program Manual.		Submit Action Plan quarterly reports including number of regional meetings attended to the DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015 January 15, 2016 April 15, 2016 July 15, 2016 *October 15, 2016* *January 15, 2017* *April 15, 2017* *July 15, 2017*	

***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 Requirements
Federal Funding Accountability and Transparency Act (FFATA)
This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References
Children with Special Health Care Needs Manual - http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf

Health Services Authorization (HSA) Form
http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1)(D)].

Monitoring Visits (frequency, type)
Telephone calls with contract manager at least one every other month.

Special Billing Requirements
Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted at least quarterly and must be based on actual allowable program costs. Billing for services on a monthly or quarterly fraction of the "Total Consideration" will not be accepted or approved. Monthly invoices on actual allowable program costs will be accepted but an updated Action Plan Progress Report must also be submitted.

Special Instructions
Any materials or communication products developed regarding work related to this Statement of Work should include the following text: "Supported by the Washington State Department of Health, Office of Healthy Communities through the Maternal and Child Health Block Grant award from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration".

DOH Program Contact
Mary Dussol
Healthy Communities Consultant
Office of Healthy Communities
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-3781/ Fax: 360-236-3646
Email: mary.dussol@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education Effective October 1, 2016

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

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

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

Period of Performance: October 1, 2016 through September 30, 2017

Statement of Work Purpose: The purpose of this statement of work is to provide Supplemental Nutrition Assistance Program - Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidance system.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY17 DSHS SNAP-Ed IAR	10.561	333.10.56	76430970	10/01/16	09/30/17	0	14,996	14,996
TOTALS						**0**	**14,996**	**14,996**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in their approved FFY17 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) and was submitted to them via DOH email.		• Project qualified target audiences reached • Project activities completed (# direct education, PSE, Etc.) noted in project plans • Required demographic data collected • Evaluation activities completed per the state evaluation team (pre and post surveys, PSE tracking, success stories etc.)	For the Period: 10/01/16-09/30/17 **Due:** per the approved work plan and no later than **09/30/17**	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed **$14,996.** LHJ will be paid the allowable costs incurred based on their approved budget and program allowability. See Special Billing Requirements section.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					**NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.
2.0	**Quarterly Progress Reports** The following data is collected and submitted within DOH-provided form /system: 1. Project major achievements 2. Project major challenges 3. If projects are running on time with original timeline? If not, why and how will LHJ correct the timeline? 4. Any Policy, Systems, and Environmental (PSE) change progress 5. Any success stories to date		Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH-approved form/system	Quarterly Progress Reports due: • 1st quarter report for the work completed during 10/01/16 to 12/31/16. **Draft Due:** Close of Business (COB) 12/16/16 **Final Due:** COB 01/04/17 • 2nd quarter report for the work completed during 01/01/17 to 03/31/17. **Draft Due:** COB 03/23/17 **Final Due:** COB 04/06/17 • 3rd quarter report for the work completed during 04/01/17 to 06/30/17. **Draft Due:** COB 06/23/17 **Final Due:** COB 07/06/17 • Final report for all work not already reported. **Draft Due: COB** 09/08/17 **Final Due:** COB 09/22/17	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.1	**Education and Administrative Reporting System (EARS) Data and Reports** The following EARS data is required for each project and in order to count clients toward unduplicated direct reach. • Unduplicated number of clients served per project. • # unduplicated clients served per project based on the following: o Race/ethnicity o Gender o Age • % SNAP eligible per site • Setting type – school church etc. • Top three (3) Key Messages delivered per project LHJ is required to submit data electronically or within the template provided by DOH.		Submit EARS data for all project(s). LHJ is required to collect and submit EARS data electronically or using a form provided by DOH. This must be done in real time. **Real time** = As LHJ provides services and no later than one (1) week after data is collected.	Data should be collected in real time and submitted to DOH by the following dates: • 1st quarter EARS data collected during 10/01/16 to 12/31/16 **Due:** COB 01/04/17 • EARS data collected 12/31/16 to 09/15/17. **Due:** In **real time** and no later than one (1) week after services are provided.	See payment information as referenced in task number 1.0
2.2	**Evaluation Data and Reports** The following evaluation activities* and information is required for all projects based on LHJ's approved project/plan • Formative • Process • PSE • Outcome • Qualitative *Please Note: the deliverables may change based on state evaluation team requirements		1. Collect and report any formative and process data completed based on approved project plan 2. Submit PSE progress and outcomes based on approved project plan. 3. Conduct and submit/mail pretest surveys for each project class series 4. Conduct and submit/mail posttest surveys for each project class series 5. Capture and submit qualitative (success stories, pictures) information per LHJ's approved work plan	1. **Due:** Submit within Quarterly reporting listed above in task 2.1 2. **Due:** quarterly • 1st quarter report due 01/04/17 • 2nd quarter due by 04/06/17 • 3rd quarter due by 07/06/17 • Final report for all other work due 09/22/17 3. **Due:** Within 30 days after completed. Submit all pretest surveys/data when they are completed for a specific project.	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				4. **Due:** Within 30 days after completed. Submit all posttest surveys/data when they are completed for a specific project. 5. **Due:** Submit within Quarterly reporting listed above in task 2.1 along with photo releases	
3.0	**Civil Rights Training** All staff must be trained each fiscal year in civil rights.		Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include: • Training and source • Name of attendee • Date completed	**Due:** 12/31/16	See payment information as referenced in task number 1.0
3.1	**Other Agency Training** The following trainings are required for <u>all agencies:</u> • Fiscal – fiscal lead and coordinator • Data collection and reporting – coordinator and program staff who are reporting data *It is required that all staff making any SNAP-Ed purchases or reporting data be trained.		Fiscal and Data reporting training completed.	**Due:** New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years. If the data collection system changes in FFY17 every staff member entering data into the electronic system will be required to take training on the new system.	See payment information as referenced in task number 1.0
4.0	**SNAP-Ed Inventory List** Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly.		SNAP-Ed inventory list	**Due:** Yearly, at the time of a fiscal monitoring and/or site visit.	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5.0	**SNAP-Ed A19 Invoices** Use the A19-1A specific to SNAP-Ed program. This document will be sent to all contractors prior to October 15, 2016.		Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by DOH SNAP-Ed program before approval of payment. Documentation of all costs incurred shall be accompanied by an agency financial system report. If LHJ does not have a financial reporting system LHJ must check with the DOH SNAP-Ed program for further guidance.	**Due:** Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (e.g. October A19 invoice submitted no later than November 30 and so on,..) **Final invoice is due** October 30, 2017. **Or *if pre-approved in writing** by contract manager, every two months. Invoices must be received by DOH no later than dates listed below: o October and November due: 12/30/16 o December and January due: 02/28/17 o February and March due: 04/28/17 o April and May due: 06/30/17 o June and July due: 08/31/17 o August and September due: 10/30/17	See payment information as referenced in task number 1.0

***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

Special Requirements
Federal Funding Accountability and Transparency Act (FFATA)
This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements/Narrative

SNAP-Ed Assurances:
The following assurances must be followed (see program Guidance https://snaped.fns.usda.gov/national-snap-ed/snap-ed-plan-guidance-and-templates)

- The contractor is fiscally responsible for nutrition education activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Efforts are made to target SNAP-Ed to the SNAP-Ed target population.
- Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) are claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed individuals or to provide additional education services to EFNEP clients who are eligible for the SNAP. Activities funded under the EFNEP grant are not included in the budget for SNAP-Ed.
- Documentation of payments for approved SNAP- Ed activities is maintained by the State and will be available for USDA review and audit.
- Contracts are procured through competitive bid procedures governed by State procurement regulations.
- Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB circulars governing cost issues.
- Program activities do not supplant existing nutrition education programs, and where operating in conjunction with existing programs, enhance and supplement them.
- Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.
- All materials developed or printed with SNAP Education funds include the appropriate USDA non-discrimination statement, credit to SNAP as a funding source, and a brief message about how SNAP can help provide a healthy diet and how to apply for benefits.
- Messages of nutrition education and obesity prevention are consistent with the Dietary Guidelines for Americans.

Audits
The LHJ must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

Monitoring expectations
The LHJ's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing nutrition education activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

Indirect Rate
All indirect rates must be submitted and preapproved by DOH and the DOH SNAP-Ed program. The LHJ is responsible for ensuring that indirect costs included in the LHJ's SNAP-Ed plan are supported by an indirect cost agreement and/or cost allocation plan approved by the appropriate agency. The LHJ cannot bill indirect costs that are determined to be unacceptable and will be disallowed. Per DSHS, indirect rate costs cannot exceed 15%.

Annual Civil Rights Training Requirement (see FNS Instruction Number 113-1 Chapter XI) - http://www.fns.usda.gov/sites/default/files/113-1.pdf "Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. The local governmental agency, Indian Tribal Organization or non-Governmental Agency must are responsible for training their subrecipients, including 'frontline staff.' 'Frontline staff' who interact with program applicants or participants, and those persons who supervise 'frontline staff' must be provided civil rights training an annual basis."

Records - Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2
SNAP-Ed regulations require that all records be retained for *six* years from fiscal closure. This requirement applies to fiscal records, reports and client information. Supporting documentation may be kept at the sub-grantee level, but shall be available for review for *six* years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP.

Travel
The LHJ is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10, http://www.ofm.wa.gov/policy/10.htm

Amendments
Agencies must submit a request to DOH to amend a project plan and/or budget for prior approval whenever they wish to change the USDA-approved scope of activities and/or budget. All requests for amendments must be submitted no later April 1, 2017.

*Please Note:
- No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA
- Any requests submitted after April 1, 2017 will NOT be approved.

Overtime
Overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed and preapproved by the state DOH SNAP-Ed program in advance and approved in writing.

Budget Revisions
All changes to the budget must be preapproved in writing by DOH SNAP-Ed program.

Special Funding Requirements
Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this contract and prior to normal completion DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the LHJ within seven (7) working days upon notice by the funding source of funding availability.

Special Billing Requirements
1. All invoices, billing and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the FFY17 SNAP-Ed Guidance and OMB circulars governing cost issues.

2. Total costs bill will not exceed the USDA-approved budget amount listed in the box below.
   a. Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher
   b. A SNAP-Ed specific A19-1A must be submitted to the LHJ's designated DOH SNAP-Ed contract manager within 30 days of the last day of the month for which the work is being billed, OR
   c. LHJ may request preapproval to bill every two (2) months instead, in which case, that agency is required to adhere to the billing due dates listed in Task 5 (see above)

3. NOTE: In FFY17 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a contractor is unable to submit the SNAP-Ed A-19-1A on the due date, the LHJ is required to submit a request for an exception to the DOH no later than seven (7) days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.

4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
   a. At the very least this means a copy of an LHJ's financial expanded/detailed general ledger level report.
   b. Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.

5. PLEASE NOTE: If an agency is a new SNAP-Ed contractor or has had a fiscal finding, or does not submit adequate and/or accurate backup documentation within the last year, all SNAP-Ed backup documentation must be submitted with each bill and this requirement will continue until further notice by DOH SNAP-Ed program.

BUDGET	
Source	**Amount**
USDA	$14,996

DOH Program Contact
Jamie Teuteberg, SNAP-Ed Contract Manager
Department of Health
PO Box 47886
Olympia WA 98504-7886
jamie.teuteberg@doh.wa.gov
360-236-3856

Kittitas County Public Health Department

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: C17114
Date: July 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
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 6	N/A	346 26 64	01/01/15	12/31/16	01/01/15	06/30/17	$2,200	$5,000	$5,000
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 6	N/A	346.26.65	01/01/15	12/31/16	01/01/15	06/30/17	$2,200	$5,000	$5,000
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-8
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: **C17114**
Date: **July 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 6	N/A	346.26.66	01/01/15	12/31/16	01/01/15	06/30/17	$1,000	$5,000	$5,000
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									**$331,583**	**$331,583**	

Total consideration:	**$222,391**		
	$109,192		
GRAND TOTAL	**$331,583**	**GRAND TOTAL**	**$331,583**
		Total Fed	**$316,583**
		Total State	**$15,000**

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

Exhibit C-7 Schedule of Federal Awards

AMENDMENT #8

Date: July 15, 2016

KITTITAS COUNTY HEALTH DEPT-SWV0010475-07
CONTRACT C17114-Kittitas County Public Health Department
CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 DSHS SNAP-ED IAR	333 10 56	NGA Not Received	NGA Not Received	10/01/16	09/30/17	$14,956	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY16 EPR PHEP BP5 LHJ FUNDING	333 93 06	06/23/16	$10,222,879	07/01/16	06/30/17	$50,000	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP BP4 OPER READINESS	333 93 06	06/30/14	$11,054,407	07/01/15	06/30/16	$7,704	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP BP4 LHJ FUNDING	333 93 06	06/26/15	$12,152,694	07/01/15	06/30/16	$55,000	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR PLANNING & EXERCISES	333 93 06	06/30/14	$12,853,227	01/01/15	06/30/15	$24,078	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR LHJ FUNDING	333 93 06	06/30/14	$12,853,227	01/01/15	06/30/15	$23,574	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY16 VFC ORDERING	333 93 26	$3,991,784	01/01/16	01/01/16	12/31/16	$1,400	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 VFC OPS	333 93 26	$3,991,784	01/01/16	01/01/16	12/31/16	$928	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 AFIX	333 93 26	$3,991,784	01/01/16	01/01/16	12/31/16	$4,293	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 317 OPS	333 93 26	$3,991,784	01/01/16	01/01/16	12/31/16	$1,232	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 VFC ORDERING	333 93 26	12/17/14	$3,437,046	01/01/15	12/31/15	$1,154	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 VFC OPS	333 93 26	12/17/14	$3,437,046	01/01/15	12/31/15	$1,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 AFIX	333 93 26	12/17/14	$3,437,046	01/01/15	12/31/15	$5,013	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 317 OPS	333 93 26	12/17/14	$3,437,046	01/01/15	12/31/15	$1,453	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY14 ENHANCE IIS AND VTRCKS	333 93 73	09/16/14	$700,000	12/01/15	08/31/16	$1,087	93.733	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure & Performance - Financed in part	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000922	PPHF 2014: IMMUNIZATION ENHANCE AN IMMUNIZATION INFORMATION SYSTEM (IIS) TO INTERFACE WITH CDC'S VTRCKS VACCINE ORDERING

Exhibit C-7 Schedule of Federal Awards

AMENDMENT #8

Date: July 15, 2016

KITTITAS COUNTY HEALTH DEPT-SWV0010475-07
CONTRACT C17114-Kittitas County Public Health Department
CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 MCHBG LHJ & OTHER CONTRACTS	333 93 99	NGA Not Received	NGA Not Received	10/01/16	09/30/17	$44,196	93 994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	NGA Not Received	NGA Not Received
FFY16 MCHBG LHJ & OTHER CONTRACTS	333 93 99	10/22/15	$1,739,609	10/01/15	09/30/16	$44,196	93 994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC29364	MATERNAL AND CHILD HEALTH SERVICES
FFY15 MCHBG CBP CONCON	333 93 99	10/21/14	$3 846,149	01/01/15	09/30/15	$34 870	93 994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC28134	MATERNAL AND CHILD HEALTH SERVICES
					TOTAL	$316,583					