

**KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2007 – 2011 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: C14952

AMENDMENT NUMBER: 32

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, are amended as follows:

- ☒ Adds Statement of Work for the following programs:
 - HIV & Adult Viral Hepatitis Prevention - Effective July 1, 2011
 - Tobacco Prevention & Control Program - Effective July 1, 2011
- ☒ Amends Statements of Work for the following programs:
 - CSHCN Outcomes Project Effective - September 1, 2010
 - Immunization Program CHILD Profile – Effective January 1, 2011
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-32 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-31 Allocations as follows:

- ☒ Increase of **\$8,200** for a revised maximum consideration of **\$2,381,190.**
- ☐ Decrease of _____ for a revised maximum consideration of _____.
- ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

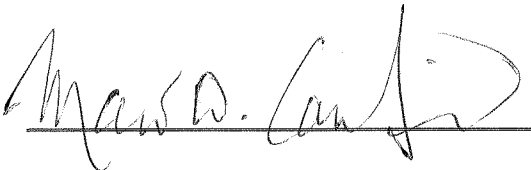
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

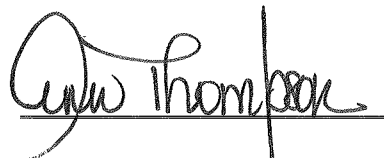
ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

 10/4/11
Date

 10/10/11
Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

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

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C14952

SOW Type: 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: September 1, 2010 through September 30, 2011

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

Amendment Purpose: The purpose of this amendment is: 1) to provide new master index coding effective July 1, 2011; 2) to amend the due date for the final deliverable report; and 3) to change the DOH Program Contact information.

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
MCHBG-CSHCN-Outcomes Project	93.994	333.99.94	78450200	09/01/10	09/30/11	681	0	681
TOTALS						681	0	681

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>CSHCN Outcomes Project</p> <p>1.a. Participate in state and regional planning sessions on Omaha System and CSHCN Outcomes (including CSHCN Fall Workshop September 30, 2010 through October 1, 2010, CSHCN regional meetings, iLinc conferences, conference calls, and other meetings as scheduled through September 30, 2011).</p> <p>1.b. Submit data using Omaha System as requested by DOH CSHCN Nurse Consultant (listed below).</p>		<p>1.a. Include list of dates and locations of meetings attended in annual year-end report.</p> <p>1.b. Unidentified client data as requested by DOH CSHCN Program</p>	<p>Due March 2011 for 2010</p> <p>Due March 2012 December 2011 for 2011</p> <p>Submit quarterly</p>	<p>Maximum Reimbursement: \$681</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.

DOH Program Contact

Donna Compton, MCH Block Grant Coordinator, Department of Health, PO Box 47880, Olympia, WA 98504-7880, 360-236-3558, donna.compton@doh.wa.gov

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

Linda Barnhart, Public Health Nurse Consultant, Department of Health, 360-236-3491, linda.barnhart@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2007-2011

DOH Program Name or Title: HIV & Adult Viral Hepatitis Prevention -
Effective July 1, 2011

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C14952

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> ARRA (Recovery Act) <input type="checkbox"/> FFATA (Transparency Act)	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2011 through December 31, 2011

Statement of Work Purpose: The purpose of this statement of work is to provide Human Immunodeficiency Virus (HIV) prevention activities.

Amendment Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
STATE HIV PREV SERVICES	N/A	334.04.91	12403100	07/01/11	12/31/11	0	5,000	5,000
TOTALS						0	5,000	5,000

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	Provide comprehensive syringe services programming to approximately 250-100 ²⁵⁰ unduplicated ^{RF} persons who use injection drugs (IDU). ^{RF} a. Exchange 75,000 ^{250 RF} syringes with IDU on a one-for-one basis. ^{RF 9/13/11} b. Provide approximately 600 condoms through outreach to IDU. c. Provide and document referrals for 25 IDU who need and request HIV CTR, medical case management, HIV care and treatment, STD screening and treatment and adult viral hepatitis (AVH) prevention services. Provide and document referrals to local providers of these services for 25 IDU who need and request services addressing co-factors contributing to high-risk behavior		Complete and report actual deliverables in the <u>Statewide HIV Activity Reporting and Evaluation</u> (SHARE) System. Activities in this section require filing a plan in SHARE by July 20, 2011.	Deliverables will be completed by the end of the contract period.	Reimbursement for actual costs incurred, not to exceed total funding consideration. See General Requirements, 17. Payment below.

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	In collaboration with other local service providers, develop and implement a strategy to increase HIV testing in health care settings.	Standard 7.2.1 B	Document strategy	Deliverables will be completed by the end of the contract period.	Reimbursement for actual costs incurred, not to exceed total funding consideration. See General Requirements, 17. Payment below.
3	Develop a plan for collecting and integrating input from Kittitas County (including, but not limited to, IDU) to strengthen SSP services and to support statewide planning efforts.	Standard 3.2.4 B Standard 4.2.1 B	Complete a written plan for obtaining community input.	Community input plan due October 1, 2011.	Reimbursement for actual costs incurred, not to exceed total funding consideration. See General Requirements, 17. Payment below.
4	Ensure that all program staff and volunteers have appropriate and current training and skills to communicate accurate information to IDU about HIV and AVH	Standard 3.2.4 B Standard 8	Document a training plan and completion of training for staff and volunteers of the program.	Deliverables will be completed by the end of the contract period.	Reimbursement for actual costs incurred, not to exceed total funding consideration. See General Requirements, 17. Payment below.
5	In collaboration with DOH, implement an improved client level data collection system to demonstrate key outcomes of SSP services in Washington.	Standard 1.3.1 B	1. Conduct feasibility review 2. Obtain necessary software from DOH 3. Perform initial training for program staff and volunteers who will use the system.	Deliverables will be completed by the end of the contract period.	Reimbursement for actual costs incurred, not to exceed total funding consideration. See General Requirements, 17. Payment below.

***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/phip/products/stds/10-11stds/overview.htm>

General Requirements

1. Subcontracting for services by the LHJ is prohibited by this Agreement, unless approved in advance by DOH. In the event that DOH grants approval, subcontractors are required to meet all requirements set forth in this contract. In such cases, the LHJ is responsible for ensuring that all requirements are met.
2. All activities carried out in the performance of this statement of work must be documented in the appropriate DOH data system. LHJ must use the SHARE system for state-funded programs and the Program Evaluation and Monitoring System (PEMS) system for federally-funded programs. A plan in the required format for the applicable data system must be filed by the LHJ no later than July 20, 2011. An LHJ needing assistance with developing or filing plans should contact DOH. No payment for services will be made prior to plans being filed and approved by DOH.
3. All activities carried out in the performance of this statement of work must conform to an Approved Budget. Changes to the Statement of Work incorporated in this contract require an Amendment to the contract. Changes to the Approved Budget must be approved by DOH prior to taking effect.

4. The LHJ is required to participate in contract monitoring and quality improvement activities performed by DOH. DOH will inform the LHJ of applicable contract monitoring and quality improvement activities in advance to enable the LHJ to gather and retain appropriate information. The outcomes of contract monitoring and quality improvement activities carried out by DOH will be shared with the LHJ to support collaborative efforts to increase efficiency and quality of all programs funded by DOH. DOH will offer technical assistance to LHJ upon request. Technical assistance may be provided by DOH directly, or in conjunction with CDC-contracted training and capacity building providers.
5. The LHJ is required to participate in collaborative efforts with public health and community health and social service agencies, a wide variety of community partners and the population(s) they serve to generate input from the community regarding the needs of the population(s) served and the most appropriate strategies to meet identified needs. LHJ's and their partners may use a variety of methods to generate community input such as client satisfaction surveys, focus groups, population or community surveys, key informant surveys, community forums, online input methods or other approaches to meet this requirement. LHJ must document their community input methods as well as the information generated and make it available to their communities, populations served and DOH.
6. HIV CTR services must follow Washington State and CDC guidance for HIV CTR.
7. Persons found to be sero-positive must be provided with partner services (PS) that follow the Washington State HIV Partner Counseling and Referral Services Guide and CDC guidelines for PS. The LHJ must refer newly identified HIV infected persons to the local health jurisdiction for PS.
8. Any funds generated from charging clients for HIV testing will be used to support or enhance HIV prevention activities.
9. HIV CTR must be performed by personnel who have attended the two-day Washington State HIV Prevention Counseling course conducted by instructors trained by DOH or CDC (or an equivalent training as approved by DOH).
10. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV rapid testing must be trained in how to store, perform, and read the results of the rapid test and rapid test controls. The rapid testing training must be provided by the DOH or CDC (or an equivalent training as approved by DOH).
11. DOH will conduct quality assurance activities with agencies implementing HIVCTR. The quality assurance activities will be used to assess and, when necessary, improve the quality of services being provided. HIV counseling and testing staff will participate in the Direct Observation activity implemented by a person designated by DOH. Documentation of the observation will be sent to the DOH Counseling and Testing Coordinator by May 28, 2012. Agencies implementing HIV CTR must administer a DOH created client satisfaction survey no later than December 1, 2011 unless the LHJ has completed a survey earlier in 2011.
12. All staff funded by this statement of work that are new to conducting HIV prevention services must complete the 2-day Essentials of HIV Prevention training within six months of starting such HIV prevention services.
13. Material Review and Website Disclaimer Notice:
In accordance with all federal guidance, an LHJ receiving federal funds will:
 - a) Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions and client satisfaction surveys purchased, produced or used by staff funded with CDC funds to the State HIV/AIDS Review Panel for approval prior to being used. This includes World Wide Web pages.
 - b) Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub-contractors). Such notice must consist of language similar to the following:

This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website.

14. Youth and Peer Outreach Workers:

For purposes of this agreement, the term “youth” applies to persons under the age of 18. All programs, including subcontractors, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities. Programs using youth in program activities will submit protocols and other relevant materials to DOH by August 1, 2011.

15. Data Collection Systems:

All HIV CTR interventions and CDC funded Health Education/Risk Reduction interventions are required to use the Program Evaluation and Monitoring System (PEMS) to document activities and progress towards achieving program goals and objectives. Interventions funded with General Funds State are required to use SHARE. The LHJ is required to use other DOH data collection systems that become available.

16. Allowable Costs:

Payment under the statement of work shall not exceed the amounts contained in the contract budget period and will be based on actual costs with back-up documentation retained by the LHJ.

17. Payment:

Maximum payment shall not exceed the total consideration. Payment will be made upon receipt and acceptance of the deliverables and receipt of properly executed A19-1A invoice voucher. Receipt of the deliverables must be documented in the appropriate DOH data system prior to payment of invoices. Grantee must submit the following with each monthly invoice for reimbursement:

- a. A summary of personnel costs charged to this statement of work during the billing month.
- b. A summary of goods or materials charged to this statement of work during the billing month.
- c. A summary of any other expenses charged to this statement of work during the billing month.

The LHJ is required to gather and retain the following information and provide it to DOH upon request:

- a. Documentation of all salaries and benefits charged to this statement of work, by individual and program activity.
- b. Documentation of all goods or materials charged to this statement of work by program activity.
- c. Documentation of all other expenses charged to this statement of work, including administrative expenses.

DOH Program Contact

David Heal

Washington State Department of Health

EHSPHL HIV and Adult Viral Hepatitis Prevention Section

PO Box 47840, Olympia, WA 98504-7840

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ATTACHMENT

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
 APPROVED BUDGET
 CONTRACT NO. C14952 July 1, 2011 – December 31, 2011

Syringe Services Program

Expense	Contract Amount	Other Sources / In-Kind Share	Total Budget
Salaries and Wages	\$2,625	\$454	\$3,079
Fringe Benefits	\$919	\$159	\$1,078
Consultant Costs			
Equipment			
Supplies	\$525	\$113	\$638
Travel			
Other			
Administrative Costs			
Total Direct Costs	\$4,069	\$726	\$4,795
Total Indirect Costs	\$931	\$162	\$1,093
TOTAL FUNDING	\$5,000	\$888	\$5,888

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)** 2

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 task description, add a program manual requirement and link, update a funding restrictions document date, and update master index codes and the FA 317 chart of accounts title effective July 1, 2011.

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 OPS	93.268	333.92.68	74207210	01/01/11	12/31/11	2,358	0	2,358
FFY11 CHILD IMMUN ACTIVITIES FED	93.268	333.92.68	74207213	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 <i>as outlined in the Centers for Disease Control (CDC) VFC Operations Manual and as directed by the state administrators of the VFC program.</i> 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		1) Provider Request for Childhood Vaccine (DOH 348-015) and Provider	1) Monthly based on provider order schedule	Reimbursement for actual costs incurred, not to exceed total

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	approve provider vaccine orders. Monitor provider orders for appropriateness (including Economic Order Quantity standards - frequency, timing, order size etc.) and monitor vaccine accountability reports for compliance with VFC Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns). Provide technical assistance, consultation, and education to providers about vaccine quality assurance related to program participation and vaccine management.		<p>Request for Childhood Seasonal Flu Vaccine (DOH 348-118)</p> <p>2) Monthly Vaccine Accountability Report (DOH 348-006)</p> <p>3) Private Provider's Monthly Report of Vaccine Usage (DOH 348-025)</p> <p>4) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action</p> <p>5) Report all cases (or suspected cases) of vaccine fraud or abuse</p>	<p>2) 15th of each month</p> <p>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</p> <p>4) Notify the DOH Immunization Program Within 7 days of incident</p> <p>5) Notify the DOH Immunization Program within 7 days of reported incident</p>	funding consideration amount.
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, the CDC VFC Operations Manual, and as directed by the state administrators of the VFC program, including but not limited to vaccine accountability, storage, and handling issues.		<p>1) VFC/AFIX Site Visit Selection Planning Form (DOH 348-158) identifying all providers who will receive a VFC site visit</p> <p>2) A copy of the following provider compliance site visit documents for each public and private provider site visit completed:</p> <ul style="list-style-type: none"> Site Visit Cover Sheet (DOH 348-151) 	<p>1) February 1, 2011</p> <p>2) Within thirty (30) days of when the site visit is conducted (no later than November 30, 2011)</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<ul style="list-style-type: none"> Questionnaire (DOH 348-156) <p>3) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 348-157) listing which enrolled provider site visits were completed during the reporting period.</p>	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.		<p>1) VFC/AFIX Site Visit Selection Planning Form (DOH 348-158) identifying all providers who will receive an AFIX assessment site visit</p> <p>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.</p> <p>3) A copy of the AFIX Feedback Form (DOH 348-159), which documents that providers were given verbal/written feedback following the CoCASA assessment.</p> <p>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</p>	<p>1) February 1, 2011</p> <p>2) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011)</p> <p>3) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011)</p> <p>4) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011)</p>	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
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 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.		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 Household Contact (DOH 348-035) for each case identified	15 th of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

***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/phip/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](#)
- <http://www.cdc.gov/vaccines/programs/vfc/operations-guide.htm> (Note: All site visit reviewers are required to take a copy of the most current CDC VFC Operations Guide to every VFC compliance site visit)

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 2011) 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
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Olympia WA 98504-7843
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360-236-3525

Exhibit A
Statement of Work
Contract Term: 2007-2011

DOH Program Name or Title: Tobacco Prevention & Control Program - Effective July 1, 2011

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C14952

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

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> ARRA (Recovery Act) <input type="checkbox"/> FFATA (Transparency Act)	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 for youth tobacco prevention activities for the period of July 1, 2011 through December 31, 2011.

Amendment Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date		Current Consideration	Change Increase (+)	Total Consideration
Youth Tobacco Prevention	N/A	334.04.93	78710630	07/01/11	12/31/11	0	3,200	3,200
TOTALS						0	3,200	3,200

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	Provide Tobacco Retailer Education Educate retailers about youth tobacco access laws (RCW 70.155 and 26.28.080) and assist retailers in complying with those laws. Educational activities should include multiple approaches and cover the maximum number of retailers in the community, especially near schools and other areas where youth congregate (i.e. skate parks, ball fields, recreation centers).	6.1S 6.1L 6.4S 6.4L	Provide retailers in the county with educational material. Report monthly activities electronically, using CATALYST.	To be entered into CATALYST no later than the 10 th day of the following month.	Reimbursement for actual expenditures, not to exceed total funding consideration. Reimbursements will be based on data in CATALYST.
2	Provide Tobacco Prevention Activities, including: - Community coalition meetings - Education to policy makers and general public - Press releases on tobacco issues - Enforcement of Smoking in Public Places	4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues	Conduct community engagement activities to discourage youth tobacco use. Report monthly activities, electronically, using CATALYST.	To be entered into CATALYST no later than the 10 th day of the following month.	Reimbursement for actual expenditures, not to exceed total funding consideration. Reimbursements will be based on data in CATALYST.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Law				

***For Information Only:**

Funding is not tied to the 2006 revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other revised Standards/Measures that may apply, may be found at:

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

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

Program Manual, Handbook, Policy References

Staffing Requirements

It is understood that the LHJ will have a designated Tobacco Prevention and Control (TPC) coordinator who has access to email and the Internet.

CATALYST is a web based tool located at <https://fortress.wa.gov/doh/catalyst/home/default.asp>. The LHJ will report their activities using CATALYST. Information and instructions for using CATALYST can be found at http://www.doh.wa.gov/tobacco/data_evaluation/Assessment/CATALYST/Training_Materials.htm

Restrictions on Funds

Special References

Youth Tobacco Prevention Account: To coordinate and implement tobacco intervention strategies to prevent and reduce tobacco use by youth per RCW 70.155.120

Monitoring Visits

Special Billing Requirements

Upon review and approval of monthly activities as entered in CATALYST and receipt of an invoice voucher, DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Special Instructions

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors.
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of the consolidated contracts.

This requirement is consistent with existing statute RCW 9.96A.020.

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

Carla Huyck

Department of Health

PO Box 47848, Olympia, WA 98504-7848

Carla.Huyck@doh.wa.gov

(360) 236-3678

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		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 Ops	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-32
ALLOCATIONS
Contract Term: 2007-2011

Contract Number:
Date:

C14952
July 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		334.04.91	N/A	01/01/07	06/30/07	\$6,089	\$6,089	\$6,089
State HIV Prev Services	Amend 32	334.04.91	N/A	07/01/11	06/30/13	\$5,000	\$5,000	\$5,000
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	
Youth Tobacco Prevention	Amend 32	334.04.93	N/A	07/01/11	06/30/13	\$3,200	\$3,200	\$32,550
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						\$2,381,190	\$2,381,190	
Total consideration prior to this amendment:		\$2,372,990		GRAND TOTAL				\$2,381,190
Change in consideration in this amendment:		\$8,200						
GRAND TOTAL		\$2,381,190					Total Fed	\$1,430,807
							Total State	\$926,383
							Total Other	\$24,000

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

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

** Catalog of Federal Domestic Assistance