

**KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT**  
**2007-2011 CONSOLIDATED CONTRACT**  
**CONTRACT NUMBER: C14952      AMENDMENT NUMBER: 27**

**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, is amended as follows:
  - ☒ Adds Statements of Work for the following programs:
    - CSHCN Outcomes Project – Effective September 1, 2010
    - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 1, 2010
  - ☒ Amends Statements of Work for the following programs:
    - PHIP Quality Improvement Project – Effective October 1, 2008
    - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 31, 2009
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-27 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-26 Allocations as follows:
  - ☒ Increase of \$72,334 for a revised maximum consideration of \$2,184,452.
  - ☐ Decrease of \$\_\_\_\_\_ for a revised maximum consideration of \$\_\_\_\_\_.
  - ☐ No change in the maximum consideration of \$\_\_\_\_\_.  
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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

James Rivard      12/9/10  
(Date)

Cynthia Thompson      1/13/2011  
(Date)

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**2007-2011 CONSOLIDATED CONTRACTS**  
**EXHIBIT A**  
**STATEMENTS OF WORK**  
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**Exhibit A  
Statement of Work  
Contract Term: 2007-2011**

**DOH Program Name or Title:** CSHCN Outcomes Project - Effective September 1, 2010

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C14952

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

<b>Funding Source</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	

**Period of Performance:** September 1, 2010 through September 30, 2011

**Statement of Work Purpose:** The purpose of this statement of work is to provide a one-time supplemental allocation to support to LHJ staff for travel expenses to attend meetings and work sessions involving the Children with Special Health Care Needs (CSHCN) Outcomes Project, which include but are not limited to CSHCN September/October Workshop in Olympia, CSHCN Regional meetings, and Maternal and Child Health (MCH) Team meetings through September 30, 2011.

**Amendment Purpose:** N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
MCHBG-CSHCN-Outcomes Project	93.994	333.99.94	73231200	09/01/10	09/30/11	0	681	681
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>681</b>	<b>681</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>I</b>	<p><b>CSHCN Outcomes Project</b></p> <p>1.a. Participate in state and regional planning sessions on Omaha System and CSHCN Outcomes (including CSHCN Fall Workshop September 30, 2010 through October 1, 2010, CSHCN regional meetings, iLinc conferences, conference calls, and other meetings as scheduled through September 30, 2011).</p> <p>1.b. Submit data using Omaha System as requested by DOH CSHCN Nurse Consultant (listed below).</p>		<p>1.a. Include list of dates and locations of meetings attended in annual year-end report.</p> <p>1.b. Unidentified client data as requested by DOH CSHCN Program</p>	<p><b>Due March 2011 for 2010</b></p> <p><b>Due March 2012 for 2011</b></p> <p><b>Submit quarterly</b></p>	<p><b>Maximum Reimbursement: \$681</b></p>

**\*For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm).

**DOH Program Contact**

Lissa Hunter, Budget and Contracts Coordinator, Department of Health, PO Box 47880, Olympia, WA 98504-7880, 360-236-3539, [lissa.hunter@doh.wa.gov](mailto:lissa.hunter@doh.wa.gov)

Linda Barnhart, Public Health Nurse Consultant, Department of Health, 360-236-3491, [linda.barnhart@doh.wa.gov](mailto:linda.barnhart@doh.wa.gov)

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2007 – 2011**

**DOH Program Name or Title:** PHIP Quality Improvement Project –  
Effective October 1, 2008

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C14952

☐ **Original**      ☒ **SOW Amendment # (for this program): 1**  
 (Include the effective date of change in Task/Activity)

<b>Type of Contractor</b>	<b>Type of Funds</b>	<b>Type of Payment</b>
<input type="checkbox"/> Subrecipient	<input type="checkbox"/> State	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Vendor	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> Fixed Price
	<input checked="" type="checkbox"/> Other	

**Period of Performance:** October 1, 2008 through September 30 December 31, 2010

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding for a quality improvement project to improve performance in immunizations.

**Amendment Purpose:** The purpose of this amendment is to extend period of performance, change due date of deliverable for task 4, and change DOH program contacts.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input type="checkbox"/> (+) <input type="checkbox"/> (-) <input checked="" type="checkbox"/> None	Total Consideration
Multi-state Learning Collaborative-Year 1	NA	367.11.88	91403302	04/15/08 – 04/14/09	8,000	0	8,000
Multi-state Learning Collaborative-Year 2	NA	367.11.88	91403303	04/15/09 – 04/14/10	12,000	0	12,000
Multi-state Learning Collaborative-Year 3	NA	367.11.88	91403304	04/15/10 – 04/14/11 12/31/10	4,000	0	4,000
<b>TOTALS</b>					<b>24,000</b>	<b>0</b>	<b>24,000</b>

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
1.	Identify a quality improvement team for immunizations, attend the quality improvement training and develop a work plan based upon the project proposal that was submitted and the training.		Submission of list of members of the quality improvement team to attend training, attendance at training, and a 1-2 page work plan.	3/30/09	\$8,000
2.	Quality improvement activities according to the work plan including participation in bi-monthly phone calls.		2-3 page quarterly reports according to established format.	6/30/09 9/30/09	\$3,000 \$3,000
3.	Quality improvement activities according to the work plan including participation in bi-monthly phone calls and participation in a meeting of all projects.		Story board report format presentation of the project.  2-3 page quarterly reports according to established format.	12/30/09  3/30/10 6/10/10	\$4,000  \$2,000 \$2,000

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
4.	Quality improvement activities and participation in Learning Congress.		Report of project in Learning Congress format.	09/30/10 12/31/10	\$2,000

**\*For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm).

**Specific Requirements/Narrative**

This section is for program specific information not included elsewhere.

**DOH Program Contact Name, Address, Email Address, Phone Number**

~~Rita Schmidt/Deborah Allwes~~ Wanda Williams/Jane Lee

P O Box 47890

Olympia, WA 98504-7890

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**Exhibit A**  
**Statement of Work**  
**Contract Term: 2007 – 2011**

**DOH Program Name or Title:** Public Health Emergency Preparedness & Response  
(PHEPR) – Effective July 31, 2009

**Local Health Jurisdiction Name:** Kittitas County Public Health Department  
**Contract Number:** C14952

☐ **Original**     ☒ **SOW Amendment # (for this program): 6**  
 (Include the effective date of change in Task/Activity)

<b>Type of Contractor</b>	<b>Type of Funds</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Subrecipient	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> Vendor	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Fixed Price
	<input type="checkbox"/> Other	

**Period of Performance:** July 31, 2009 through August 9, 2010 July 30, 2011

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding and specify activities for the new Public Health Emergency Preparedness and Response (PHEPR) grant periods and PHEPR H1N1 Pandemic Flu activities.

**Amendment Purpose:** The purpose of this amendment is to extend the period of performance and revise H1N1 funding periods and deliverable due dates.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input type="checkbox"/> (+) <input type="checkbox"/> (-) <input checked="" type="checkbox"/> None	Total Consideration
FFY09 PHEPR – LHJ FUNDING	93.069	333.90.69	1810129R	08/10/09-08/09/10	59,594	0	59,594
FFY09 PHEPR HC SYSTEMS – PREP	93.889	333.98.89	61306501	08/09/09-06/30/10	1,612	0	1,612
FFY09 PHER H1N1 PAN FLU FOCUS 1	93.069	333.90.69	18103200	07/31/09-07/30/10 07/30/11	35,078	0	35,078
FFY09 PHER H1N1 PAN FLU FOCUS 2	93.069	333.90.69	18103201	07/31/09-07/30/10 07/30/11	2,719	0	2,719
FFY09 PHER H1N1 PAN FLU PH III MASS VAC	93.069	333.90.69	18103202	07/31/09-07/30/10 07/30/11	137,290	0	137,290
<b>TOTALS</b>					<b>236,293</b>	<b>0</b>	<b>236,293</b>

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
1.1	Update local Emergency Response Plans.		Submit updated plan to DOH.	08/09/10	Reimbursement for costs, not to exceed total funding consideration amount.
1.3	Each non Cities Readiness Initiative (CRI) LHJ will conduct a tabletop or more complex exercise of a portion of their emergency response plan.		Submit a pre-exercise report.	45 days prior to exercise.	
			Submit an after action report (AAR) and corrective action plan.	60 days after exercise; no later than 08/09/10	
1.8	Adhere to federal National Incident Management System (NIMS) compliance		Report compliance activities.	08/09/10	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	guidelines and report compliance activities.				
1.11	Participate in regional healthcare coalition (partnership) and regional hospital planning committee meetings.		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	
1.13	Continue the development of Memorandums of Understanding (MOUs) between regional healthcare coalition partners.		Submit MOUs.	06/30/10	
1.16	Assist healthcare system partners to better assure NIMS compliance.		Report compliance activities	03/01/10 06/30/10	
2.1	Each LHJ will examine the results of its 2009 annual assessment of the notifiable conditions surveillance system, identify at least two measures needing improvement, and implement improvements to those measures.		Submit a process improvement report on DOH-provided template.	07/30/10	
2.2	Each LHJ will participate in an evaluation of its 24/7 response system to measure the time to reach a knowledgeable public health professional who can assess the situation and initiate an appropriate response. WA DOH will conduct the telephone evaluation.		Submit a process improvement report on a DOH-provided template if contact cannot be made within 15 minutes.	07/15/10	
3.1	Integrate All-Hazards approach into routine LHJ laboratory notification protocol.		Submit protocols.	08/09/10	
3.2	Establish clearly defined protocols regarding laboratory communication, specimen submission and other events of urgent public health significance.		Submit protocols.	08/09/10	
3.3	Maintain up to date contact roster which includes a contact position/title, current phone number, and email address of LHJs and sentinel labs in their Regions.		Submit contact rosters.	08/09/10	
4.1	Maintain and participate in a standard, unified statewide emergency communication system (e.g. SECURES) and participate in regular state-initiated test alerts.		Confirm state-generated test alerts.	Ongoing	
4.2	Conduct test alerting with public health partners using State Electronic Communications and Urgent Response Exchange System (SECURES) or other contact methods.		Submit semi-annual progress reports on activities	03/01/10 08/09/10	



Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
4.3	Maintain local data stewards.		Notify DOH Epidemiology, Health Statistics, and Public Health Laboratories (EHSPHL) Informatics customer service unit of any changes or updates.	Ongoing	
4.4	Maintain emergency communications equipment; use in exercises and as back up communications capacity.		Conduct minimum quarterly tests.	03/01/10 08/09/10	
5.1	Assure consistency—and maintain effectiveness—of risk communication strategies and resources related to emerging public health threats and essential preparedness initiatives including SNS. Work to assure plans and resources provide effective outreach to special needs communities. Coordinate with Regional Risk Communication Liaisons or Program Area Lead to complete this work.		Submit semi-annual progress reports on activities.	03/01/10 08/09/10	
5.2	Develop and maintain general public health emergency hotline and/or call center capacity.		Submit semi-annual progress reports on activities.	03/01/10 08/09/10	
6.3	Update Training Plans.		Submit updated plan to DOH.	03/01/10 08/09/10	
7.1	Participate in Regional Healthcare Coalition planning, preparedness and response activities. Coordinate with local health care partners as appropriate.		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	
7.2	Continue to develop volunteer Health Personnel Management Program and enroll volunteers. A) regional representation on the user group B) Include Washington Health Volunteers in Emergencies (WAHVE) link on LHJ website (or local Emergency Management Division (EMD), hospitals, or signature blocks).		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	
7.3	Participate in Regional Healthcare Coalition exercise.		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	
8.1	The LHJ will participate in the inter-agency relationships and Mutual Aid Agreement (MAA) development efforts by attending		Submit proof of attending MAA Operational Plan training.	<del>07/30/10</del> 07/30/11	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	MAA Operational Plan training. The LHJ will apply training elements to LHJ planning and response efforts.				
8.2	The LHJ will conduct meetings with community partners to discuss strategies for the fall H1N1 vaccination campaign. Meetings should begin now and continue through the fall.		Submit meeting agenda, goals, outcomes, and minutes.	<del>10/15/09</del> 07/30/11	
8.3	The LHJ will engage every school district in planning for the fall H1N1 campaign and include community mitigation strategies, possible sites for vaccination clinics, input into messages to parents, etc.		Submit meeting agenda, goals, outcomes, and minutes.	<del>10/15/09</del> 07/30/11	
8.4	The LHJ will update and implement local mass vaccination plans based on lessons learned and new guidance's as they become available.		Submit updated plan to DOH.	<del>10/15/09</del> 07/30/11	
8.5	The LHJ will coordinate with regional healthcare partners to implement the healthcare situational awareness features of WATrac.		Identify features and regional strategy. Identify system administrator and training date. Participate in training.	<del>07/30/10</del> 07/30/11	
8.6	The LHJ will identify ship-to sites in the community for H1N1 vaccine.		Submit ship-to site contact and address information to DOH.	08/20/09	
8.7	The LHJ will perform accountability activities in accordance with H1N1 Vaccine federal requirements and state requirements.		Monitor Vaccine Accountability Report (DOH 348-006)	<del>10/15/09</del> 07/30/11	
8.8	The LHJ requirements include, but are not limited to planning for: <ul style="list-style-type: none"> <li>provider education,</li> <li>administration of H1N1 vaccine to Advisory Committee on Immunization Practices (ACIP) priority groups</li> <li>securing signed outside provider agreements for H1N1 vaccine and a priority list of H1N1 administration providers</li> </ul>		Submit a progress report	<del>03/01/10</del> 07/30/11	
8.9	If LHJ is administering H1N1 vaccine, for all suspect adverse events, the LHJ will assure that the adverse event is reported to the Vaccine Adverse Event Reporting		Assure that all suspect adverse events are reported to VAERS either directly by LHJ or community provider receiving report.	Throughout the 2009-2010 influenza season	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	System (VAERS).				
8.10	<p>The LHJ will conduct activities to assure the administration of the H1N1 vaccine in their community. Activities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Managing vaccine ordering and follow-up for distribution</li> <li>• Assuring vaccine is used appropriately and stored and handled appropriately.</li> <li>• Assuring that uninsured and other individuals that cannot pay receive H1N1 vaccinations</li> <li>• Reporting H1N1 fraud and abuse</li> <li>• Paying for the H1N1 vaccine administration.</li> <li>• Submitting monthly accountability reports including private provider reports of H1N1 vaccine doses administered.</li> </ul>		<p>Submit weekly H1N1 vaccine doses data to the Immunization Program CHILD Profile system/DOH web portal</p> <p>Submit an After Action Report [Homeland Security Exercise and Evaluation Program (HSEEP) compliant]</p>	<p>Starting Monday, 10/12/09</p> <p><del>04/30/10</del> 07/30/11</p>	

**\*For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm).

**Program Specific Requirements/Narrative:**

As requested by federal and/or state mandates, additional information may be requested during the contract period.

**Activity Sections List:**

Section 1 – Planning and Exercise

Section 2 – Epidemiology

Section 3 – Laboratory

Section 4 – Informatics

Section 5 – Risk Communications/Interoperable Communications

Section 6 – Training

Section 7 –Healthcare Systems

Section 8 – H1N1 Response

**DOH Program Contact:**

Brad Halstead, Finance Analyst

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360-236-4054

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2007-2011**

**DOH Program Name or Title:** Public Health Emergency Preparedness & Response  
(PHEPR) – Effective July 1, 2010

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C14952

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

<b>Funding Source</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	

**Period of Performance:** July 1, 2010 through August 9, 2011

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding and specific activities for the new Public Health Emergency Preparedness and Response (PHEPR) grant periods.

**Amendment Purpose:** N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY10 PHEPR HC SYSTEMS - PREP	93.889	333.98.89	61307501	07/01/10	06/30/11	0	1,710	1,710
FFY09 PHEPR-LHJ FUNDING BY10 EXT	93.069	333.90.69	18101209	08/10/10	08/09/11	0	69,943	69,943
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>71,653</b>	<b>71,653</b>

**ASPR ACTIVITIES:**

**Activity Sections List:**

Section 1 – Planning

Section 2 – Exercise

Section 3 – Training

Section 4 – Interoperable Communications

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information -and/or Amount
1.9	Participate in Regional Healthcare Coalition planning, preparedness and response activities. Coordinate with local health care partners as appropriate.		Submit semi-annual progress reports on activities.	02/01/11 06/30/11	Reimbursement for costs, not to exceed total funding consideration amount.
2.2	Participate in Regional Healthcare Coalition exercise.		Submit semi-annual progress reports on activities.	02/01/11 06/30/11	

**CDC ACTIVITIES:****Activity Sections List:**

Section 5 – Planning and Exercise

Section 6 – Epidemiology

Section 7 – Laboratory

Section 8 – Informatics

Section 9 – Risk Communications/Interoperable Communications

Section 10 – Training

Section 11– Healthcare Systems

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information -and/or Amount
5.1	Update local Emergency Response Plans.		Submit updated plan to DOH.	07/31/11	Reimbursement for costs, not to exceed total funding consideration amount.
5.3	Each Non - Cities Readiness Initiative (CRI) will participate with state officials once every three years in a Technical Assistance Review (TAR) of Strategic National Stockpile (SNS) Plan and work to achieve the SNS mandated score of 69 or higher.		<p>Non CRI LHJ will complete a self review using the Strategic National Stockpiles (SNS) Local Technical Assistance Review tool.</p> <p>Submit the completed tool to the Regional SNS Coordinator for review. The regional SNS Coordinator will provide feedback on the self assessment during a visit to the LHJ.</p> <p>Non CRI LHJ will meet every three years with state officials to accomplish a TAR</p> <p>Non CRI LHJs will submit all documents to be reviewed to the state officials 21 days prior to the scheduled TAR.</p> <p>State officials will submit a draft TAR to the CRI LHJ and Regional SNS Coordinator within 30 days of the completion of the TAR visit.</p> <p>Non CRI LHJs will review and submit rebuttal of any scores in the TAR Report within 3 work days to regional and/or state officials.</p>	Ongoing	
5.4	Each non CRI LHJ will conduct a tabletop or more complex exercise of a portion of their emergency response plan.		<p>Submit a pre-exercise report to DOH</p> <p>Submit an after action review and a</p>	45 days prior to the scheduled exercise.	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information -and/or Amount
			corrective action plan.	07/31/11	
5.8	Adhere to federal National Incident Management System (NIMS) compliance guidelines and report compliance activities.		Report compliance activities.	08/09/11	
6.1	Each LHJ will describe the LHJ surveillance system for gathering, analyzing, and interpreting data in order to achieve early detection and warning and overall situational awareness of threats and hazards.		Submit reports semi-annually on DOH-provided template.	12/15/10 06/15/11	
6.2	Each LHJ will provide to DOH, in near-real time, data generated in its situational awareness surveillance network.		Data generated in the LHJ situational awareness surveillance network received.	Ongoing	
6.3	Each LHJ to be reachable by phone 24/7 for urgent or emergency issues. Each LHJ is to provide DOH (Office of Public Health System Development) with current agency emergency phone number and participate in regular state-initiated testing.		A knowledgeable public health professional capable of assessing an event of urgent public health consequence and initiating an appropriate response is reached in 15 minutes or less.	Ongoing	
7.1	Integrate All-Hazards approach into routine LHJ laboratory notification protocol.		Submit protocols.	08/09/11	
7.2	Establish clearly defined protocols regarding laboratory communication, specimen submission and other events of urgent public health significance.		Submit protocols.	08/09/11	
7.3	Maintain up to date contact roster which includes a contact position/title, current phone number, and email address of LHJs and sentinel labs in their Regions.		Submit contact rosters.	08/09/11	
8.1	Maintain and participate in a standard, unified statewide emergency communication system (e.g. SECURES) and participate in regular state-initiated test alerts.		Confirm state-generated test alerts.	07/31/11	
8.2	Conduct test alerting with public health partners using State Electronic Communications and Urgent Response Exchange System (SECURES) or other contact methods.		Report response time to DOH.	07/31/11	
8.3	Maintain local data stewards.		Notify DOH Epidemiology, Health Statistics, and Public Health Laboratories (EHSPHL) Informatics customer service	Semi-annually, due two weeks after email request	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information -and/or Amount
			unit of any changes or updates.	is made by the Informatics Customer Support Staff.	
8.4	Maintain emergency communications equipment; use in exercises and as back up communications capacity. Conduct satellite phone tests and report connection statistics to DOH.		Conduct minimum quarterly tests.	Quarterly.	
9.1	Assure consistency—and maintain effectiveness—of risk communication strategies and resources related to emerging public health threats and essential preparedness initiatives including SNS. Work to assure plans and resources provide effective outreach to special needs communities. Coordinate with Regional Risk Communication Liaisons or Program Area Lead to complete this work.		Submit semi-annual progress reports on activities.	03/01/11 08/09/11	
9.2	Develop and maintain general public health emergency hotline and/or call center capacity.		Submit semi-annual progress reports on activities.	03/01/11 08/09/11	
10.1	Provide training and educational opportunities to public health staff.		Training records not contained in SmartPH will need to be reported in the format provided with the semi-annual progress report.	03/01/11 08/09/11	
10.3	Update Training Plans.		Submit updated plan to DOH.	03/01/11 08/09/11	
11.6	Work with hospitals in your jurisdiction to promote the use of the WATrac incident management system to track hospital beds. Follow WATrac policy for updating bed status during an incident. Working with the regional healthcare coalition, continue to plan for WATrac utilization.		Submit semi-annual progress reports on activities.	02/01/11 06/30/11	



**CDC and ASPR ACTIVITIES:****Activity Sections List:**

Section 12 – Medical Reserve Corps (MRC)/Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP)

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
12.1	Designated LHJ staff/MRC coordinators will participate in at least two SECURES driven MRC call down drills in coordination with Washington Health Volunteers in Emergencies (WAHVE)		No report required	N/A	Reimbursement for costs, not to exceed total funding consideration amount.
12.2	Provide a hypertext link to the DOH WAHVE web page on their local MRC/ Volunteer web site. Alternative locations may include emergency management, local hospitals, or signature blocks. Link is <a href="http://www.doh.wa.gov/phepr/wahve/default.htm">http://www.doh.wa.gov/phepr/wahve/default.htm</a>		Include hypertext links in semi-annual progress report	02/01/11 06/30/11	
12.3	All public health based MRCs and LHJs with volunteer rosters, will send out at least two formal e-mails to their volunteer distribution lists, requesting that medical volunteers register themselves in the WAHVE system.		Templates for these communications to be provided by DOH	02/01/11 06/30/11	

**\*For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm).

**Program Specific Requirements/Narrative:**

As requested by federal and/or state mandates, additional information may be requested during the contract period.

**DOH Program Contact:**

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Department of Health

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Olympia, WA 98504-7890

[brad.halstead@doh.wa.gov](mailto:brad.halstead@doh.wa.gov)

PHEPR Deliverable Submission: [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov)

360-236-4054

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
WIC/USDA Farmers Market Admin	Amend 2	333.10.52	10.572	01/01/07	09/30/07	\$144	\$144	
WIC/USDA Farmers Market Admin	Amend 10	333.10.52	10.572	10/01/07	09/30/08	\$181	\$181	\$325
WIC/USDA Breastfeeding		333.10.57	10.557	01/01/07	09/30/07	\$1,317	\$1,317	
WIC/USDA Breastfeeding		333.10.57	10.557	10/01/07	09/30/08	\$1,756	\$1,756	
WIC/USDA Breastfeeding		333.10.57	10.557	10/01/08	12/31/08	\$439	\$439	\$3,512
WIC/USDA NLS		333.10.57	10.557	01/01/07	09/30/07	\$64,380		
WIC/USDA NLS	Amend 1	333.10.57	10.557	01/01/07	09/30/07	\$1,150		
WIC/USDA NLS	Amend 4	333.10.57	10.557	01/01/07	09/30/07	\$1,100	\$66,630	
WIC/USDA NLS		333.10.57	10.557	10/01/07	09/30/08	\$85,840		
WIC/USDA NLS	Amend 4	333.10.57	10.557	10/01/07	09/30/08	\$2,220		
WIC/USDA NLS	Amend 11	333.10.57	10.557	10/01/07	09/30/08	\$4,556	\$92,616	
WIC/USDA NLS		333.10.57	10.557	10/01/08	12/31/08	\$21,460		
WIC/USDA NLS	Amend 4	333.10.57	10.557	10/01/08	12/31/08	\$555		
WIC/USDA NLS	Amend 11	333.10.57	10.557	10/01/08	12/31/08	\$2,278	\$24,293	\$183,539
BFNEP	Amend 5	333.10.61	10.561	10/01/07	09/30/08	\$13,467	\$13,467	\$13,467
Drinking Water Group A - SS	Amend 16	333.66.48	66.468	07/01/09	06/30/11	\$4,750		
Drinking Water Group A - SS	Amend 23	333.66.48	66.468	07/01/09	06/30/11	(\$1,250)		
Drinking Water Group A - SS	Amend 24	333.66.48	66.468	07/01/09	06/30/11	(\$500)		
Drinking Water Group A - SS	Amend 25	333.66.48	66.468	07/01/09	06/30/11	\$250	\$3,250	\$3,250
Drinking Water Group A - TA	Amend 16	333.66.48	66.468	07/01/09	06/30/11	\$3,000	\$3,000	\$3,000
EH Drinking Water SS		333.66.48	66.468	01/01/07	06/30/07	\$750		
EH Drinking Water SS	Amend 1	333.66.48	66.468	01/01/07	06/30/07	\$750		
EH Drinking Water SS	Amend 9	333.66.48	66.468	01/01/07	06/30/07	(\$1,500)	\$0	
EH Drinking Water SS	Amend 9	333.66.48	66.468	01/01/07	12/31/08	\$5,250		
EH Drinking Water SS	Amend 16	333.66.48	66.468	01/01/07	12/31/08	\$250	\$5,500	
EH Drinking Water SS		333.66.48	66.468	07/01/07	12/31/08	\$2,250		
EH Drinking Water SS	Amend 1	333.66.48	66.468	07/01/07	12/31/08	\$1,000		
EH Drinking Water SS	Amend 9	333.66.48	66.468	07/01/07	12/31/08	(\$3,250)	\$0	
EH Drinking Water SS	Amend 14	333.66.48	66.468	01/01/09	06/30/09	\$2,500		
EH Drinking Water SS	Amend 16	333.66.48	66.468	01/01/09	06/30/09	(\$1,250)		
EH Drinking Water SS	Amend 23	333.66.48	66.468	01/01/09	06/30/09	(\$1,000)	\$250	\$5,750
EH Drinking Water TA		333.66.48	66.468	01/01/07	06/30/07	\$1,000		
EH Drinking Water TA	Amend 9	333.66.48	66.468	01/01/07	06/30/07	(\$1,000)	\$0	
EH Drinking Water TA	Amend 9	333.66.48	66.468	01/01/07	12/31/08	\$2,000		
EH Drinking Water TA	Amend 14	333.66.48	66.468	01/01/07	12/31/08	(\$2,000)	\$0	
EH Drinking Water TA		333.66.48	66.468	01/01/07	12/31/08	\$3,000		
EH Drinking Water TA	Amend 9	333.66.48	66.468	01/01/07	12/31/08	(\$3,000)	\$0	
EH Drinking Water TA	Amend 14	333.66.48	66.468	01/01/09	06/30/09	\$2,000		
EH Drinking Water TA	Amend 16	333.66.48	66.468	01/01/09	06/30/09	(\$1,000)		
EH Drinking Water TA	Amend 23	333.66.48	66.468	01/01/09	06/30/09	(\$750)	\$250	\$250
PHEPR LHJ Funding	Amend 21	333.90.69	93.069	08/10/09	08/09/10	\$75,088		
PHEPR LHJ Funding	Amend 26	333.90.69	93.069	08/10/09	08/09/10	(\$15,494)	\$59,594	
PHEPR LHJ Funding BY10 Ext	Amend 27	333.90.69	93.069	08/10/10	08/09/10	\$69,943	\$69,943	\$129,537
PHER H1N1 Pan Flu Focus 1	Amend 19	333.90.69	93.069	07/31/09	07/31/11	\$11,049		
PHER H1N1 Pan Flu Focus 1	Amend 20	333.90.69	93.069	07/31/09	07/31/11	\$25,535		
PHER H1N1 Pan Flu Focus 1	Amend 26	333.90.69	93.069	07/31/09	07/31/11	(\$1,506)	\$35,078	\$35,078
PHER H1N1 Pan Flu Focus 2	Amend 19	333.90.69	93.069	07/31/09	07/31/11	\$1,023		
PHER H1N1 Pan Flu Focus 2	Amend 20	333.90.69	93.069	07/31/09	07/31/11	\$1,696	\$2,719	\$2,719
PHER H1N1 Pan Flu Ph III Mass Vac	Amend 21	333.90.69	93.069	07/31/09	07/31/11	\$102,290		
PHER H1N1 Pan Flu Ph III Mass Vac	Amend 24	333.90.69	93.069	07/31/09	07/31/11	\$35,000	\$137,290	\$137,290

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
AFIX Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	\$11,425	\$11,425	
AFIX Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	\$11,425	\$11,425	
AFIX Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$11,382	\$11,382	\$34,232
Child Immun Activities Fed	Amend 21	333.92.68	93.268	01/01/10	12/31/10	\$11,958	\$11,958	\$11,958
FA317 Immun ConCon Fed		333.92.68	93.268	01/01/07	12/31/07	\$4,533		
FA317 Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	(\$2,593)	\$1,940	
FA317 Immun ConCon Fed		333.92.68	93.268	01/01/08	12/31/08	\$4,533		
FA317 Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	(\$2,593)	\$1,940	
FA317 Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$1,636	\$1,636	
FA317 Immun ConCon Fed	Amend 21	333.92.68	93.268	01/01/10	12/31/10	\$1,636	\$1,636	\$7,152
VFC Immun ConCon Fed		333.92.68	93.268	01/01/07	12/31/07	\$4,925		
VFC Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	(\$4,643)	\$282	
VFC Immun ConCon Fed		333.92.68	93.268	01/01/08	12/31/08	\$4,925		
VFC Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	(\$4,643)	\$282	
VFC Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$576	\$576	\$1,140
CDC Obesity YR1	Amend 12	333.92.83	93.283	06/30/08	06/29/09	\$45,750	\$45,750	\$45,750
CDC NPAO YR2	Amend 18	333.92.83	93.283	06/30/09	06/29/10	\$45,000		
CDC NPAO YR2	Amend 20	333.92.83	93.283	06/30/09	06/29/10	\$5,000	\$50,000	
CDC NPAO YR3	Amend 25	333.92.83	93.283	06/30/10	06/29/11	\$50,000	\$50,000	\$100,000
CDC Tobacco Prevention		333.92.83	93.283	01/01/07	06/30/07	\$2,950		
CDC Tobacco Prevention	Amend 2	333.92.83	93.283	01/01/07	06/30/07	\$1,890	\$4,840	
CDC Tobacco Prevention	Amend 3	333.92.83	93.283	07/01/07	06/30/08	\$5,900	\$5,900	
CDC Tobacco Prevention YR5	Amend 11	333.92.83	93.283	07/01/08	03/29/09	\$4,425	\$4,425	
CDC Tobacco Prevention YR1	Amend 17	333.92.83	93.283	03/29/09	03/28/10	\$1,180		
CDC Tobacco Prevention YR1	Amend 17	333.92.83	93.283	03/29/09	03/28/10	\$3,550	\$4,730	
CDC Tobacco Prevention YR2	Amend 25	333.92.83	93.283	03/29/10	03/28/11	\$4,730	\$4,730	\$24,625
Obesity Prevention		333.92.83	93.283	01/01/07	06/30/07	\$25,000	\$25,000	
Obesity Prevention	Amend 6	333.92.83	93.283	07/01/07	06/30/08	\$45,000	\$45,000	\$70,000
PHEPR - LHJ Funding		333.92.83	93.283	01/01/07	08/31/07	\$59,075		
PHEPR - LHJ Funding	Amend 3	333.92.83	93.283	01/01/07	08/30/07	\$16,550	\$75,625	
PHEPR - LHJ Funding	Amend 6	333.92.83	93.283	08/31/07	08/09/08	\$5,442		
PHEPR - LHJ Funding	Amend 7	333.92.83	93.283	08/31/07	08/09/08	\$17,966		
PHEPR - LHJ Funding	Amend 9	333.92.83	93.283	08/31/07	08/09/08	\$54,617	\$78,025	
PHEPR - LHJ Funding	Amend 13	333.92.83	93.283	08/10/08	08/09/09	\$72,088		
PHEPR - LHJ Funding	Amend 14	333.92.83	93.283	08/10/08	08/09/09	\$3,000	\$75,088	\$228,738
PHEPR-Pandemic Influenza		333.92.83	93.283	01/01/07	08/31/07	\$13,696		
PHEPR-Pandemic Influenza	Amend 3	333.92.83	93.283	01/01/07	08/31/07	\$2,730	\$16,426	
PHEPR-Pandemic Influenza	Amend 6	333.92.83	93.283	08/31/07	08/09/08	\$4,977		
PHEPR-Pandemic Influenza	Amend 9	333.92.83	93.283	08/31/07	08/09/08	\$11,612	\$16,589	\$33,015
PHEPR-Prog E	Amend 3	333.92.83	93.583	01/01/07	08/30/07	\$730	\$730	\$730
HCCW Infant Toddler IAR		333.95.75	93.575	01/01/07	06/30/07	\$6,424	\$6,424	
HCCW Infant Toddler IAR	Amend 4	333.95.75	93.575	07/01/07	06/30/08	\$12,847	\$12,847	
HCCW Infant Toddler IAR	Amend 12	333.95.75	93.575	07/01/08	06/30/09	\$12,847	\$12,847	
HCCW Infant Toddler IAR	Amend 18	333.95.75	93.575	07/01/09	06/30/10	\$12,692	\$12,692	
HCCW Infant Toddler IAR	Amend 26	333.95.75	93.575	07/01/10	06/30/11	\$10,901	\$10,901	\$55,711
PHEPR HC Systems - CFH	Amend 13	333.98.89	93.889	08/09/08	08/08/09	\$1,000	\$1,000	\$1,000
PHEPR HC Systems - Prep	Amend 13	333.98.89	93.889	08/09/08	08/08/09	\$1,800	\$1,800	
PHEPR HC Systems - Prep	Amend 21	333.98.89	93.889	08/09/09	08/08/10	\$1,612	\$1,612	
PHEPR HC Systems - Prep	Amend 27	333.98.89	93.889	07/01/10	06/30/11	\$1,710	\$1,710	\$5,122

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
PHEPR Hospital - Prep		333.98.89	93.889	01/01/07	08/31/07	\$1,340		
PHEPR Hospital - Prep	Amend 3	333.98.89	93.889	01/01/07	08/31/07	\$660	\$2,000	
PHEPR Hospital - Prep	Amend 6	333.98.89	93.889	09/01/07	08/08/08	\$2,000	\$2,000	\$4,000
PHBG - LHD	Amend 2	333.99.91	93.991	01/01/07	12/31/07	\$4,240	\$4,240	\$4,240
MCHBG CSHCN-Outcomes Project	Amend 27	333.99.94	93.994	09/01/10	09/30/11	\$681	\$681	\$681
MCHBG MCH ConCon Fed		333.99.94	93.994	01/01/07	09/30/07	\$33,521	\$33,521	
MCHBG MCH ConCon Fed		333.99.94	93.994	10/01/07	09/30/08	\$44,695	\$44,695	
MCHBG MCH ConCon Fed		333.99.94	93.994	10/01/08	12/31/08	\$11,174	\$11,174	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93.994	01/01/09	09/30/09	\$32,713	\$32,713	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93.994	10/01/09	09/30/10	\$43,617	\$43,617	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93.994	10/01/10	12/31/10	\$10,904	\$10,904	\$176,624
ARRA Reaching Children & Adults	Amend 23	339.47.12	93.712	09/01/09	12/31/11	\$1,535		
ARRA Reaching Children & Adults	Amend 24	339.47.12	93.712	09/01/09	12/31/11	\$9,000	\$10,535	\$10,535
ARRA Stim 2.1 CDHPSP	Amend 24	339.47.23	93.723	02/04/10	02/03/12	\$40,000	\$40,000	\$40,000
Adult Viral Hepatitis Strategic Plan	Amend 20	334.04.91	N/A	07/01/09	06/30/11	\$5,000	\$5,000	\$5,000
GFS CDP Admin	Amend 3	334.04.91	N/A	07/01/07	06/30/08	\$0		
GFS CDP Admin	Amend 12	334.04.91	N/A	07/01/07	06/30/08	\$5,000	\$5,000	
GFS CDP Admin	Amend 12	334.04.91	N/A	07/01/08	06/30/10	\$5,000		
GFS CDP Admin	Amend 18	334.04.91	N/A	07/01/08	06/30/10	\$5,000		
GFS CDP Admin	Amend 20	334.04.91	N/A	07/01/08	06/30/10	(\$5,000)	\$5,000	\$10,000
Group B Systems		334.04.91	N/A	01/01/07	06/30/07	\$4,000		
Group B Systems	Amend 2	334.04.91	N/A	01/01/07	06/30/07	\$1,000	\$5,000	
Group B Systems	Amend 6	334.04.91	N/A	07/01/07	06/30/08	\$8,575	\$8,575	
Group B Systems	Amend 11	334.04.91	N/A	07/01/08	06/30/09	\$4,000	\$4,000	\$17,575
Oral Health State		334.04.91	N/A	01/01/07	06/30/07	\$4,500	\$4,500	
Oral Health State		334.04.91	N/A	07/01/07	06/30/08	\$9,000	\$9,000	
Oral Health State		334.04.91	N/A	07/01/08	12/31/08	\$4,500	\$4,500	
Oral Health State	Amend 14	334.04.91	N/A	07/01/07	06/30/09	\$6,048	\$6,048	
Oral Health State	Amend 14	334.04.91	N/A	07/01/09	06/30/10	\$12,097	\$12,097	
Oral Health State	Amend 14	334.04.91	N/A	07/01/10	06/30/11	\$6,049		
Oral Health State	Amend 26	334.04.91	N/A	07/01/10	06/30/11	(\$175)	\$5,874	\$42,019
PHEPR - Pandemic Influenza		334.04.91	N/A	01/01/07	06/30/07	\$6,089	\$6,089	\$6,089
Correction in amendment #1 of the reduction of \$12 (previously \$6,077)								
Hepatitis C Awareness	Amend 14	334.04.92	N/A	07/01/07	06/30/09	\$8,500	\$8,500	\$8,500
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	01/01/07	06/30/07	\$22,696	\$22,696	
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	07/01/07	12/31/07	\$22,696	\$22,696	
Local Capacity Dev. Funds - GFS & HSA	Amend 7	334.04.92	N/A	01/01/08	06/30/08	\$22,787	\$22,787	
Local Capacity Dev. Funds - GFS & HSA	Amend 7	334.04.92	N/A	07/01/08	12/31/08	\$22,787	\$22,787	
Local Capacity Dev. Funds - GFS & HSA	Amend 14	334.04.92	N/A	07/01/07	06/30/09	\$22,978	\$22,978	
Local Capacity Dev. Funds - GFS & HSA	Amend 14	334.04.92	N/A	07/01/09	06/30/11	\$22,978		
Local Capacity Dev. Funds - GFS & HSA	Amend 21	334.04.92	N/A	07/01/09	06/30/11	\$45,970	\$68,948	\$182,892
Local Capacity HSA Partnership	Amend 3	334.04.92	N/A	05/01/07	06/30/07	\$2,900	\$2,900	\$2,900
Child Death Review (Proviso)	Amend 13	334.04.93	N/A	07/01/08	06/30/09	\$750	\$750	\$750
Youth Tobacco Prevention		334.04.93	N/A	01/01/07	06/30/07	\$3,750	\$3,750	
Youth Tobacco Prevention	Amend 3	334.04.93	N/A	07/01/07	06/30/08	\$6,400	\$6,400	
Youth Tobacco Prevention	Amend 11	334.04.93	N/A	07/01/08	06/30/09	\$6,400	\$6,400	
Youth Tobacco Prevention	Amend 17	334.04.93	N/A	07/01/09	06/30/11	\$12,800	\$12,800	\$29,350

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
TPC Account		334.04.97	N/A	01/01/07	06/30/07	\$19,125		
TPC Account	Amend 2	334.04.97	N/A	01/01/07	06/30/07	\$890	\$20,015	
TPC Account	Amend 3	334.04.97	N/A	07/01/07	06/30/08	\$38,250	\$38,250	
TPC Account	Amend 11	334.04.97	N/A	07/01/08	06/30/09	\$38,250	\$38,250	
TPC Account	Amend 17	334.04.97	N/A	07/01/09	06/30/11	\$61,200		
TPC Account	Amend 25	334.04.97	N/A	07/01/09	06/30/11	(\$4,590)	\$56,610	\$153,125
Drinking Water Group A - SS State	Amend 14	334.04.98	N/A	07/01/09	06/30/11	\$1,250		
Drinking Water Group A - SS State	Amend 16	334.04.98	N/A	07/01/09	06/30/11	\$3,500		
Drinking Water Group A - SS State	Amend 23	334.04.98	N/A	07/01/09	06/30/11	(\$1,250)		
Drinking Water Group A - SS State	Amend 24	334.04.98	N/A	07/01/09	06/30/11	(\$500)		
Drinking Water Group A - SS State	Amend 25	334.04.98	N/A	07/01/09	06/30/11	\$250	\$3,250	\$3,250
EH Drinking Water - SS State	Amend 4	334.04.98	N/A	01/01/07	06/30/07	\$1,500	\$1,500	
EH Drinking Water - SS State	Amend 14	334.04.98	N/A	07/01/07	06/30/09	\$3,250		
EH Drinking Water - SS State	Amend 14	334.04.98	N/A	07/01/07	06/30/09	\$500		
EH Drinking Water - SS State	Amend 14	334.04.98	N/A	07/01/07	06/30/09	\$1,250		
EH Drinking Water - SS State	Amend 16	334.04.98	N/A	07/01/07	06/30/09	(\$1,000)		
EH Drinking Water - SS State	Amend 17	334.04.98	N/A	07/01/07	06/30/09	\$1,000		
EH Drinking Water - SS State	Amend 18	334.04.98	N/A	07/01/07	06/30/09	\$250		
EH Drinking Water - SS State	Amend 23	334.04.98	N/A	07/01/07	06/30/09	(\$1,000)	\$4,250	\$5,750
Multi-State Learning Collaborative 2	Amend 3	334.04.98	N/A	07/01/07	12/31/07	\$2,100	\$2,100	\$2,100
Blue Ribbon Local Health Funds	Amend 8	334.04.99	N/A	00/00/00	00/00/00	\$113,314	\$113,314	
Blue Ribbon Local Health Funds	Amend 14	334.04.99	N/A	00/00/00	00/00/00	\$113,579	\$113,579	
Blue Ribbon Local Health Funds	Amend 21	334.04.99	N/A	00/00/00	00/00/00	\$91,289	\$91,289	\$318,182
Multi-State Learn Collaborative YR1	Amend 14	367.11.88	N/A	04/15/08	04/14/09	\$8,000	\$8,000	
Multi-State Learn Collaborative YR2	Amend 14	367.11.88	N/A	04/15/09	04/14/10	\$12,000	\$12,000	
Multi-State Learn Collaborative YR3	Amend 14	367.11.88	N/A	04/15/10	12/31/10	\$4,000	\$4,000	\$24,000
TOTAL						\$2,184,452	\$2,184,452	
Total consideration prior to this amendment:		\$2,112,118		GRAND TOTAL				\$2,184,452
Change in consideration in this amendment:		\$72,334						
GRAND TOTAL		\$2,184,452				Total Fed		\$1,372,970
						Total State		\$787,482
						Total Other		\$24,000
*Federal revenue codes begin with "333". State revenue codes begin with "334".								

\*Federal revenue codes begin with "333". State revenue codes begin with "334".

\*\* Catalog of Federal Domestic Assistance