Yakima Health District Breast, Cervical and Colon Health Program 1210 Ahtanum Ridge Drive Yakima WA 98903

Kittitas County Health Department 507 Nanum Street, #102 Ellensburg, WA 98926

IRS TAX ID # 91-6001349

Amendment number 2 for contract KCHD-09-10

DESCRIPTION OF AMENDMENT:

This amendment increases the statement of work of current outreach activities by including participation in the Ask Me Campaign and increases the budget accordingly.

Period of Performance:

Remains unchanged through June 30, 2010.

Fiscal Consideration

This amendment increases **Contract Consideration** by **\$12,000.00**; therefore, the revised maximum consideration of this contract and all amendments shall not exceed **\$24,337.98**.

Purpose

To increase numbers of women participating in the Breast and Cervical Health Program by involving community volunteers.

Specific Terms and Conditions:

Recruit business, individuals, agencies, groups or organizations to perform one-to-one outreach activities for the Breast and Cervical Health Program by using Ask Me Campaign materials.

Provide initial training and technical assistance, and ongoing support to the volunteer partners/organizations doing the Ask Me campaign.

Email the Ask Me Outreach Tracking Tool to Yakima Health District on the 10th of each month.

Attend the Ask Me conference calls.

Yakima Health District

Signature

Sheryl Dipietro Print Name

3-8-10 Date

Kittitas County Health Department

Date

Kittitas County Review Form Grants & Contract Agreement



Today's Date 01/22/2010	Agenda Date
Fund/Department	
116-Public Health Department	

Contract/Grant Information

Contract /Grant Agency: Yakima Health District BCHP Ask Me Campaign		
Period Begin Date:	Period End Date: June 30, 2011	
Total Grant/Contract Amount: Revised Maximum of \$24,337.98		
Grant/Contract Number:		
Contract/Grant Summary:		
The amendment increases the statement of work of current outreach activities by including participation		
in the Ask me Campaign and increases the budget accordingly.		

Recommendation for Board of Health and Board of Health Review on

ann timbrar Date: Administrator Department Head Signature:

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

The	2-10-10	
Signature of Prosecutor's Office	Date	

Sig

Mohan John Signature of Auditor's Office

2.17.10 Date

2-2-10

Date

Signature of Board of Health member

Financial Information

Total Amount \$12,000	State Funds \$12,000	Federal Funds \$0.00
Percentage County Funds	Matching Funds \$0	CFDA#n/a
	In-Kind \$n/a	
	Explain	
Is Equipment being purchased? No	Who owns equipment? n,	/a
New Personnel being hired? No	Contact HR hiring – repor	ting requirements

Grant/Contract Review

Budget Information

Budget Amendment Needed?	Yes 🔲 attach budget form	No X Why not We were aware of these
New Division Created? Yes		funds during the budget process and they have been included in the 2010
Revenue Code 6124323340498	30	budget

Pass Through Information

Agency to Pass Through	n/a	
Amount to Pass Through	\$n/a	
Sub-Contract Approved	Date:	

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes 🗆 No 🗌
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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