Kittitas County
Review Form
Grants & Contract Agreement

Today's Date 10/16/2009		Agenda Date
Fund/Department 116- Public Health Department		

Contract/Grant Information

Contract /Grant Agency: 2007-2011 Consolidated Contract Amendment #20		
Period Begin Date: 2007		Period End Date: 2011
Total Grant/Contract Amount: $ 1,658,624.00		
Grant/Contract Number: Amendment 20		

Contract/Grant Summary:
The Kittitas County Public Health Department 2007-2011 Consolidated Contract Amendment #20 amends the following:

- Amends Statements of Work for the following programs:
- Adult Viral Hepatitis Prevention program- Effective January 1, 2009
- Nutrition and Physical Activity (Obesity)- Effective July 1, 2008
- Office of Drinking Water Group A Program- Effective January 1, 2007
- Public Health Emergency Preparedness and Response (PHEPR)- Effective July 1, 2009

Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:

- Increase of $32,231 for a revised maximum consideration of $1,658,624

Recommendation for Board of Health and Board of Health Review on _____

Department Head Signature: Catherine Bambrick Administrator Date: 11/4/09

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

11/14/09
Signature of Prosecutor's Office Date

11/16/09
Signature of Auditor's Office Date

11/19/09
Signature of Board of Health member Date

Financial Information

Total Amount $	State Funds $5,000 Hepatitis; ($5,000) Shape Up	Federal Funds $5,000 Shape Up; $27,231 PHEPR
Percentage County Funds n/a	Matching Funds $0.00	CFDA#93.069 $27,231; #93.283 $5,000
	In-Kind $0.00 Explain	
Is Equipment being purchased? No	Who owns equipment? n/a	
New Personnel being hired? No	Contact HR hiring – reporting requirements	
Future impacts or liability to Kittitas County: The Shape Up program is receiving $5,000 more in Federal Funding to replace $5,000 of state funding that was lost. The PHEPR program is receiving an additional $27,231 for H1N1 activities. An additional funding of $115,000 is expected for H1N1 in 2010. The Hepatitis money is new funding that will be used in 2010.		

Budget Information

Budget Amendment Needed?	Yes ☐ attach budget form	No ☒ Why not The new funding sources are anticipated in the 2010 budget and are not expected to be spent in 2009.
New Division Created? Yes (requested from Judy on 10/13)		
Revenue Code Shape Up $5,000 Federal 6123633392830; ($,5000) State 6123633404910; Hep C $5,000 6124033404910; PHEPR Phase I $25,535 6128853339069; PHEPR Phase II $1696 6128863339069		

Pass Through Information

Agency to Pass Through	
Amount to Pass Through	$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes ☐ No ☐

County Departments Impacted

	Auditor		Facilities Maintenance
	Information Services		Human Resource
	Prosecutor		Treasurer

Submitted

Signature:	Date:

Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2007-2011 CONSOLIDATED CONTRACT
CONTRACT NUMBER: C14952 AMENDMENT NUMBER: 20

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:
   - Adult Viral Hepatitis Prevention Program – Effective January 1, 2009
   - Nutrition & Physical Activity (Obesity) – Effective July 1, 2008
   - Office of Drinking Water Group A Program – Effective January 1, 2007
   - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 31, 2009

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:

   ☒ Increase of **$32,231** for a revised maximum consideration of **$1,658,624**.

   ☐ 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

_____
(Date)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

_____
(Date)

APPROVED AS TO FORM ONLY
Assistant Attorney General

2007-2011 CONSOLIDATED CONTRACTS
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Adult Viral Hepatitis Prevention Program – Effective January 1, 2009 3
DOH Program Name or Title: Nutrition & Physical Activity (Obesity) – Effective July 1, 2008 5
DOH Program Name or Title: Office of Drinking Water Group A Program – Effective January 1, 2007 10
DOH Program Name or Title: Public Health Emergency Preparedness & Response (PHEPR) – Effective July 31, 2009 15

Exhibit A
Statement of Work
Contract Term: 2007 – 2011

DOH Program Name or Title: Adult Viral Hepatitis Prevention Program – Effective January 1, 2009

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

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

Period of Performance: January 1, 2009 through June 30, ~~2009~~ *2010*

Type of Contractor	Type of Funds	Type of Payment
☐ Subrecipient	☒ State	☒ Reimbursement
☒ Vendor	☐ Federal	☐ Fixed Price
	☐ Other	

SOW or Amendment Purpose: The purpose of this statement of work is to provide funding to support administrative costs for the implementation and evaluation of the High Risk Adult Hepatitis C Testing Pilot Project and High Risk Adult Hepatitis A and B Vaccine Pilot Project. Funds can be used to support staff time, materials, education and training, and other administrative costs directly related to the pilot projects.

The purpose of this amendment is to extend the period of performance through June 2010, add funds and payment information for the new funding period 09/01/09-06/30/10, make minor revisions to tasks 1 and 2, and change DOH program contact.

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
Hepatitis C Awareness	N/A	334.04.92	72307100	07/01/07-06/30/09	8,500	0	8,500
Adult Viral Hepatitis Strategic Plan	*N/A*	*334.04.91*	*72307120*	*09/01/09-06/30/10*	0	5,000	5,000
TOTALS					**8,500**	**5,000**	**13,500**

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	Administer ~~120~~ *DOH supplied* Hepatitis C Test Kits to high risk adults in Kittitas County, provide pre and post test counseling to all receiving the test, and provide results to individuals tested. Report project outcomes to DOH.	6.1S, 8.1S, 8.2S	Report test results to DOH monthly using the High Risk Adult Testing Pilot Monthly Tracking Form.	Report due to DOH by the 15th of each month	Reimbursement for this task not to exceed $4,250 *for the period: 01/01/09-06/30/09;* *$2,500 for the period: 09/01/09-06/30/10*
2	Administer ~~360~~ *DOH supplied* doses of Twinrix, hepatitis A and B combination vaccine, to high risk adults in Kittitas County.	6.1S, 8.1S, 8.2S	Report doses administered to DOH monthly using the High Risk Adult Vaccine Pilot Monthly Tracking Form.	Report due to DOH by the 15th of each month	Reimbursement for this task not to exceed $4,250 *for the period: 01/01/09-06/30/09;*

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					$2,500 for the period: 09/01/09-06/30/10

***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

This section is for program specific information not included elsewhere.

Program Manual, Handbook, Policy References

Staffing Requirements

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

Funds may only be used to support staff time, materials, education and training, and other administrative costs directly related to the pilot projects.

Special References (RCWs, WACs, etc)

Monitoring Visits (frequency, type)

DOH will ~~*host quarterly conference calls for participating sites and*~~ make an annual technical assistance and training visit to each site if requested.

Definitions

Assurances/Certifications

Special Billing Requirements

Special Instructions

Other

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

~~*Wendy Dillon, Adult Viral Hepatitis Prevention Program Coordinator*~~ *Brown McDonald, HIV & Adult Viral Hepatitis Prevention Manager*
PO Box ~~*47838*~~ *47840*
Olympia, WA 98504-~~*7838*~~ *7840*
~~*360-236-3440*~~ *360-236-3421*
~~*Wendy.Dillon@doh.wa.gov*~~ *Brown.McDonald@doh.wa.gov*

Exhibit A
Statement of Work
Contract Term: 2007 – 2011

DOH Program Name or Title: Nutrition & Physical Activity (Obesity) – Effective July 1, 2008

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

☐ **Original** ☒ **SOW Amendment # (for this program):** 2
(Include the effective date of change in Task/Activity)

Period of Performance: July 1, 2008 through June 30, 2010

Type of Contractor	Type of Funds	Type of Payment
☒ Subrecipient	☐ State	☒ Reimbursement
☐ Vendor	☒ Federal	☐ Fixed Price
	☐ Other	

SOW or Amendment Purpose: The LHJ will promote "Shape Up" within community and support local efforts to reduce obesity rates in Kittitas County residents.

The purpose of this amendment is to change source of funds, $5,000 from federal CDC funding instead of state funds. No change in SOW or total amount of funding.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Master Index Code Time Period	Current Consideration	Change: ☐ (+) ☐ (-) ☒ None	Total Consideration
FFY08 CDC Obesity YR1	93.283	333.92.83	75453280	06/30/08–06/29/09	45,750	0	45,750
GFS CDP Admin	N/A	334.04.91	75401100	07/01/08–06/30/10	10,000	-5,000	5,000
FFY09 CDC NPAO YR2	93.283	333.92.83	75453290	06/30/09–06/29/10	45,000	5,000	50,000
TOTALS					**100,750**	**0**	**100,750**

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	Promote Shape Up within community and support local efforts to reduce obesity rates in Kittitas County residents. The LHJ shall: 1.1 Maintain a .3FTE project coordinator. 1.2 Complete monthly updates and maintenance of website. 1.3 Create and distribute a biannual newsletter. 1.4 Use local media to promote Shape Up and local programs. 1.5 Update and use program display board at all community events & activities. 1.6 Distribute promotional materials in the	6	Complete six-month progress reports	Six-month progress reports are due: January 15, 2009 and July 15, 2009, January 15, 2010 and July 15, 2010	Reimbursement for actual expenditures not to exceed contract funding

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. 1.7 Be a community resource for local efforts and help facilitate ad hoc committees. 1.8 Update the land use/built environment page of the Shape Up Website				
2	Work with Kittitas County school districts and Central Washington University (CWU) to create and motivate committees to assess and revise wellness policies to improve nutrition and physical activity. The LHJ shall: 2.1 Create partnerships with schools 2.2 Collect and review current school policies (Shape Up staff) 2.3 Create, recruit, and motivate wellness committees within each district 2.4 Create or revise school policies to improve food and activity environments. 2.5 Work with school boards to advocate for strong wellness policies. 2.6 Review PLAN data with Ellensburg and Cle Elum/Roselyn School Districts 2.7 Work with the Ellensburg School District administration on siting for the new middle school 2.8 Work with parent groups in at least two districts to address wellness policies.	6	Complete six-month progress reports	Six-month progress reports are due: January 15, 2009 and July 15, 2009; January 15, 2010 and July 15, 2010	Reimbursement for actual expenditures not to exceed contract funding
3	Establish and help implement policy and codes that ensure land use and a built environment that is conducive to healthful living. The LHJ shall: 3.1 Participate in public meeting on comp plan code revisions for Kittitas County 3.2 Foster working relationships with elected officials, policy makers to better understand land use planning 3.3 Work on placement of advocates on planning commissions/boards 3.4 Continue as an advisory board member	6	Complete six-month progress reports	Six-month progress reports are due: January 15, 2009 and July 15, 2009 January 15, 2010 and July 15, 2010	Reimbursement for actual expenditures not to exceed contract funding

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	for the City of Ellensburg's Non-Motorized Transportation Plan (NMTP) revision committee 3.5 Work with community groups on developing trails in Kittitas County 3.6 Establish a relationship with Kittitas County Community Development Services; 3.7 Work with the City of Ellensburg to establish committee to revise building codes; 3.8 Work with the City of Cle Elum to implement comprehensive plan strategies; 3.9 Work with community partners to implement the Yakima River Trail Project.				
4	Advocate for all people of Kittitas County to have consistent access to healthy food and an understanding of nutrition by promoting and developing local programs and partnerships. The LHJ shall: 4.1 Be a resource for and help maintain a local food access coalition that works to increase access of healthy foods for low income residents. 4.2 Assist with and provide support for the creation of a produce donation/gleaning project which serves the local food banks and other food programs 4.3 Organize, coordinate, and help staff Farmer's Market booths to recruit involvement and support for Food Access Coalition projects 4.4 Provide support to the community garden with printing, resources, and planning as needed. 4.5 Participate in local food bank's campaign for a new building space 4.6 Participate in, and provide support for Food Access Coalition activities (Upper & Lower County); 4.7 Provide support and help increase	6	Complete six-month progress reports	Six-month progress reports are due: January 15, 2009 and July 15, 2009 January 15, 2010 and July 15, 2010	Reimbursement for actual expenditures not to exceed contract funding

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	sustainability for community garden projects; 4.8 Work with the Food Access Coalition and other community partners to conduct a community food assessment and examine local food policies.				
5	Work with DOH to maintain grant. The LHJ shall: 5.1 Review logic model, timeline, work plan and evaluation plan to identify indicators, data collection methods and tools 5.2 Participate in Healthy Communities (HC) project conference calls and meetings to share info on evaluation and help identify common indicators among different HC projects 5.3 Attend trainings and conference for professional development 5.4 Acknowledge the Center for Disease Control and Prevention and the WA State Department of Health as the funding source on all reports, websites, conference flyers and other promotional materials		Complete six-month progress reports	Six-month progress reports are due: January 15, 2009 and July 15, 2009; January 15, 2010 and July 15, 2010	Reimbursement for actual expenditures not to exceed contract funding
6	6.1 Sponsor a one day regional obesity prevention meeting for five local health jurisdictions to strategize approaches to implement the revised WA State Nutrition and Physical Activity Plan: • Work with LHJ and DOH staff to develop an agenda • Secure location for 50 participants • Coordinate meeting logistics including provision of a light lunch 6.2 Develop a sustainability plan that describes how the Shape Up Kittitas Healthy Communities Project will continue after June 2011.	6	Complete six-month progress report; Complete sustainability plan	Six-month progress report is due: January 15, 2009 Sustainability plan due July 15, 2010	Reimbursement for actual expenditures not to exceed contract funding

***For Information Only:**

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Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

Program Manual, Handbook, Policy References

Staffing Requirements

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

Special References (RCWs, WACs, etc)

Monitoring Visits (frequency, type)

Definitions

Assurances/Certifications

Special Billing Requirements

Special Instructions

Other

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

Ruth Abad
Department of Health
PO Box 47855
Olympia, WA 98504-7855
ruth.abad@doh.wa.gov
360-236-3702

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):** 9
(Include the effective date of change in Task/Activity)

Period of Performance: January 1, 2007 through December 31, 2010

Type of Contractor	Type of Funds	Type of Payment
☒ Subrecipient	☒ State	☒ Reimbursement
☐ Vendor	☒ Federal	☐ Fixed Price
	☐ Other	

SOW or Amendment 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.

The purpose of this amendment is to change chart of accounts program name.

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
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	5,250	0	5,250
EHP - Drinking Water - SS	66.468	333.66.48	24129194	01/01/09-06/30/09	1,250	0	1,250
EHP – Drinking Water - TA	66.468	333.66.48	24129194	01/01/09-06/30/09	1,000	0	1,000
~~*EHP – Drinking Water – SS*~~ *Drinking Water Group A - SS*	66.468	333.66.48	~~*24129200*~~ *24129201*	07/01/09-12/31/10	4,750	0	4,750
~~*EHP – Drinking Water – TA*~~ *Drinking Water Group A - TA*	66.468	333.66.48	~~*24129200*~~ *24129201*	07/01/09-12/31/10	3,000	0	3,000
~~*EHP – Drinking Water – SS State*~~ *Drinking Water Group A – SS State*	N/A	334.04.98	24122522	07/01/09-12/31/10	4,750	0	4,750
TOTALS					**27,000**	**0**	**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	LHJ, using qualified staff, will conduct sanitary surveys of small community and non-community Group A water systems identified by DOH Office of Drinking		1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include:	Inspection reports due to the DOH Regional Office within **30 days** of	LHJ shall be reimbursed **$500** for each completed sanitary survey (inclusive of all

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Water Regional Office. See Special Instructions for task activity.		a. Cover letter. b. Small Water System checklist. c. Updated Water Facilities Inventory (WFI). d. Photos of water system. e. Any other supporting documents. 2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include: a. List of sanitary surveys conducted during the quarter. b. List of uncooperative systems. c. Water system identified by name, PWS ID#, county, and date surveyed. See Special Instructions for deliverable timeframes.	conducting the sanitary survey. 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	associated costs such as consulting fee, travel, lodging, per diem). **Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables.**
2	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: A. Special Purpose Investigations (SPI) B. Follow-up visit after initial technical assistance or sanitary survey to confirm work and recommendations were addressed. 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. See Special Instructions for task activity.		1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include: a. Summary of assistance provided, overall findings and recommendations. b. Any supporting documents and photos. c. Water system identified by name, PWS ID#, county, and date assistance provided. 2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include:	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. Quarterly reports are	LHJ shall be reimbursed for each completed task at the rate specified below: **Task 2A: $500** **Task 2B: $500** **Task 2C: $750** **Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables** (inclusive of all associated costs).

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			a. List summarizing technical assistance provided during the quarter. Water system identified by name, PWS ID#, county, and date surveyed.	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	

***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 **$23,000** for **Task 1** and **$4,000** 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 **46** 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 **5** surveys between 1/1/09 and 6/30/09.
  - No more than **5** surveys between 7/1/09 and 12/31/09.

- For calendar year 2010:
  - No more than **7** surveys between 1/1/09 and 6/30/10.
  - No more than **7** surveys between 7/1/09 and 12/31/10.

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):** 1
(Include the effective date of change in Task/Activity)

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

Type of Contractor	Type of Funds	Type of Payment
☒ Subrecipient	☐ State	☒ Reimbursement
☐ Vendor	☒ Federal	☐ Fixed Price
	☐ Other	

SOW or Amendment 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 for PHEPR H1N1 Pandemic Flu activities.

The purpose of this amendment is to add additional funding for H1N1 response.

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
FFY09 PHER H1N1 PAN FLU FOCUS 1	93.069	333.90.69	18103200	07/31/09-07/30/10	11,049	25,535	36,584
FFY09 PHER H1N1 PAN FLU FOCUS 2	93.069	333.90.69	18103201	07/31/09-07/30/10	1,023	1,696	2,719
TOTALS					**12,072**	**27,231**	**39,303**

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
8.1	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. The LHJ will sign the MAA		Submit proof of attending MAA Operational Plan training. Signature of Agreement	07/30/10 11/15/09	Reimbursement for costs, not to exceed total funding consideration 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	
8.3	The LHJ will engage every school district in planning for the fall H1N1 campaign and		Submit meeting agenda, goals, outcomes, and minutes.	10/15/09	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	include community mitigation strategies, possible sites for vaccination clinics, input into messages to parents, etc.				
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	
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	
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	
8.8	The LHJ requirements include, but are not limited to planning for: ▪ 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 ▪ fraud and abuse reporting, ▪ reporting monthly accountability reports including private provider reports of vaccine doses administered,		Record vaccine doses administered reporting to CHILD Profile by Tuesday for the previous Morbidity and Mortality Weekly Report (MMWR) reporting week or paper back-up form daily.	10/15/09	
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	

***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
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

Kittitas County Public Health Department

EXHIBIT B-20
ALLOCATIONS
Contract Term: 2007-2011

Contract Number: C14952
Date: September 15, 2009

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY Chart of Accounts Funding Period Start Date	End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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	$4,750	$4,750
Drinking Water Group A - TA	Amend 16	333.66.48	66.468	07/01/09	06/30/11	$3,000	$3,000	$3,000
EH Drinking Water SS		333.66.48	66.468	01/01/07	06/30/07	$750		
EH Drinking Water SS	Amend 1	333.66.48	66.468	01/01/07	06/30/07	$750		
EH Drinking Water SS	Amend 9	333.66.48	66.468	01/01/07	06/30/07	($1,500)	$0	
EH Drinking Water SS	Amend 9	333.66.48	66.468	01/01/07	12/31/08	$5,250		
EH Drinking Water SS	Amend 16	333.66.48	66.468	01/01/07	12/31/08	$250	$5,500	
EH Drinking Water SS		333.66.48	66.468	07/01/07	12/31/08	$2,250		
EH Drinking Water SS	Amend 1	333.66.48	66.468	07/01/07	12/31/08	$1,000		
EH Drinking Water SS	Amend 9	333.66.48	66.468	07/01/07	12/31/08	($3,250)	$0	
EH Drinking Water SS	Amend 14	333.66.48	66.468	01/01/09	06/30/09	$2,500		
EH Drinking Water SS	Amend 16	333.66.48	66.468	01/01/09	06/30/09	($1,250)	$1,250	$6,750
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)	$1,000	$1,000
PHER H1N1 Pan Flu Focus 1	Amend 19	333.90.69	93.069	07/31/09	07/30/10	$11,049		
PHER H1N1 Pan Flu Focus 1	**Amend 20**	**333.90.69**	**93.069**	07/31/09	07/30/10	**$25,535**	**$36,584**	**$36,584**
PHER H1N1 Pan Flu Focus 2	Amend 19	333.90.69	93.069	07/31/09	07/30/10	$1,023		
PHER H1N1 Pan Flu Focus 2	**Amend 20**	**333.90.69**	**93.069**	07/31/09	07/30/10	**$1,696**	**$2,719**	**$2,719**
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
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	$5,516

Kittitas County Public Health Department

EXHIBIT B-20
ALLOCATIONS
Contract Term: 2007-2011

Contract Number: C14952
Date: September 15, 2009

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY Chart of Accounts Funding Period Start Date	End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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	$50,000
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	$19,895
Obesity Prevention		333.92.83	93.283	01/01/07	06/30/07	$25,000	$25,000	
Obesity Prevention	Amend 6	333.92.83	93.283	07/01/07	06/30/08	$45,000	$45,000	$70,000
PHEPR - LHJ Funding		333.92.83	93.283	01/01/07	08/31/07	$59,075		
PHEPR - LHJ Funding	Amend 3	333.92.83	93.283	01/01/07	08/30/07	$16,550	$75,625	
PHEPR - LHJ Funding	Amend 6	333.92.83	93.283	08/31/07	08/09/08	$5,442		
PHEPR - LHJ Funding	Amend 7	333.92.83	93.283	08/31/07	08/09/08	$17,966		
PHEPR - LHJ Funding	Amend 9	333.92.83	93.283	08/31/07	08/09/08	$54,617	$78,025	
PHEPR - LHJ Funding	Amend 13	333.92.83	93.283	08/10/08	08/09/09	$72,088		
PHEPR - LHJ Funding	Amend 14	333.92.83	93.283	08/10/08	08/09/09	$3,000	$75,088	$228,738
PHEPR-Pandemic Influenza		333.92.83	93.283	01/01/07	08/31/07	$13,696		
PHEPR-Pandemic Influenza	Amend 3	333.92.83	93.283	01/01/07	08/31/07	$2,730	$16,426	
PHEPR-Pandemic Influenza	Amend 6	333.92.83	93.283	08/31/07	08/09/08	$4,977		
PHEPR-Pandemic Influenza	Amend 9	333.92.83	93.283	08/31/07	08/09/08	$11,612	$16,589	$33,015
PHEPR-Prog E	Amend 3	333.92.83	93.583	01/01/07	08/30/07	$730	$730	$730
HCCW Infant Toddler IAR		333.95.75	93.575	01/01/07	06/30/07	$6,424	$6,424	
HCCW Infant Toddler IAR	Amend 4	333.95.75	93.575	07/01/07	06/30/08	$12,847	$12,847	
HCCW Infant Toddler IAR	Amend 12	333.95.75	93.575	07/01/08	06/30/09	$12,847	$12,847	
HCCW Infant Toddler IAR	Amend 18	333.95.75	93.575	07/01/09	06/30/10	$12,692	$12,692	$44,810
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	$1,800
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 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
Adult Viral Hepatitis Strategic Plan	Amend 20	334.04.91	N/A	07/01/09	06/30/11	$5,000	$5,000	$5,000

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY Chart of Accounts Funding Period Start Date	End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
~~GFS Nutrition & Physical Activity~~	Amend 3	334.04.91	N/A	07/01/07	06/30/08	$0		
GFS CDP Admin (Title Correction)	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	$6,049	$42,194
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 (previoulsly $6,077)								
Hepatitis C Awareness	Amend 14	334.04.92	N/A	07/01/07	06/30/09	$8,500	$8,500	$8,500
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	01/01/07	06/30/07	$22,696	$22,696	
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	07/01/07	12/31/07	$22,696	$22,696	
Local Capacity Dev. Funds - GFS & 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	$22,978	$136,922
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	$61,200	$157,715
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	$4,750	$4,750
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	$5,250	$6,750
Multi-State Learning Collaborative 2	Amend 3	334.04.98	N/A	07/01/07	12/31/07	$2,100	$2,100	$2,100

Kittitas County Public Health Department

EXHIBIT B-20
ALLOCATIONS
Contract Term: 2007-2011

Contract Number: C14952
Date: September 15, 2009

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY Chart of Accounts Funding Period Start Date	End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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	$226,893
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	04/14/11	$4,000	$4,000	$24,000
TOTAL						**$1,658,624**	**$1,658,624**	

Total consideration prior to this amendment:	**$1,626,393**	**GRAND TOTAL**	**$1,658,624**
Change in consideration in this amendment:	**$32,231**		
GRAND TOTAL	**$1,658,624**	**Total Fed**	**$977,136**
		Total State	**$657,488**
		Total Other	**$24,000**

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