

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2007-2011 CONSOLIDATED CONTRACT
CONTRACT NUMBER: C14952 AMENDMENT NUMBER: 28

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:
 - Immunization Program CHILD Profile – Effective January 1, 2011
 - Local Capacity Development Funds – Effective January 1, 2011
- ☒ Amends Statements of Work for the following programs:
 - 5930 Public Health Funding – Effective July 1, 2007
 - ARRA Immunization Reaching More Children Project – Effective March 1, 2010
 - Office of Drinking Water Group A Program – Effective January 1, 2007
 - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 31, 2009
 - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 1, 2010
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-28 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-27 Allocations as follows:

- ☒ Increase of \$157,546 for a revised maximum consideration of \$2,341,998.
- ☐ 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

02-14-2011
(Date)

John Thompson 2/17/11
(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: 5930 Public Health Funding –
Effective July 1, 2007

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

☐ Original ☒ **SOW Amendment # (for this program): 4**
 (Include the effective date of change in Task/Activity)

Period of Performance: July 1, 2007 ongoing.

Type of Contractor	Type of Funds	Type of Payment
<input type="checkbox"/> Subrecipient	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Vendor	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> One-time
	<input type="checkbox"/> Other	Distribution

Statement of Work Purpose: The purpose of this statement of work is to set forth the requirements for use of funding distributed under the provisions of E2SSB5930 enacted in 2007 legislative session. This is a performance-based agreement, the purpose of which is to improve the three performance measures as itemized below, in rank order.

Amendment Purpose: The purpose of this amendment is to add the January 2011 funding allocation.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input checked="" type="checkbox"/> (+) <input type="checkbox"/> (-) <input type="checkbox"/> None	Total Consideration
Blue Ribbon Local Health Funds	NA	334.04.99	79211000	NA	226,893	0	226,893
Blue Ribbon Local Health Funds	NA	334.04.99	79211100	NA	91,289	91,202	182,491
TOTALS					318,182	91,202	409,384

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Information
1.	Increase the uptake of new and under-used child and adolescent vaccines.	<p>The LHJ shall review its local data related to the respective performance measure, identify areas for improvement, and develop and implement a work plan to make improvements in the respective measure.</p> <p>The LHJ will begin new or add to or enhance existing work in such a manner to positively impact the performance measures in rank order.</p> <p>The LHJ will report required data for each performance measure. See additional note in Special References section.</p>	LHJ shall submit its work plan for addressing the performance measures by April 15, 2008.	<p>Funding is distributed as directed by enacted legislation as per Enrolled SHB1128, Section 222 (29) in the amounts as follows:</p> <p>January 2008: \$113,314 January 2009: \$113,579 January 2010: \$91,289 January 2011: \$91,202</p>
2.	Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.		<p>LHJ shall submit an updated work plan for its 2010 work addressing the performance measures by February 15, 2010.</p> <p>At any time LHJ substantively changes its work plan, it will promptly submit the updated work plan to DOH.</p>	
3.	Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities or primary medical care.		LHJ will report required data for each performance measure based on the guidelines contained in the document "Metrics to Support 5930 Performance Measures" amended June 1, 2009, appended hereto. This document may be updated from time to time to provide additional information in the "Notes" section only (no changes will be made to the "Performance Measure,"	

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Information
			“Reporting Measure” or “Data Source” sections) and should be accessed on the DOH website at http://www.doh.wa.gov/phip/products/5930/overview.htm for the most up-to-date revision.	

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

Special References (RCWs, WACs, etc)

New RCW 43.70.512, RCW 43.70.514, RCW 43.70.516, RCW 43.70.518, RCW 43.70.522 and revised RCW 43.70.520

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

Kay Koth

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Metrics to Support 5930 Performance Measures – AMENDED JUNE 1, 2009

This document identifies the specific metrics to be in support of the 5930 Performance Measures. It is a complement to the *Recommendations to the Secretary of Health on Implementing New Public Health Funding and Laws*, which was accepted by the Secretary on December 31, 2007.
<http://www.doh.wa.gov/phip/products/5930/overview.htm>

Three performance measures have been selected as the focus of the public health work accomplished with funds provided by the legislature through E2SSB 5930/2007. Local health departments and districts are expected to address them in rank order:

Each of these measures has specific metrics that will be used to track progress. Most of them come from data already collected by local health jurisdictions and reported to the state department of health. For performance measure three, data are not readily available so the reporting requirement emphasizes planned interventions. These are described below.

With one exception, local health departments and districts already report this data to the state health department, so no new action is required at the local level to generate these metrics. This will allow local health departments and districts to use this data and other information and focus their efforts to make improvements on the specific needs of their local community. The one exception is performance measure three – local health departments and districts will be asked to complete a simple web-based survey to collect this information.

Performance Measure	Reporting Measure	Data Source	Notes
#1 – Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV and pediatric influenza.	A – Number of doses of vaccine ordered by each LHJ	<ul style="list-style-type: none"> Immunization Program's Vaccine Order Tracking Form CHILD Profile Vaccine Ordering Module (for those LHJ's that participate in it) 	<p>The DOH Immunization Program will send each LHJ a weekly report that will show the total number of vaccines they have had shipped; the LHJ can then review the data to identify if providers are ordering more vaccine than the previous week*.</p> <p><i>*Because of the seasonality of some vaccines, the DOH will provide each LHJ with annual data, starting with 2007 data, so that comparison data can be used for more meaningful evaluations.</i></p>
	B – Number of doses administered as recorded in CHILD Profile	<ul style="list-style-type: none"> CHILD Profile 	<p>The Immunization Program will send each LHJ a report every 6 months that will show the total number of vaccine doses administered as recorded in CHILD Profile; the LHJ can use the data to monitor if providers are administering more doses of vaccine, as recorded in CHILD Profile, than the previous reporting period.</p>

Performance Measure	Reporting Measure	Data Source	Notes
#2 – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.	A – Percent of notifiable condition cases reported to the LHJ within the required time frame (per WAC)	<ul style="list-style-type: none"> • PHIMS • PHIMS-STD • Local data (for STD cases where PHIMS-STD is not used) • HARS / Partner Management Records • TIMS / Cohort Review 	<p>DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases that were reported to the LHJ within the time frame specified in the WAC; the LHJ can evaluate the data to ensure notifiable condition cases are reported within the required time frame to the LHJ.</p> <p><u>Additional Note:</u></p> <ul style="list-style-type: none"> a) For Non-STDs, the timeframe will be the time between the “diagnosis date” to the “LHJ notification date.” b) For STDs, the timeframe will be the time between “date of diagnosis” to the “date case report was received by LHJ.” c) For TB and HIV/AIDS, the timeframe will be the time between “date of diagnosis” to the “date reported to the LHJ (or to DOH if a LHJ does not have the capacity to investigate).” Data will be generated via hand counts. d) Pesticides, TBD (if applicable) e) Lead, TBD (if applicable)
	B – Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the time frame specified	<ul style="list-style-type: none"> • PHIMS • PHIMS-STD • Local data (for STD cases where PHIMS-STD is not used) • HARS / Partner Management Records • TIMS / Cohort Review 	<p>DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases where the investigation was initiated within the time frame specified; the LHJ can then review which conditions they are investigating and how timely they are being in their investigation.</p> <p><u>Additional Note:</u></p> <ul style="list-style-type: none"> a) For Non-STDs, the time frame will be the time between “LHJ notification date” to “investigation start date.” Time frames for initiating investigations are in the CD Epi procedure document. b) For STDs, the timeframe will be the time between “date record created” to “date investigation of the index patient was initiated.” c) For TB and HIV/AIDS, the timeframe will be “date reported to the LHJ” to “date investigation of the index patient was initiated.” Data will be generated via hand counts. d) Pesticides, TBD (if applicable) e) Lead, TBD (if applicable)
	C – Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “measurement fields”	<ul style="list-style-type: none"> • PHIMS • PHIMS-STD • Local data (for STD cases where PHIMS-STD is not used) • HARS / Partner Management Records • TIMS / Cohort Review 	<p>This reporting measure will begin in June 2008. DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases where the “measurement fields” were complete; the LHJ can then review their performance and make adjustments.</p>

Performance Measure	Reporting Measure	Data Source	Notes
#3 – Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.	A – Number and description of LHJ activities and interventions to address obesity or chronic disease and associated risk factors in the community	<ul style="list-style-type: none"> Web-based survey of LHJs (one response per LHJ) 	DOH will send each LHJ a report every 6 months that will show the total number of interventions to address obesity or chronic diseases; and descriptions of selected efforts, as provided by the LHJs, to track increased effort.

For more information or if you have any questions, please contact:

Marie Flake, DOH, Office of Public Health Systems Planning and Development
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marie.flake@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2007 – 2011

DOH Program Name or Title: ARRA Immunization Reaching More Children
Project – Effective March 1, 2010

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

☐ **Original** ☒ **SOW Amendment # (for this program): 3**
 (Include the effective date of change in Task/Activity)

Type of Contractor	Type of Funds	Type of Payment
<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: March 1, 2010 through March 31, 2011

Statement of Work Purpose: The purpose of this statement of work is to provide American Recovery and Reinvestment Act (ARRA) funding for the LHJ to conduct activities that will help increase immunization rates and reduce vaccine preventable diseases.

Amendment Purpose: The purpose of this amendment is to revise a deliverable due date.

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 ARRA Reaching Children & Adults	93.712	339.47.12	73840291	03/01/10-03/31/11	10,535	0	10,535
TOTALS					10,535	0	10,535

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Project Purpose: This project is intended to help providers and LHJs plan for and implement the Universal Purchase transition.					
1	<p>The LHJ will develop a plan for outreach, education, and data gathering for providers within their local health jurisdiction that are participating in the childhood vaccine program.</p> <p>1a. Develop an outreach and education plan for providers to support the Universal Purchase transition.</p> <p>1b. Implement activities in the outreach and education plan with all providers</p>		<p>1a. Submit the plan for provider outreach and education using DOH provided template.</p> <p>1b. Submit a final report describing provider outreach and education</p>	<p>1a. By March 31, 2010</p> <p>1b. By June 1, 2010.</p>	<p>1a. Reimbursement up to \$300 based on actual costs</p> <p>1b. Reimbursement up to \$494 based on actual</p>

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>participating in the childhood vaccine program.</p> <p>1c. Gather provider profile information on each provider participating in the childhood vaccine program.</p>		<p>activities conducted.</p> <p>1c. Submit a practice profile for each provider enrolled in the childhood vaccine program, using the DOH provided template.</p>	<p>1c. By June 30, 2010.</p>	<p>costs</p> <p>1c. Reimbursement up to \$741 based on actual costs</p>
<p>Project Purpose: This project is intended help local health departments conduct specific quality improvement activities with providers to help improve health care practice-level immunization rates.</p>					
2	<p>The LHJ will develop a plan for providers identified to participate in the following activity(s): One Dose Away/Reminder-Recall Project.</p> <p>The plan will include:</p> <ul style="list-style-type: none"> • A list of providers identified to participate in each project, • A brief plan describing: <ul style="list-style-type: none"> • The timeline for the work (planned site visit and follow-up schedule, pre and post test target dates etc.) • The training the LHJ will provide. • Methods for conducting the activities. 		Submit an initial plan using DOH provided template	April 30, 2010	Reimbursement up to \$1,000 based on actual costs
3	<p>Conduct a One Dose Away/Reminder Recall Project for three (3) contracted providers, as described in the Reaching More Children One Dose Away/Reminder-Recall ARRA Brief. Activities include:</p> <ul style="list-style-type: none"> • Perform Record Management Clean-up activities, as described in the Reaching More Children Record Management Cleanup Project ARRA Brief (insert link here) to ensure patient records are current and up-to-date. • Perform a baseline CoCASA immunization rates assessment on active children 24-35 months of age, using the 4:3:1:3:3:1:4 series prior to the intervention strategy. 		<p>3a. Submit pre-activity immunization rates for each provider identified.</p> <p>3b. Submit a CQI plan for continued One Dose Away/Reminder Recall Projects for each provider identified</p> <p>3c. Submit post-activity immunization rates for each provider identified.</p> <p>3d. Submit a summary report with results for each provider identified: Number and percent of children</p>	<p>3a. July 1, 2010</p> <p>3b. December 1, 2010 February 28, 2011</p> <p>3c. February 28, 2011</p> <p>3d. March 31, 2011</p>	<p>Total reimbursement for Task 3 is up to \$2,000 per contracted provider based on actual costs, not to exceed \$6,000</p>

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Develop provider-specific process for participating providers, using in-person, remote, one-on-one or group settings to train providers on best practices reminder recall strategies. Provide technical assistance to providers during project including site visits. Perform a post-project CoCASA immunization rates assessment on active children 24-35 months of age, using the 4:3:1:3:3:1:4 series Compare the change in immunization rates from the baseline to the post-project assessment, and evaluate the process. Develop a Continuous Quality Improvement (CQI) Plan with the provider to continue efforts towards improving immunization rates 		<p>who were “one dose away”</p> <ul style="list-style-type: none"> Methods used for Reminder-Recall Number of patients successfully recalled LHJ activities, including evaluation and technical assistance provided. 		
4	Develop a final report that summarizes the successes, challenges, and barriers faced by the LHJ in conducting the above activities.		Submit a final report using DOH provided template	March 31, 2011	Reimbursement up to \$2,000 based on actual costs

Special Instructions:

This project is funded with American Recovery and Reinvestment Act (ARRA) funds and must comply with the state and federal reporting requirements as follows:

In addition to the deliverables listed in the statement of work, the LHJ shall provide an ARRA report to DOH on a monthly basis. The report shall be submitted by the 3rd calendar day of each month for the preceding month's activity and will include a status report of activities including, but not limited to, the creation or retention of positions as determined by the hours worked by those individuals performing tasks outlined in this statement of work; associated job descriptions; project status; and any additional status reporting deemed necessary by the DOH ARRA Coordinator, or designee. The DOH Project Manager will provide an electronic reporting tool to be used to submit the monthly ARRA report.

Other:

Fraud Reporting

- Any employer receiving ARRA funds shall post the notice “Know Your Rights under the Recovery Act”. A copy can be found at <http://www.recovery.gov/Contact/ReportFraud/Documents/Whistleblower+Poster.pdf>
- The LHJ shall promptly refer to an appropriate inspector general any credible evidence regarding any person who has submitted a false claim under the False Claims Act or who has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity or similar misconduct involving ARRA funds.

Special Requirements:

Reference the 2007-2011 Consolidated Contract Recovery Act Checklist for Local Health Jurisdictions signed and dated February 23, 2010 (copy inserted on the following page). The checklist summarizes the Recovery Act/ARRA requirements that impact the LHJ. A complete list of the requirements entitled "Special Conditions Under the American Recovery and Reinvestment Act of 2009 Public Law 111-5" can be found at: <http://www.doh.wa.gov/concon/> under Resources.

Provisions regarding infrastructure investments generally do not apply.

Note: Based on the federal grant award, item 7 on the 2007-2011 Consolidated Contract Recovery Act Checklist does not apply to this statement of work.

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

Contract Manager – Tawney Harper, Program Administration Unit Manager, 360-236-3525, tawney.harper@doh.wa.gov

Project Managers – Jan Hicks-Thomson, 360-236-3578, jan.hicks-thomson@doh.wa.gov, Debbie Carlson, 360-236-3540, debbie.carlson@doh.wa.gov

ARRA Reporting Specialist – Sonja Morris, 360-236-3545, sonja.morris@doh.wa.gov

2007-2011 CONSOLIDATED CONTRACT RECOVERY ACT CHECKLIST

For Local Health Jurisdictions

The American Reinvestment and Recovery Act of 2009 Public Law 111-5 (ARRA or Recovery Act) places great emphasis on accountability and transparency in the use of taxpayer dollars. The Washington State Department of Health (DOH) and all contracted recipients of ARRA dollars must comply with these reporting requirements.

1. ☒ Our agency agrees to provide DOH all reports, documentation, or other information requested to meet reporting obligations under the Recovery Act.
2. ☒ Our DUNS number is 01-020-2547
3. ☒ Our agency has registered with the Central Contracting Registrar. #RHPETP
4. ☒ Our agency understands that non-compliance with ARRA reporting requirements may result in termination for default of any ARRA funded projects.
5. ☒ Our agency agrees to report to the Employment Security Department WorkSource system, all job openings created to perform ARRA funded tasks specified in statements of work in the consolidated contract. Job openings are to be reported before hiring, per the instructions on the following document entitled "How to list ARRA jobs with the Employment Security (ESD) Worksource system."
6. ☒ Our agency agrees to post the notice entitled "Know your Rights under the Recovery Act" which meets the Whistleblowers protection requirements of the Recovery Act. An electronic copy may be obtained online at:
<http://www.recovery.gov/Contact/ReportFraud/Documents/Whistleblower+Poster.pdf>.
7. ☒ Our agency understands that ARRA funds cannot be used to replace (supplant) state or local funds that have been appropriated or allocated for the same purpose as the ARRA funded project.

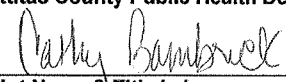
Kittitas County Public Health Department SIGNATURE	DATE
	2-4-10
Print Name & Title below:	
Cathy Bambrick, Administrator	

Exhibit A
Statement of Work
Contract Term: 2007-2011

DOH Program Name or Title: Immunization Program CHILD Profile - Effective January 1, 2011

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C14952

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

Funding Source	Type of Payment
<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: January 1, 2011 through December 31, 2011

Statement of Work Purpose: The purpose of this statement of work is to define required activities related to immunization services.

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			
FFY11 FA 317 IMMUN ADMIN FED	93.268	333.92.68	73820210	01/01/11	12/31/11	0	2,358	2,358
FFY11 CHILD IMMUN ACTIVITIES FED	93.268	333.92.68	73820211	01/01/11	12/31/11	0	11,362	11,362
TOTALS						0	13,720	13,720

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.	Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program. Accountability requirements include, but are not limited to: provider education, provider site visits, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.				
A.	Facilitate annual renewal of the Outside Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines. Collect provider profile information from providers enrolled in the childhood vaccine program via CHILD Profile Immunization Registry or provider agreement paper form.		Outside Provider Agreements for Receipt of State Supplied Vaccine (DOH 348-022) paper form or on-line via the CHILD Profile Immunization Registry.	Annually, per Immunization Program CHILD Profile Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount..
B.	Use and facilitate provider use of the CHILD Profile Immunization Registry Vaccine Ordering Module to place, monitor, and approve provider vaccine orders. Monitor provider orders for appropriateness (including		1) Provider Request for Childhood Vaccine (DOH 348-015) and Provider Request for Childhood Seasonal Flu Vaccine	1) Monthly based on provider order schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Economic Order Quantity standards - frequency, timing, order size etc.,) and monitor vaccine accountability reports for compliance with VFC Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns). Provide technical assistance, consultation, and education to providers about vaccine quality assurance related to program participation and vaccine management.		(DOH 348-118) 2) Monthly Vaccine Accountability Report (DOH 348-006) 3) Private Provider's Monthly Report of Vaccine Usage (DOH 348-025) 4) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action 5) Report all cases (or suspected cases) of vaccine fraud or abuse	2) 15 th of each month 3) Submit electronically at the time of vaccine order via the CHILD Profile Immunization Registry; and paper form available for review at the time of LHJ site visit by DOH 4) Notify the DOH Immunization Program Within 7 days of incident 5) Notify the DOH Immunization Program within 7 days of reported incident	
C.	Conduct VFC site visits at three (3) private provider sites within your jurisdiction. Site visits should address all requirements outlined in the Outside Provider Agreement, including but not limited to vaccine accountability, storage, and handling issues.		1) VFC/AFIX Site Visit Selection Planning Form (DOH 358-158) identifying all providers who will receive a VFC site visit 2) A copy of the following provider compliance site visit documents for each public and private provider site visit completed: <ul style="list-style-type: none"> • Site Visit Cover Sheet (DOH 348-151) • Questionnaire (DOH 348-156) 	1) February 1, 2011 2) Within thirty (30) days of when the site visit is conducted (no later than November 30, 2011)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<ul style="list-style-type: none"> Chart documentation worksheet (DOH 348-155) 3) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 358-157) listing which enrolled provider site visits were completed during the reporting period.	3) Within fifteen (15) days of the reporting period listed on the form	
D.	Conduct AFIX assessment site visits at one (1) private provider sites within your jurisdiction, using AFIX (Assessment, Feedback, Incentive, eXchange) strategies. This includes the assessment of immunization levels of two-year-old children (24 – 35 months of age), using the actual date of review at each private provider clinic site. Selection of providers may be based on one or more of the following criteria: high-volume usage, unusual ordering patterns, reports of vaccine usage or fraud, or Medicaid billing inconsistencies or random selection. Every effort should be made to include basic immunization education and the promotion of assessment. The DOH Immunization Program will provide appropriate AFIX software for this activity.		1) VFC/AFIX Site Visit Selection Planning Form (DOH 358-158) identifying all providers who will receive an AFIX assessment site visit 2) A copy of the Diagnostic Report (Childhood) for the 4:3:1:3:3:1 series and for the 4:3:1:3:3:1:4 series for each health care provider site. 3) A copy of the AFIX Feedback Form (DOH 348-159), which documents that providers were given verbal/written feedback following the CoCASA assessment. 4) Provide the private health care provider with feedback and a copy of the final printed report produced in the AFIX assessment software on the findings of the assessment	1) February 1, 2011 2) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011) 3) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011) 4) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2.	Conduct activities to prevent perinatal hepatitis B infection including the following: 1) identification and reporting of HBsAg-positive mothers and their infants; 2) case management and tracking of infants to assure that they		Enter information for each case identified into the Perinatal Hepatitis B module of the CHILD Profile Immunization Registry or complete a Perinatal Hepatitis B	15 th of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	receive the first dose of HBIG and hepatitis B vaccine shortly after birth, the second dose at 1-2 months of age, the third dose at 6 months of age, and post-vaccination testing including HBsAg and anti-HBs at 9-18 months of age or 1-2 months after completing dose number three; and 3) identification and tracking of susceptible household and sexual contacts to assure that they receive HBIG and/or hepatitis B vaccine, and post-vaccination testing if appropriate.		Confidential Case Report – Mother/Infant (DOH 348-030) and Household Contact (DOH 348-035) for each case identified		

***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:

<http://www.doh.wa.gov/php/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

Deliverables may be mailed, faxed, or sent electronically via email:

Immunization Program CHILD Profile
PO Box 47843
Olympia WA 98504-7843

Fax: 360-236-3590

Email: IPCPcontracts@doh.wa.gov

Program Manual, Handbook, Policy References

- Immunization Program CHILD Profile Annual VFC Provider Agreement Update Schedule posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>
- [Agency Guidelines for Vaccines for Children Status Screening](#)

Staffing Requirements: N/A

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)

- Allowable expenses with 317 and Childhood Immunization Activities Funds (effective 1/1/2010) document posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>

Special References (RCWs, WACs, etc): N/A

Monitoring Visits (frequency, type): N/A

Definitions: N/A

Assurances/Certifications: N/A

Special Billing Requirements: N/A

Special Instructions: N/A

Other: N/A

DOH Program Contact

Tawney Harper
Program Administration Unit Manager
Department of Health
PO Box 47843
Olympia WA 98504-7843
tawney.harper@doh.wa.gov,
360-236-3525

Exhibit A
Statement of Work
Contract Term: 2007-2011

DOH Program Name or Title: Local Capacity Development Funds - Effective January 1, 2011

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C14952

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

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

Period of Performance: January 1, 2011 through December 31, 2011

Statement of Work Purpose: The purpose of this statement of work is to maintain an effective public health system as demonstrated by participating in the public health standards review that will occur in 2011. Funds that are not used for the purpose of fulfilling this statement of work may be used to achieve other public health objectives.

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			
Local Capacity Development Funds	NA	334.04.92	79110100	01/01/11	06/30/11	0	23,062	23,062
Local Capacity Development Funds	NA	334.04.92	79110100	07/01/11	12/31/11	0	23,062	23,062
TOTALS						0	46,124	46,124

Task Number	Task/Activity Description	Deliverable	Due Date	Payment Amount
1.	LHJ will submit via electronic means as specified by DOH, documentation that addresses each standard and measure of one (1) of the following sets chosen by LHJ: 1. Standards for Public Health in Washington State, 2. Standards for Public Health in Washington State-Basic, or 3. Standards of the Public Health Accreditation Board.	Submission of documentation in CD-ROM or other DOH-approved electronic format.	By February 15, 2011	\$23,062
2.	LHJ leadership will participate in the closing conference with the standards reviewers conducted at the conclusion of the documentation review. Closing conference will be held either on-site or using distance technology.	Participation in closing conference.	By July 1, 2011	\$11,531
3.	LHJ will develop and submit a draft quality improvement plan that, based on the results of the standards review conducted, identifies deficiencies to be improved and strategies to achieve improvement.	Submission of draft quality improvement plan.	By September 30, 2011	\$11,531

For Reference:

Detail on the revised Standards/Measures may be found at: <http://www.doh.wa.gov/hip/products/stds/10-11stds/overview.htm>

Special References (RCWs, WACs, etc)

RCW 43.70.520 and RCW 43.70.580

Special Instructions

LHJ may use Local Capacity Development Funds allocated for expenditures to achieve its standards review work detailed in above tasks as well as perform other public health work at its discretion. To receive funds allocated herein, LHJ shall submit an A19-1A invoice voucher for payment after submission of each deliverable. Invoice will be paid upon approval of deliverable by program. LHJ will track how Local Capacity Development Funds are used and report appropriately in the required BARS report.

DOH Program Contact

Department of Health
Public Health Systems Development
PO Box 47890, Olympia, WA 98504-7890

Marie Flake
360-236-4063
marie.flake@doh.wa.gov

Jane Lee
360-236-4154
jane.lee@doh.wa.gov

Exhibit A
Statement of Work
Contract Term 2007 – 2011

DOH Program Name or Title: Office of Drinking Water Group A Program –
Effective January 1, 2007

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

☐ Original ☒ **SOW Amendment # (for this program): 13**
(Include the effective date of change in Task/Activity)

Type of Contractor	Type of Funds	Type of Payment
<input checked="" type="checkbox"/> Subrecipient	<input checked="" 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: January 1, 2007 through December 31, 2010

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

Amendment Purpose: The purpose of this amendment is to extend period of performance, increase funding consideration and revise billing requirements and special instructions.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input checked="" type="checkbox"/> (+) <input type="checkbox"/> (-) <input type="checkbox"/> None	Total Consideration
EHP – Drinking Water – SS State	n/a	334.04.98	24212200	01/01/07-06/30/07	1,500	0	1,500
EHP - Drinking Water - SS	66.468	333.66.48	24129191	01/01/07-12/31/08	5,500	0	5,500
EHP – Drinking Water - TA	66.468	333.66.48	24129191	01/01/07-12/31/08	0	0	0
EHP – Drinking Water – SS State	n/a	334.04.98	24122222	07/01/07-06/30/09	4,250	0	4,250
EHP - Drinking Water - SS	66.468	333.66.48	24129194	01/01/09-06/30/09	250	0	250
EHP – Drinking Water - TA	66.468	333.66.48	24129194	01/01/09-06/30/09	250	0	250
Drinking Water Group A – SS	66.468	333.66.48	24129201	07/01/09-12/31/10	3,250	0	3,250
Drinking Water Group A - TA	66.468	333.66.48	24129201	07/01/09-12/31/10	3,000	-1,000	2,000
Drinking Water Group A – SS State	n/a	334.04.98	24122522	07/01/09-12/31/10	3,250	0	3,250
Drinking Water Group A - SS	66.468	333.66.48	24129201	01/01/11-06/30/11	0	2,000	2,000
Drinking Water Group A - TA	66.468	333.66.48	24129201	01/01/11-06/30/11	0	1,000	1,000
Drinking Water Group A – SS State	n/a	334.04.98	24242522	01/01/11-06/30/11	0	2,000	2,000
Drinking Water Group A - SS	66.468	333.66.48	TBD	07/01/11-12/31/11	0	1,750	1,750
Drinking Water Group A - TA	66.468	333.66.48	TBD	07/01/11-12/31/11	0	1,000	1,000
Drinking Water Group A – SS State	n/a	334.04.98	TBD	07/01/11-12/31/11	0	1,750	1,750
TOTALS					21,250	8,500	29,750

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	LHJ, using qualified staff, will conduct sanitary surveys of small community and		1. Provide inspection reports to DOH Regional Office where the	Inspection reports due to the DOH	LHJ shall be reimbursed \$500 for each completed

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>non-community Group A water systems identified by DOH Office of Drinking Water Regional Office.</p> <p>See Special Instructions for task activity.</p>		<p>water system is located. Reports shall include:</p> <ol style="list-style-type: none"> Cover letter. Small Water System checklist. Updated Water Facilities Inventory (WFI). Photos of water system. Any other supporting documents. <p>2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include:</p> <ol style="list-style-type: none"> List of sanitary surveys conducted during the quarter. List of uncooperative systems. Water system identified by name, PWS ID#, county, and date surveyed. <p>See Special Instructions for deliverable timeframes.</p>	<p>Regional Office within 30 days of conducting the sanitary survey.</p> <p>Quarterly reports due to the DOH Regional Office within 30 days of the end of the quarter. Quarterly periods are: Jan 1 - March 31 April 1 - June 30 July 1 – Sept 30 Oct 1 – Dec 31</p>	<p>sanitary survey (inclusive of all associated costs such as consulting fee, travel, lodging, per diem).</p> <p>Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables.</p>
2	<p>LHJ, using qualified staff, will provide limited direct technical assistance to small community and non-community Group A water systems identified by DOH Regional Office. Limited direct technical assistance includes:</p> <ol style="list-style-type: none"> Special Purpose Investigations (SPI) Follow-up visit after initial technical assistance or sanitary survey to confirm work and recommendations were addressed. Assist water system operator through one-on-one training or TA in completing work and recommendations requested by the DOH to meet applicable drinking water regulations. 		<ol style="list-style-type: none"> Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include: <ol style="list-style-type: none"> Summary of assistance provided, overall findings and recommendations. Any supporting documents and photos. Water system identified by name, PWS ID#, county, and date assistance provided. Provide DOH Regional Office with quarterly reports 	<p>Inspection reports due to the DOH Regional Office within 30 days of providing technical assistance, except that SPIs due to a coliform exceedance incident (Task 2A) must be completed and the report submitted to the DOH Regional Office within 2 working days of the service request.</p>	<p>LHJ shall be reimbursed for each completed task at the rate specified below:</p> <p>Task 2A: \$500 Task 2B: \$500 Task 2C: \$750</p> <p>Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables (inclusive</p>

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	See Special Instructions for task activity.		documenting deliverables. Reports shall include: a. List summarizing technical assistance provided during the quarter. Water system identified by name, PWS ID#, county, and date surveyed.	Quarterly reports are due to the DOH Regional Office within 30 days of the end of the quarter. Quarterly periods are: Jan 1 - March 31 April 1 - June 30 July 1 – Sept 30 Oct 1 – Dec 31	of all associated costs).

***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

Program Specific Requirements/Narrative

Staffing Requirements

Qualified staff include, staff who have participated in the DOH Third Party Qualified Sanitary Surveyor (QSS) training and maintained their qualifications as defined by DOH.

Special References

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this contract, DOH delegates responsibility to the LHJ for conducting sanitary surveys for small community and non-community water systems with groundwater sources. DOH retains responsibility for conducting sanitary surveys for small community and non-community water systems with surface water sources, with the option that the LHJ may request a joint survey.

Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Reimbursement cannot exceed a maximum accumulative fee of ~~\$18,000~~ **\$25,500** for **Task 1** and ~~\$3,250~~ **\$4,250** for **Task 2** during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill \$250 to BARS Revenue Code 333.66.48 and \$250 to BARS Revenue Code 334.04.98.

Special Instructions

Task 1

LHJ will evaluate the water system for physical and operational deficiencies and prepare a written inspection report. The inspection will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request DOH assistance.

LHJ will complete the number of sanitary surveys specified below for a total of no more than ~~36~~ **51** surveys to be completed during this contracting period.

- For calendar year 2007:
 - No more than 6 surveys between 1/1/07 and 6/30/07.
 - No more than 7 surveys between 7/1/07 and 12/31/07.
- For calendar year 2008:
 - No more than 1 surveys between 1/1/08 and 6/30/08.
 - No more than 8 surveys between 7/1/08 and 12/31/08.
- For calendar year 2009:
 - No more than 1 surveys between 1/1/09 and 6/30/09.
 - No more than 8 surveys between 7/1/09 and 12/31/09.
- For calendar year 2010:
 - No more than 3 surveys between 1/1/10 and 6/30/10.
 - No more than 2 surveys between 7/1/10 and 12/31/10.
- *For calendar year 2011:*
 - *No more than 8 surveys between 1/1/11 and 6/30/11.*
 - *No more than 7 surveys between 7/1/11 and 12/31/11.*

Task 2

The DOH Regional Office shall authorize in advance any technical assistance provided by the LHJ to a water system. LHJ and DOH shall mutually agree on the technical assistance to be provided. Technical assistance is defined below and will be paid at the rate specified in the Payment Method/Amount section above.

Task 2A: Special Purpose Investigations (SPI) are inspections to determine the cause of positive coliform samples or emergency problems or as a follow-up investigation to help small water systems address deficiencies found during a routine sanitary survey. This can also include sanitary surveys of newly discovered Group A water systems. Activities could include:

- Assisting water system in preparing a coliform monitoring plan.
- Educating them on the importance of monitoring and reporting.
- Conducting one-on-one training on chlorinator operations and maintenance including, but not limited to, chlorine dosage solution preparation, chemical feed pump adjustments, and chlorine residual tests.
- Conducting one-on-one training on flushing and disinfecting techniques of lines after repairs or new construction.
- Assisting them to evaluate for potential high health cross connection hazards requiring premises isolation and determine the need for a cross connection control specialist to help them implement a cross connection control program.
- Other activities as necessary to help in achieving compliance with applicable drinking water regulations and sound operations and management.

Task 2B: Follow-up visit after initial technical assistance was provided or sanitary survey was conducted to confirm work and recommendations requested by DOH were addressed or completed.

Task 2C: Assist small water systems in completing work and recommendations requested by the DOH Regional Office to meet applicable drinking water regulations. Activities could include:

- Assisting water system in completing a Source Susceptibility Assessment and pursuing a susceptibility waiver, as applicable.

- Assisting water system in developing a water quality monitoring, reporting and treatment technique program and conducting one-on-one training to help water system achieve compliance with applicable water quality parameters.
- Assisting water system in completing a Small Water System Management Program (SWSMP) guide or Existing System Approval (ESA) for submittal to the DOH regional office.
- Other activities and one-on-one training or consultation as necessary to help in achieving compliance with applicable drinking water regulations and sound operations and management.

DOH Program Contact:

Danielle Finley

DOH Office of Drinking Water

16201 E. Indiana Ave., Suite 1500

Spokane Valley, Washington 99216

Danielle.Finley@doh.wa.gov ; (509) 329-2136

DOH and LHJ Roles

TASK	ODW	LHJ
Prioritize water systems to be surveyed and technical assistance to be provided during the contract period.	X	
Notify selected systems of the sanitary survey requirement or technical assistance to be provided.	X	
Schedule survey and if needed, request a pre-survey data packet.		X
Review pre-survey data prior to inspection.		X
Perform inspection and send draft inspection report to DOH for concurrence prior to sending a copy to the Purveyor. Inspection reports to include deliverables as specified above for each task.		X
Prior to sending inspection report to purveyor, DOH will review inspection report to determine the public health significance of any findings and (if needed) provide additional instructions to the purveyor. Draft report will be returned to LHJ within 3 days.	X	
When survey findings indicate a need for immediate corrective action, DOH will follow-up with the system to ensure the deficiencies have been corrected. If necessary, DOH will develop a compliance strategy. Formal enforcement could include: A Bilateral Compliance Agreement (BCA), Departmental Order (DO), or State Health Order (SHO).	X	
If the Purveyor is uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.		X
DOH will send a second letter reminding the system of their survey requirement.	X	
If the Purveyor is still uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.		X
DOH will issue a Notice of Violation (NOV) with an offer for a Bilateral Compliance Agreement (BCA) to the non-responsive system.	X	
DOH will invoice water system upon completion of inspection (unless LHJ collects local fees)	X	
Submit A-19 1A invoice to DOH Contracts Office for reimbursement. Provide a copy to the Eastern Regional Office.		X
Perform joint quality control surveys with DOH.	X	X
Annually review and confirm work completed; schedule new assignments; re-negotiate contract and discuss concerns or provide feedback on the program and process.	X	X

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): 7**
 (Include the effective date of change in Task/Activity)

Type of Contractor	Type of Funds	Type of Payment
<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 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 move funds between funding sources, add two optional tasks, and revise 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	07/31/09-07/30/11	35,078	7,601	42,679
FFY09 PHER H1N1 PAN FLU FOCUS 2	93.069	333.90.69	18103201	07/31/09-07/30/11	2,719	0	2,719
FFY09 PHER H1N1 PAN FLU PH III MASS VAC	93.069	333.90.69	18103202	07/31/09-07/30/11	137,290	-7,601	129,689
TOTALS					236,293	0	236,293

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 guidelines and report compliance activities.		Report compliance activities.	08/09/10	
1.11	Participate in regional healthcare coalition (partnership) and regional hospital planning		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	committee meetings.				
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	
4.3	Maintain local data stewards.		Notify DOH Epidemiology, Health Statistics, and Public Health Laboratories (EHSPHL) Informatics	Ongoing	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
			customer service unit of any changes or updates.		
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 MAA Operational Plan training. The LHJ will apply training elements to LHJ planning and response efforts.		Submit proof of attending MAA Operational Plan training.	07/30/10 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
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.	10/15/09 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.	10/15/09 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.	10/15/09 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.	07/30/10 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)	10/15/09 07/30/11	
8.8	The LHJ requirements include, but are not limited to planning for: <ul style="list-style-type: none"> provider education, administration of H1N1 vaccine to Advisory Committee on Immunization Practices (ACIP) priority groups securing signed outside provider agreements for H1N1 vaccine and a priority list of H1N1 administration providers 		Submit a progress report	03/01/10 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 System (VAERS).		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	
8.10	The LHJ will conduct activities to assure the administration of the H1N1 vaccine in their		Submit weekly H1N1 vaccine doses data to the Immunization Program	Starting Monday, 10/12/09	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	community. Activities include, but are not limited to: <ul style="list-style-type: none"> Managing vaccine ordering and follow-up for distribution Assuring vaccine is used appropriately and stored and handled appropriately. Assuring that uninsured and other individuals that cannot pay receive H1N1 vaccinations Reporting H1N1 fraud and abuse Paying for the H1N1 vaccine administration. Submitting monthly accountability reports including private provider reports of H1N1 vaccine doses administered. 		CHILD Profile system/DOH web portal Submit an After Action Report [Homeland Security Exercise and Evaluation Program (HSEEP) compliant]	04/30/10 07/30/11	
8.11	Optional: <i>Continue with appropriate activities 8.1 – 8.10 with an emphasis on preparing for future pandemics. Submit related deliverables for each continued activity.</i>		<i>As specified above for appropriate continued activities 8.1 – 8.10 with an emphasis on future pandemics.</i>	<i>07/30/11 for any and all continued activities 8.1 – 8.10 above</i>	
8.16	Optional: <i>Work on completing local health corrective action items as specified in the previously submitted H1N1 After Action Report for Activity 8.10.</i>		<i>Submit progress report identifying work done to complete corrective action items; report will include which items were completed and which items that were not completed.</i>	07/30/11	

***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.

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

Exhibit A, Statements of Work

Section 6 – Training
Section 7 –Healthcare Systems
Section 8 – H1N1 Response

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PHEPR Deliverable Submission: concondeliverables@doh.wa.gov

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: Amendment **Amendment # (for this SOW)** 1

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

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

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: The purpose of this amendment is to reduce funds in the PHEPR LHJ Funding BY10 Ext allocation.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	Total Consideration
				Start Date	End Date			
FFY10 PHEPR HC SYSTEMS - PREP	93.889	333.98.89	61307501	07/01/10	06/30/11	1,710	0	1,710
FFY09 PHEPR-LHJ FUNDING BY10 EXT	93.069	333.90.69	18101209	08/10/10	08/09/11	69,943	-2,000	67,943
TOTALS						71,653	-2,000	69,653

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 http://www.doh.wa.gov/phepr/wahve/default.htm		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:**

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Program Specific Requirements/Narrative:

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

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PHEPR Deliverable Submission: concondeliverables@doh.wa.gov

360-236-4054

Kittitas County Public Health Department

EXHIBIT B-28
ALLOCATIONS
Contract Term: 2007-2011
Contract Number: C14952
Date: November 15, 2010

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		
Drinking Water Group A - SS	Amend 28	333.66.48	66.468	07/01/09	06/30/11	\$2,000	\$5,250	
Drinking Water Group A - SS	Amend 28	333.66.48	66.468	07/01/11	12/31/11	\$1,750	\$1,750	\$7,000
Drinking Water Group A - TA	Amend 16	333.66.48	66.468	07/01/09	06/30/11	\$3,000	\$3,000	
Drinking Water Group A - TA	Amend 28	333.66.48	66.468	07/01/11	12/31/11	\$1,000	\$1,000	\$4,000
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		
PHEPR LHJ Funding BY10 Ext	Amend 28	333.90.69	93.069	08/10/10	08/09/11	(\$2,000)	\$67,943	\$127,537
PHER H1N1 Pan Flu Focus 1	Amend 19	333.90.69	93.069	07/31/09	07/30/11	\$11,049		
PHER H1N1 Pan Flu Focus 1	Amend 20	333.90.69	93.069	07/31/09	07/30/11	\$25,535		
PHER H1N1 Pan Flu Focus 1	Amend 26	333.90.69	93.069	07/31/09	07/30/11	(\$1,506)		
PHER H1N1 Pan Flu Focus 1	Amend 28	333.90.69	93.069	07/31/09	07/30/11	\$7,601	\$42,679	\$42,679

**EXHIBIT B-28
ALLOCATIONS
Contract Term: 2007-2011**

**Contract Number: C14952
Date: November 15, 2010**

Chart of Accounts Program Title	Amendment Code*	BARS Revenue	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
PHER H1N1 Pan Flu Focus 2	Amend 19	333.90.69	93.069	07/31/09	07/30/11	\$1,023		
PHER H1N1 Pan Flu Focus 2	Amend 20	333.90.69	93.069	07/31/09	07/30/11	\$1,696	\$2,719	\$2,719
PHER H1N1 Pan Flu Ph III Mass Vac	Amend 21	333.90.69	93.069	07/31/09	07/30/11	\$102,290		
PHER H1N1 Pan Flu Ph III Mass Vac	Amend 24	333.90.69	93.069	07/31/09	07/30/11	\$35,000		
PHER H1N1 Pan Flu Ph III Mass Va	Amend 28	333.90.69	93.069	07/31/09	07/30/11	(\$7,601)	\$129,689	\$129,689
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	
Child Immun Activities Fed	Amend 28	333.92.68	93.268	01/01/11	12/31/11	\$11,362	\$11,362	\$23,320
FA317 Immun Admin Fed	Amend 28	333.92.68	93.268	01/01/11	12/31/11	\$2,358	\$2,358	\$2,358
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

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-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
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

				DOH USE ONLY				
				Chart of Accounts Funding Period			Funding Period	Chart of Accounts
Chart of Accounts Program Title	Amendment	Code*	CFDA**	Start Date	End Date	Amount	Sub Total	Total
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 & HS Amend 7		334.04.92	N/A	01/01/08	06/30/08	\$22,787	\$22,787	
Local Capacity Dev. Funds - GFS & HS Amend 7		334.04.92	N/A	07/01/08	12/31/08	\$22,787	\$22,787	
Local Capacity Dev. Funds - GFS & HS Amend 14		334.04.92	N/A	07/01/07	06/30/09	\$22,978	\$22,978	
Local Capacity Dev. Funds - GFS & HS Amend 14		334.04.92	N/A	07/01/09	06/30/11	\$22,978		
Local Capacity Dev. Funds - GFS & HS Amend 21		334.04.92	N/A	07/01/09	06/30/11	\$45,970		
Local Capacity Dev. Funds - GFS & HS Amend 28		334.04.92	N/A	07/01/09	06/30/11	\$23,062	\$92,010	
Local Capacity Dev. Funds - GFS & HS Amend 28		334.04.92	N/A	07/01/11	12/31/11	\$23,062	\$23,062	\$229,016
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
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		
Drinking Water Group A - SS State	Amend 28	334.04.98	N/A	07/01/09	06/30/11	\$2,000	\$5,250	
Drinking Water Group A - SS State	Amend 28	334.04.98	N/A	07/01/11	12/31/11	\$1,750	\$1,750	\$7,000
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		
Blue Ribbon Local Health Funds	Amend 28	334.04.99	N/A	00/00/00	00/00/00	\$91,202	\$182,491	\$409,384
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**\$2,341,998 \$2,341,998****Total consideration prior to this amendment: \$2,184,452****GRAND TOTAL****\$2,341,998****Change in consideration in this amendment: \$157,546****GRAND TOTAL \$2,341,998****Total Fed****\$1,389,440****Total State****\$928,558****Total Other****\$24,000**

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

** Catalog of Federal Domestic Assistance