

**KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT  
2012 – 2014 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: C16889**

**AMENDMENT NUMBER: 4**

**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 Statements of Work for the following programs:
  - Public Health Emergency Preparedness & Response (PHEPR) - Effective August 10, 2012
- ☐ Amends Statements of Work for the following programs:
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-4 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-3 Allocations as follows:

- ☒ Increase of \$53,888 for a revised maximum consideration of \$287,508.
- ☐ 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



10/22/2012  
Date

 11/01/2012  
Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

2012-2014 CONSOLIDATED CONTRACT  
EXHIBIT A  
STATEMENTS OF WORK  
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**Exhibit A**  
**Statement of Work**  
**Contract Term: 2012-2014**

**DOH Program Name or Title:** Public Health Emergency Preparedness & Response  
(PHEPR) – Effective August 10, 2012

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

**Contract Number:** C16889

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

**Period of Performance:** August 10, 2012 through June 30, 2013

|   |   |   |
|---|---|---|
| <b>Funding Source</b><br><input checked="" type="checkbox"/> Federal Subrecipient<br><input type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (if applicable)</b><br><input type="checkbox"/> ARRA (Recovery Act)<br><input checked="" type="checkbox"/> FFATA (Transparency Act) | <b>Type of Payment</b><br><input checked="" type="checkbox"/> Reimbursement<br><input type="checkbox"/> Fixed Price |
|---|---|---|

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding for Public Health Emergency Preparedness and Response activities for the period of August 10, 2012 through June 30, 2013.

**Revision Purpose:** N/A

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |                     |                     |
| FFY12 PHEPR LHJ FUNDING                 | 93.069 | 333.93.06         | 18101272          | 08/10/12                      | 06/30/13 | 0                     | 53,888              | 53,888              |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>0</b>              | <b>53,888</b>       | <b>53,888</b>       |

**FFY12 PHEPR LHJ 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   |
|--------------|--|--|---|---------------------|---|
| 7.1.P2       | Task 1:<br>Develop formal Memorandums of Understanding (MOU's) with organizations that work with at risk populations.  |  | Submit signed MOU's   | 06/30/13            | Reimbursement for costs, not to exceed total funding consideration amount |
| 7.1.P2       | Task 2:<br>Participate in work group that is working on creating a registry for all at risk individuals.   |  | Submit meeting minutes to include attendees, discussion topics, outcomes, and next steps. | 06/30/13            |   |
| 7.2-P1, 2-P2 | Task 1:<br>Identify locations of congregate care sites   |  | Submit list of mass care sites identified by local partners                               | 06/30/13            |   |
| 7.2P1, 2-P2  | Task 2:<br>Coordinate with response partners to adopt a facility-specific environmental health and safety assessment form to use for selected or potential congregate locations. Add form to the written plan. |  | Submit a copy of the Environmental Health Assessment Form adopted.                        | 06/30/13            |   |

| Task Number  | Task/Activity Description  | *May Support PHIP State and Local Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame | Payment Information and/or Amount |
|--------------|--|--|--|---------------------|-----------------------------------|
| 7.2-P1, 2-P2 | Task 3:<br>Train public health staff on the use of the assessment form   |  | Submit training records.<br>Training records not contained in SmartPH must be submitted on a DOH-provided form.  | 06/30/13            |                                   |
| 8 & 9        | Annually review and evaluate Strategic National Stockpile (SNS) and Technical Assistance Review (TAR) plans, communicate and coordinate plan to community partners.    |  | Submit progress report to include the communications shared and a list of partner information was shared with.   | 06/30/13            |                                   |
| 10.2.P2, P5  | Task 1:<br>Exercise our emergency plan and notify partners for a coordinated medical surge response  |  | Submit local table top or higher level exercise After Action Report (AAR) and improvement plan   | 06/30/13            |                                   |
| 10.2.P2, P5  | Task 2:<br>Review and as necessary update our local emergency response plan incorporating lessons learned from exercises and real events.                              |  | Submit updated plans   | 06/30/13            |                                   |
| 10.2.P2, P5  | Task 3:<br>Conduct a tabletop and/or more complex exercise of a portion of your local emergency response plan.   |  | Submit complete after action reports and improvement plans.  | 06/30/13            |                                   |
| 10.3.P1, P2  | Task 1:<br>Exercise the emergency systems including State Electronic Communications and Urgent Response Exchange System (SECURES), Satellite phones, agency Phone tree |  | Submit list of information technology (IT) systems, dates tested, and results  | 06/30/13            |                                   |
| 10.3.P1, P2  | Task 2:<br>Training staff in National Incident Management System (NIMS), and provide professional educational opportunities for staff                                  |  | Submit training records.<br>Training records not contained in SmartPH must be submitted on a DOH-provided form.  | 06/30/13            |                                   |
| 10.3.P1, P2  | Task 3:<br>Represent Kittitas County Public Health Department (KCPHD) at Region 7 meetings and attend trainings for regional IT systems to assist partners.            |  | Submit meeting minutes to include attendees, discussion topics, outcomes, and next steps.<br>Submit training records.<br>Training records not contained in SmartPH must be submitted on a DOH-provided form. | 06/30/13            |                                   |
| 10.3.P1, P2  | Task 4:<br>Work on creating a list of organizations and community providers that are able to address the needs of at risk populations/individuals.                     |  | Submit list/documentation of groups and incorporate into emergency plan (EP)   | 06/30/13            |                                   |

| Task Number | Task/Activity Description  | *May Support PHIP State and Local Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|--|--|--|---------------------|-----------------------------------|
| 11.3.P4     | Establish partnership with local mental health agency to provide services in the event of a non-planned event                              |  | Submit signed MOU/Letter of agreement  | 06/30/13            |                                   |
| 11.1.P1, P2 | Task 1:<br>Attend Emergency Management Council (EMC)/health care coalition meetings.   |  | Submit meeting minutes to include jurisdiction's attendees, discussion topics, outcomes, and next steps. | 06/30/13            |                                   |
| 11.1.P1, P2 | Task 2:<br>Establish written protocol and process for health orders regarding specific populations (eg: schools)                           |  | Submit written protocol  | 06/30/13            |                                   |
| 11.1.P1, P2 | Task 3:<br>Coordinate with other local agencies that may also enforce non pharmaceutical interventions to provide resources and education. |  | Submit # educational materials, presentations & information tracking sheets.                             | 06/30/13            |                                   |
| 11.4.P2     | Include community partners in after action reports after non pharmaceutical interventions have been implemented                            |  | Submit AAR   | 06/30/13            |                                   |
| 6.3.P1      | Task 1:<br>Update plans for outreach to vulnerable populations with materials that are culturally appropriate.                             |  | Submit updated plan  | 06/30/13            |                                   |
| 6.3.P1      | Task 2:<br>Coordinate with regional lead to share information before and during emergencies.   |  | Submit record of communication   | 06/30/13            |                                   |

**\*For Information Only:**

Funding is not tied to the 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, can be found at:

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx>

**Program Specific Requirements/Narrative****Special Requirements:****Federal Funding Accountability and Transparency Act (FFATA)**

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on <http://USASpending.gov> by DOH as required by P.L. 109-282.

**DOH Program Contact:**

Brad Halstead, Finance Analyst

Department of Health

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

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

360-236-4054

## Kittitas County Public Health Department

**EXHIBIT B-4**  
**ALLOCATIONS**  
**Contract Term: 2012-2014**

**Contract Number:** C16889  
**Date:** July 16, 2012

| Chart of Accounts Program Title       | Amendment | CFDA*  | BARS<br>Revenue<br>Code* | Statement of Work<br>Funding Period |          | DOH Use Only<br>Chart of Accounts<br>Funding Period |          | Amount    | Funding<br>Period<br>Sub Total | Chart of<br>Accounts<br>Total |
|---------------------------------------|-----------|--------|--------------------------|-------------------------------------|----------|---|----------|-----------|--------------------------------|-------------------------------|
|                                       |           |        |                          | Start Date                          | End Date | Start Date  | End Date |           |                                |                               |
| Drinking Water Group A - SS           | N/A       | 66.468 | 333.66.46                | 01/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | \$3,500   |                                |                               |
| Drinking Water Group A - SS           | Amend 1   | 66.468 | 333.66.46                | 01/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | (\$3,250) |                                |                               |
| Drinking Water Group A - SS           | Amend 2   | 66.468 | 333.66.46                | 01/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | \$2,000   | \$2,250                        | \$2,250                       |
| Drinking Water Group A - TA           | N/A       | 66.468 | 333.66.46                | 01/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | \$2,000   | \$2,000                        | \$2,000                       |
| PHEPR LHJ Funding FFY11               | N/A       | 93.069 | 333.93.06                | 01/01/12                            | 08/09/12 | 08/10/11  | 08/09/12 | \$26,944  |                                |                               |
| PHEPR LHJ Funding FFY11               | Amend 2   | 93.069 | 333.93.06                | 01/01/12                            | 08/09/12 | 08/10/11  | 08/09/12 | \$11,881  | \$38,825                       |                               |
| PHEPR LHJ Funding FFY12               | Amend 4   | 93.069 | 333.93.06                | 08/10/12                            | 06/30/13 | 07/01/12  | 06/30/13 | \$53,888  | \$53,888                       | \$92,713                      |
| AFIX                                  | N/A       | 93.268 | 333.93.26                | 01/01/12                            | 12/31/12 | 01/01/12  | 12/31/12 | \$8,014   | \$8,014                        | \$8,014                       |
| 317 Ops                               | N/A       | 93.268 | 333.93.26                | 01/01/12                            | 12/31/12 | 01/01/12  | 12/31/12 | \$1,885   | \$1,885                        | \$1,885                       |
| VFC Ops                               | N/A       | 93.268 | 333.93.26                | 01/01/12                            | 12/31/12 | 01/01/12  | 12/31/12 | \$3,506   | \$3,506                        | \$3,506                       |
| Strengthening Pub Hlth Infrastructure | Amend 1   | 93.507 | 333.93.50                | 01/01/12                            | 09/29/12 | 09/30/11  | 09/29/12 | \$9,858   | \$9,858                        | \$9,858                       |
| PHEPR HC Systems - Prep               | Amend 1   | 93.889 | 333.93.88                | 01/01/12                            | 06/30/12 | 07/01/11  | 06/30/12 | \$5,000   | \$5,000                        | \$5,000                       |
| MCHBG HCO ConCon Federal              | Amend 2   | 93.994 | 333.93.99                | 01/01/12                            | 09/30/12 | 10/01/10  | 09/30/12 | \$10,904  | \$10,904                       |                               |
| MCHBG HCO ConCon Federal              | N/A       | 93.994 | 333.93.99                | 01/01/12                            | 12/31/12 | 10/01/11  | 09/30/13 | \$32,713  |                                |                               |
| MCHBG HCO ConCon Federal              | Amend 2   | 93.994 | 333.93.99                | 01/01/12                            | 12/31/12 | 10/01/11  | 09/30/13 | \$700     | \$33,413                       | \$44,317                      |
| GFS Local Capacity                    | Amend 1   | N/A    | 334.04.92                | 01/01/12                            | 06/30/12 | 07/01/11  | 06/30/13 | \$22,920  |                                |                               |
| GFS Local Capacity                    | Amend 1   | N/A    | 334.04.92                | 07/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | \$22,920  | \$45,840                       | \$45,840                      |
| Youth Tobacco Prevention              | N/A       | N/A    | 334.04.93                | 01/01/12                            | 06/30/12 | 07/01/11  | 06/30/13 | \$2,893   |                                |                               |
| Youth Tobacco Prevention              | Amend 3   | N/A    | 334.04.93                | 07/01/12                            | 06/30/13 | 07/01/11  | 06/30/13 | \$6,982   | \$9,875                        | \$9,875                       |
| Drinking Water Group A - SS State     | N/A       | N/A    | 334.04.98                | 01/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | \$3,500   |                                |                               |
| Drinking Water Group A - SS State     | Amend 1   | N/A    | 334.04.98                | 01/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | (\$3,250) |                                |                               |
| Drinking Water Group A - SS State     | Amend 2   | N/A    | 334.04.98                | 01/01/12                            | 12/31/12 | 07/01/11  | 06/30/13 | \$2,000   | \$2,250                        | \$2,250                       |

Kittitas County Public Health Department

EXHIBIT B-4  
ALLOCATIONS  
Contract Term: 2012-2014

Contract Number: C16889  
Date: July 16, 2012

| Chart of Accounts Program Title | Amendment | CFDA*            | BARS<br>Revenue<br>Code* | Statement of Work<br>Funding Period |          | DOH Use Only<br>Chart of Accounts<br>Funding Period |          | Amount             | Funding<br>Period<br>Sub Total | Chart of<br>Accounts<br>Total |
|---------------------------------|-----------|------------------|--------------------------|-------------------------------------|----------|---|----------|--------------------|--------------------------------|-------------------------------|
|                                 |           |                  |                          | Start Date                          | End Date | Start Date  | End Date |                    |                                |                               |
| Blue Ribbon Local Health Funds  | Amend 1   | N/A              | 334.04.99                | 00/00/00                            | 00/00/00 | 00/00/00  | 00/00/00 | \$30,000           |                                |                               |
| Blue Ribbon Local Health Funds  | Amend 3   | N/A              | 334.04.99                | 00/00/00                            | 00/00/00 | 00/00/00  | 00/00/00 | \$30,000           | \$60,000                       | \$60,000                      |
| <b>TOTAL</b>                    |           |                  |                          |                                     |          |   |          | <b>\$287,508</b>   | <b>\$287,508</b>               |                               |
| <b>Total consideration:</b>     |           | <b>\$233,620</b> |                          |                                     |          |   |          | <b>GRAND TOTAL</b> |                                | <b>\$287,508</b>              |
|                                 |           | <b>\$53,888</b>  |                          |                                     |          |   |          |                    |                                |                               |
| <b>GRAND TOTAL</b>              |           | <b>\$287,508</b> |                          |                                     |          |   |          | <b>Total Fed</b>   |                                | <b>\$169,543</b>              |
|                                 |           |                  |                          |                                     |          |   |          | <b>Total State</b> |                                | <b>\$117,965</b>              |

\*Catalog of Federal Domestic Assistance

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