

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2007-2011 CONSOLIDATED CONTRACT
CONTRACT NUMBER: C14952 **AMENDMENT NUMBER: 31**

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:
- ☒ Amends Statements of Work for the following programs:
- Immunization Program CHILD Profile – Effective January 1, 2011
 - Office of Drinking Water Group A Program – Effective January 1, 2007
 - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 1, 2010
- ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-31 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-30 Allocations as follows:
- ☐ Increase of \$_____ for a revised maximum consideration of \$_____.
- ☒ Decrease of **\$2,750** for a revised maximum consideration of **\$2,372,990**.
- ☐ 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 05-03-2011
(Date)


 5/6/11
 (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: Immunization Program CHILD Profile - Effective January 1, 2011

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C14952

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

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: The purpose of this amendment is to modify deliverables

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY11 FA 317 IMMUN ADMIN FED	93.268	333.92.68	73820210	01/01/11	12/31/11	2,358	0	2,358
FFY11 CHILD IMMUN ACTIVITIES FED	93.268	333.92.68	73820211	01/01/11	12/31/11	11,362	0	11,362
TOTALS						13,720	0	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 Economic Order Quantity standards -		1) Provider Request for Childhood Vaccine (DOH 348-015) and Provider Request for Childhood Seasonal Flu Vaccine (DOH 348-118)	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
	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.		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 358-348 -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) • Chart documentation worksheet (DOH 348-155) 	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
			3) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 358 348-157) 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 358-348-158) 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 receive the first dose of HBIG and hepatitis B vaccine shortly after birth, the second dose at		Enter information for each case identified into the Perinatal Hepatitis B module of the CHILD Profile Immunization Registry or complete a Perinatal Hepatitis B Confidential Case Report – Mother/Infant (DOH 348-030) and	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
	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.		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/hip/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: 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): 14**
(Include the effective date of change in Task/Activity)

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

Period of Performance: January 1, 2007 through December 31, 2011

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 add Task 3, decrease funding consideration, and revise Payment Information, Staffing Requirements, Special References, Billing Requirements, Special Instructions, and DOH and LHJ Roles.

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 checked="" 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	2,000	-1,750	250
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	2,000	-250	1,750
Drinking Water Group A - TA	66.468	333.66.48	24129201	01/01/11-06/30/11	1,000	0	1,000
Drinking Water Group A – SS State	n/a	334.04.98	24242522	01/01/11-06/30/11	2,000	-250	1,750
Drinking Water Group A - SS	66.468	333.66.48	TBD	07/01/11-12/31/11	1,750	-250	1,500
Drinking Water Group A - TA	66.468	333.66.48	TBD	07/01/11-12/31/11	1,000	0	1,000
Drinking Water Group A – SS State	n/a	334.04.98	TBD	07/01/11-12/31/11	1,750	-250	1,500
TOTALS					29,750	-2,750	27,000

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	<p><i>Trained LHJ, using qualified staff; will conduct sanitary surveys of small community and non-community Group A water systems identified by DOH Office of Drinking Water Regional Office.</i></p> <p>See Special Instructions for task activity.</p>		<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"> Cover letter. Small Water System checklist. Updated Water Facilities Inventory (WFI). Photos of water system. Any other supporting documents. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include: <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>Inspection reports due to the DOH 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>LHJ shall be <i>reimbursed paid</i> \$500 for each completed 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><i>Trained 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:</i></p> <p>A. Special Purpose</p>		<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. 	<p>Inspection reports due to the DOH Regional Office within 30 days of providing technical assistance, except that SPIs due to a coliform exceedance</p>	<p>LHJ shall be <i>reimbursed paid</i> 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</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>Investigations (SPI)</p> <p>B. Follow-up visit after initial technical assistance or sanitary survey to confirm work and recommendations were addressed.</p> <p>C. 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.</p> <p>See Special Instructions for task activity.</p>		<p>b. Any supporting documents and photos.</p> <p>c. Water system identified by name, PWS ID#, county, and date assistance provided.</p> <p>2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include:</p> <p>a. List summarizing technical assistance provided during the quarter.</p> <p>Water system identified by name, PWS ID#, county, and date surveyed.</p>	<p>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>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</p>	<p>submittal of quarterly reports documenting deliverables (inclusive of all associated costs).</p>
3	<p><i>LHJ staff performing the activities under tasks 1 and 2 will participate annually in one or more of the following DOH-sponsored sanitary surveyor trainings and/or regional DOH-LHJ meetings:</i></p> <ul style="list-style-type: none"> • <i>Introductory Sanitary Survey Training</i> • <i>Intermediate Sanitary Survey Training</i> • <i>Advanced Sanitary Survey Workshop</i> • <i>Regional DOH-LHJ Drinking Water meetings</i> 		<p><i>Prior to attending the training, submit an "Authorization for Travel (Non Employee)" DOH Form 710-013 to the DOH Program Contact below for approval (to ensure that enough funds are available).</i></p>	<p><i>Annually</i></p>	<p><i>LHJ shall be reimbursed mileage, per diem, and lodging costs in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp</i></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

Program Specific Requirements/Narrative

Staffing Requirements

Trained ~~Qualified~~ staff includes staff who have participated annually in one of the DOH-sponsored introductory, intermediate, or advanced ~~Third Party Qualified~~ Sanitary Surveyor (~~QSS~~) trainings described under Task 3 above 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~~ statement of work, DOH ~~delegates responsibility to contracts with~~ the LHJ ~~for to~~ 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~~ Payment cannot exceed a maximum accumulative fee of ~~\$25,500~~ \$24,500 for **Task 1** and ~~\$4,250~~ \$2,500 for **Task 2 and Task 3 combined** during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill \$250 to BARS Revenue Code 333.66.48 and \$250 to BARS Revenue Code 334.04.98.

When invoicing for Task 3, submit receipts and the signed pre-authorization form for non-employee travel to the DOH Program Contact below and a signed A19-1A Invoice Voucher to the DOH Consolidated Contracts Office, billing to BARS Revenue Code 333.66.48 under Technical Assistance (TA).

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 ~~51~~ 49 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~~ 0 surveys between 1/1/10 and 6/30/10.
 - No more than ~~2~~ 5 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.		X
Inspection reports to include deliverables as specified above for each task.		
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 payment. 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 1, 2010

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C14952

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

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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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 move task 11.6 from CDC to CDC and ASPR activities section of the statement of work and eliminate task 12.3 until a new system for volunteers is in place.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	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	67,943	0	67,943
TOTALS						69,653	0	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	<i>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.</i>		<i>Submit semi-annual progress reports on activities.</i>	<i>02/01/11 06/30/11</i>	

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

Section 11– Healthcare Systems

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
11.6	<i>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.</i>		<i>Submit semi-annual progress reports on activities.</i>	<i>03/01/11 06/30/11</i>	Reimbursement for costs, not to exceed total funding consideration 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	
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:**

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.

DOH Program Contact:

Brad Halstead, Finance Analyst

Department of Health

PO Box 47890, Olympia, WA 98504-7890

brad.halstead@doh.wa.govPHEPR Deliverable Submission: concondeliverables@doh.wa.gov

360-236-4054

Kittitas County Public Health Department

EXHIBIT B-31
ALLOCATIONS
Contract Term: 2007-2011

Contract Number:

C14952

Date:

March 15, 2011

				DOH USE ONLY				
Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				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		
Drinking Water Group A - SS	Amend 31	333.66.48	66.468	07/01/09	06/30/11	(\$250)	\$5,000	
Drinking Water Group A - SS	Amend 28	333.66.48	66.468	07/01/11	12/31/11	\$1,750		
Drinking Water Group A - SS	Amend 31	333.66.48	66.468	07/01/11	12/31/11	(\$250)	\$1,500	\$6,500
Drinking Water Group A - TA	Amend 16	333.66.48	66.468	07/01/09	06/30/11	\$3,000		
Drinking Water Group A - TA	Amend 31	333.66.48	66.468	07/01/09	06/30/11	(\$1,750)	\$1,250	
Drinking Water Group A - TA	Amend 28	333.66.48	66.468	07/01/11	12/31/11	\$1,000	\$1,000	\$2,250
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

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			
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
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 Vac	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

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-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
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	09/30/11	\$10,904		
MCHBG MCH ConCon Fed	Amend 29	333.99.94	93.994	10/01/10	09/30/11	\$32,713	\$43,617	
MCHBG MCH ConCon Fed	Amend 29	333.99.94	93.994	10/01/11	12/31/11	\$10,904	\$10,904	\$220,241
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

Kittitas County Public Health Department

**EXHIBIT B-31
ALLOCATIONS
Contract Term: 2007-2011**
**Contract Number:
Date:**
**C14952
March 15, 2011**

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 - Pandemic Influenza Correction in amendment #1 of the reduction of \$12 (previously \$6,077)		334.04.91	N/A	01/01/07	06/30/07	\$6,089	\$6,089	\$6,089
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		
Local Capacity Dev. Funds - GFS & HSA	Amend 28	334.04.92	N/A	07/01/09	06/30/11	\$23,062	\$92,010	
Local Capacity Dev. Funds - GFS & HSA	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	12/31/10	\$61,200		
TPC Account	Amend 25	334.04.97	N/A	07/01/09	12/31/10	(\$4,590)		
TPC Account	Amend 29	334.04.97	N/A	07/01/09	12/31/10	(\$9,875)	\$46,735	\$143,250
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		
Drinking Water Group A - SS State	Amend 31	334.04.98	N/A	07/01/09	06/30/11	(\$250)	\$5,000	
Drinking Water Group A - SS State	Amend 28	334.04.98	N/A	07/01/11	12/31/11	\$1,750		
Drinking Water Group A - SS State	Amend 31	334.04.98	N/A	07/01/11	12/31/11	(\$250)	\$1,500	\$6,500
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

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			
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						\$2,372,990	\$2,372,990	
Total consideration prior to this amendment:		\$2,375,740				GRAND TOTAL		\$2,372,990
Change in consideration in this amendment:		(\$2,750)						
GRAND TOTAL		\$2,372,990				Total Fed		\$1,430,807
						Total State		\$918,183
						Total Other		\$24,000

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

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** Catalog of Federal Domestic Assistance