Kittitas County
Review Form
Grants & Contract Agreement

Today's Date 07/01/2013		Agenda Date
Fund/Department 116-Public Health		

Contract/Grant Information

Contract /Grant Agency: Consolidated Contract Amendment #9		
Period Begin Date: January 2012		Period End Date: December 2014
Total Grant/Contract Amount: Increase of $18,860 for a revised maximum consideration of $458,652		
Grant/Contract Number: C16889		
Contract/Grant Summary: The Consolidated Contract Amendment #9 amends the Statements of Work for the following programs: • Maternal and Child Health Block Grant • Office of Immunization and Child Profile (OICP) • OICP-PPHF Reimbursement Project • OICP-PPHF VTrckS-IIS Interface		

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

Department Head Signature: _____, Administrator Date:_____

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

_____
Signature of Prosecutor's Office Date

_____
Signature of Auditor's Office Date

_____
Signature of Board of Health member Date

Financial Information

Total Amount $458,652	State Funds $233,195	Federal Funds $225,457
Percentage County Funds	Matching Funds $N/A	CFDA#'s: #93.268 – Immunizations (AFIX/317/VFC) #93.539 – PPHF Insurance Reimb. #93.994 - MCHBG
	In-Kind $ Explain	
Is Equipment being purchased? No	Who owns equipment? n/a	
New Personnel being hired?	Contact HR hiring – reporting requirements	

Future impacts or liability to Kittitas County:

This amendment to our Consolidated Contract with the Washington State Department of Health is an increase of $18,860 for a revised maximum consideration of $458,652. The increase of $18,860 is for the following grants/dates:

Maternal, Child Health Block Grant – 1/1/13-9/30/13 - $10,958
Immunizations – 1/1/13-12/31/13 - $6,545
PPHF Insurance Reimbursement Project – 1/1/13-7/31/14 - $1,357

Budget Information

Budget Amendment Needed?	Yes ☒ attach budget form	No ☐ Why not
New Division Created? No		
Revenue Codes: 116.612.22.12.333.93994 (MCHBG-Population) 116.612.22.15.333.93994 (MCHBG – Direct) 116.612.22.14.333.93994 (MCHBG-Enabling) 116.612.22.11.333.93994 (MCHBG-Infrastructure) 116.612.32.1.333.93268 (Immunizations-AFIX) 116.612.32.2.333.93268 (Immunizations-FA317) 116.612.32.3.333.93268 (Immunizations-VFC) 116.612.32.6.333.93539 (PPHF Insurance Reimb Project)		

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
2012 – 2014 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C16889 **AMENDMENT NUMBER: 9**

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:

   ☒ Amends Statements of Work for the following programs:

   - Maternal & Child Health Block Grant - Effective January 1, 2013
   - Office of Immunization & Child Profile (OICP) - Effective January 1, 2013
   - OICP-PPHF Reimbursement Project - Effective January 1, 2013
   - OICP-PPHF VTrckS-IIS Interface - Effective March 1, 2013

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:

   ☒ Increase of **$18,860** for a revised maximum consideration of **$458,652**.

   ☐ Decrease of _____ for a revised maximum consideration of _____.

   ☐ No change in the maximum consideration of _____.
   Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-2 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-1.

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

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: Maternal & Child Health Block Grant - Effective January 1, 2013

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C16889

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Period of Performance: January 1, 2013 through December 31, 2013

Statement of Work Purpose: The purpose of this statement of work is to add new focus of work and funding for Maternal and Child Health Block Grant (MCHBG) related activities.

Revision Purpose: The purpose of this revision is to provide additional funding and activities, as well as extend the funding period from 06/30/13 to 09/30/13 for continuation of MCHBG related activities. The DOH Program Contact and special billing requirements section are also updated.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY13 MCHBG OHC CONCON FEDERAL	93.994	333.93.99	78734231	01/01/13	09/30/13	21,916	10,958	32,874
TOTALS						**21,916**	**10,958**	**32,874**

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration and Year End Closeout of 2013 Contract					
1a	Identify MCHBG-focused carry forward activities and submit transition proposal to DOH contract manager, using DOH-supplied template.		Transition proposal	January 31, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
1b	Complete a proposed budget using template provided by DOH.		Completed budget submitted electronically.	April 15, 2013	
1c	Participate in calls, at a minimum of every other month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ.		Designated LHJ staff will participate in contract management calls.	December 31, 2013	
1d	Participate in DOH sponsored MCHBG-related quarterly conference calls and/or webinars, including up to two (2) in-person meetings.		Designated LHJ staff will participate in calls, webinars, and meetings.	December 31, 2013	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1e	Complete MCHBG Federal Report Form 4, which includes budget details by types of individuals served. DOH will supply the form.		Submit MCHBG Federal Report Form 4 electronically to contract manager	December 31, 2013	
1f	Report actual expenditures for calendar year 2013 using template provided by DOH.		Submit actual expenditure budget forms electronically to contract manager	December 31, 2013	
1g	*Report activities and outcomes of transition plan*		*Submit short narrative report electronically to contract manager.*	*August 15, 2013*	
Planning and Needs Assessments					
2a	Conduct a MCH Needs Assessment prior to March 31, 2013. DOH to supply guidance documents.		Submit 1. Electronic summary of MCH Needs Assessment 2. Electronic MCH Gap Analysis Tool	April 15, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
2b	Select Children and Youth with Special Health Care Needs (CYSHCN) performance measure (NPM05 required, others optional) and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2c	Select either Adverse Childhood Experiences (ACEs) or Universal Developmental Screening (UDS) performance measure and choose or develop SMART Objectives based on Needs Assessment findings from 2a and using DOH-supplied list.		Submit identified performance measure(s) and SMART Objectives electronically using DOH-supplied template	April 15, 2013	
2d	Select up to three (3) additional MCH performance measures and choose or develop SMART Objectives based on Needs Assessment findings related to 2a and using DOH-supplied list and template in coordination with DOH contract manager.		Submit identified performance measure(s) and SMART Objectives electronically.	April 15, 2013	
Implementation					
3a	Develop draft and final action plan that includes each identified SMART Objective from 2b, 2c, and 2d and using DOH-supplied template.		1. Submit draft Action Plan(s) to DOH contract manager for review.	1. Draft by June 15, 2013.	Reimbursement for actual costs, not to exceed total funding consideration. See

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. Submit final Action Plan(s) to DOH contract manager for review.	2. Final due by July 15, 2013.	Program Specific Requirements *and Special Billing Requirements.*
3b	Report activities and outcomes of action plan using DOH-provided template		Submit Action Plan Progress Reports for selected SMART Objectives	October 15, 2013 December 30, 2013	
Children and Youth with Special Health Care Needs (CYSHCN) The Maternal and Child Health Block Grant (MCHBG) continues to require the following basic minimum activities as specified in the CYSHCN Program Manual:					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements.
4b	Administer allocated DOH Diagnostic and Treatment funds for infants and children per CYSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed	
4c	Participate in the CYSHCN Regional System and quarterly meetings as described in the CYSHCN Program Manual.		Evidence of participation at CYSHCN Regional System and quarterly meetings, including quarterly updates and regional representative minutes.	April 15, 2013 July 15, 2013 October 15, 2013 December 31, 2013	

***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.

Program Manual, Handbook, Policy References
Children with Special Health Care Needs Manual
ftp://ftp.doh.wa.gov/CSHCN/CSHCN%20Manual%20for%20WEB.pdf

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1)(D)].

Special References (RCWs, WACs, etc)

- "HRSA -Understanding Title V of the Social Security Act" http://ask.hrsa.gov/detail_materials.cfm?ProdID=687
- "Social Security Act Title V Laws" http://www.ssa.gov/OP_Home/ssact/title05/0500.htm
- MCH Compendium

Monitoring Visits (frequency, type)
Telephone calls with contract manager at least one every other month.

Special Billing Requirements
Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. *Invoices must be submitted at least quarterly and must be based on actual allowable program costs. Monthly invoices on actual allowable program costs will be accepted but an updated Action Plan Progress Report must also be submitted.*

Special Instructions
This statement of work is for a twelve month period; however funds are only available until ~~*June*~~ *September* 30, 2013 at this point. Please complete tasks due by ~~*June*~~ *September* 30, 2013 only.

Implement all Children and Youth with Special Health Care Needs program activities in accordance with Program Manual.
ftp://ftp.doh.wa.gov/CSHCN/CSHCN%20Manual%20for%20WEB.pdf

Overall Requirements: LHJs will use at least 30 percent of the Federal MCH Block Grant funds received for preventive care services for children and at least 30 percent of Federal MCH Block Grant funds received for children with special health care needs.

DOH Program Contact
Mary Dussol
Healthy Communities Consultant
Office of Healthy Communities
Washington State Department of Health
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Mailing Address: PO Box 47848, Olympia, WA 98504
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Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Office of Immunization & Child Profile (OICP) - Effective January 1, 2013

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C16889

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Period of Performance: January 1, 2013 through December 31, 2013

Statement of Work Purpose: The purpose of this statement of work is todefine required immunization tasks, deliverables, and funding.

Revision Purpose: The purpose of this revision is to increase funding, extend the period of performance and funding periods, modify tasks and deliverables, and revise language in the Special Requirements section.

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
FFY13 VFC Ops	93.268	333.93.26	74203220	01/01/13	12/31/13	1,712	1,711	3,423
FFY13 317 Ops	93.268	333.93.26	74201220	01/01/13	12/31/13	920	921	1,841
FFY13 AFIX	93.268	333.93.26	74205220	01/01/13	12/31/13	3,913	3,913	7,826
TOTALS						**6,545**	**6,545**	**13,090**

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control and Prevention (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program. Accountability requirements include, but are not limited to: provider education, provider site visits and required corrective action, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, new provider enrollment visits, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.					
1.	Facilitate annual renewal of the Outside Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines.		Outside Provider Agreements for Receipt of State Supplied Vaccine (DOH 348-022) paper form or online via the Washington Immunization Information System.	Annually, per Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount *Funds available for this task: FFY13 AFIX, 74205220

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					*See Restrictions on Funds below.
2.	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment.		A copy of the Quality Assurance Activity Cover Sheet (DOH 348-151) and the Outside Provider Agreement for Receipt of State Supplied Vaccine (DOH 348-022)	At the time of new provider enrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount *Funds available for this task: FFY13 AFIX, 74205220 *See Restrictions on Funds below.
3.	Use and facilitate provider use of the Washington Immunization Information System to place and approve provider vaccine orders. Monitor provider orders for appropriateness (including: accuracy of shipping information, order frequency, timing, quantity and type).		Electronic submission of provider vaccine orders via the Washington Immunization Information System or Provider Request for Childhood Vaccine (DOH 348-015) and Provider Request for Childhood Seasonal Flu Vaccine (DOH 348-118)	Monthly based on provider order schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task: FFY13 VFC Ops, 74203220 FFY13 317 Ops, 74201220
4.	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).		1) Monthly Vaccine Accountability Report (DOH 348-006) 2) Private Provider's Monthly Report of Vaccine Usage (DOH 348-025)	1) By the 15th of each month 2) Submit electronically at the time of vaccine order via the Washington Immunization Information System; retain paper form for review at the time of	Reimbursement for actual costs incurred, not to exceed total funding consideration amount *Funds available for this task: FFY13 AFIX, 74205220

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				LHJ site visit by DOH	*See Restrictions on Funds below.
			3) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action	3) Notify the Office of Immunization and Child Profile within seven (7) days of the incident	
			4) Report all cases (or suspected cases) of vaccine fraud or abuse.	4) Notify the Office of Immunization and Child Profile within seven (7) days of the incident	
5.	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		A copy of the Summary of LHJ Technical Assistance Form (DOH 348-257) and as reflected in the completion of deliverables outlined in Tasks 1 – 4.	~~*June 30th*~~ *December 31st*	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task: FFY13 VFC Ops, 74203220 FFY13 317 Ops, 74201220
6.	Conduct VFC site visits at ~~*two (2)*~~ *three (3)* private provider sites within your jurisdiction. Site visits should address all requirements outlined in the Outside Provider Agreement, the CDC Vaccines for Children (VFC) Operations Guide and as directed by the state administrators of the Vaccines for Children program. Conduct VFC Compliance Site Visit Follow-Up to assure providers resolve all corrective actions identified during the initial VFC compliance site visit. Follow-up may include another physical site visit or verification by		1) *Completion of the* VFC/AFIX Site Visit Selection Planning *tool,* ~~*Form (DOH 348-158)*~~ identifying all providers who will receive a VFC site visit 2) A completed copy of the most recent CDC approved VFC Provider Compliance Site Visit Questionnaire (DOH 348-156) for each public and private provider site visit completed.	1) January 15th 2) Within thirty (30) days of when the site visit is conducted (no later than ~~*May*~~ *October* 31)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount *Funds available for this task: FFY13 AFIX, 74205220 *See Restrictions on Funds 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
	email, phone, fax, or mail that corrective actions were completed.		3) A copy of the completed Quality Assurance Activity Cover Sheet (DOH 348-151) and supporting documentation that describes the type of VFC Compliance Follow-up (e.g., site visit, email, phone, fax, or mail) and how the provider corrected any identified non-compliance. ~~4) 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.~~	3) Within thirty (30) days of when the site visit is conducted (no later than ~~May~~ *October* 31) ~~4) By the 15th of the month following the end of each quarter.~~	
7.	Conduct AFIX (Assessment, Feedback, Incentive, eXchange) at 1 private provider site(s) within your jurisdiction. Each AFIX visit should include: an assessment of practice immunization coverage rates for children ages 24 – 35 months old or 13-18 years old, sharing the coverage rate information with the provider and discussing opportunities for improvement in coverage rates and immunization practices. An AFIX visit may be conducted in person or by telephone. For family practice providers who primarily serve adolescent patients, an adolescent-only AFIX may be performed, assessing immunization coverage rates for patients 13-18 years old, per the Adolescent-Only AFIX Protocols (DOH 348-258). CoCASA (Comprehensive Clinical Assessment Software Application) must be used to assess the clinic's immunization coverage rates.		1) A copy of the following documents: • AFIX Feedback Form (DOH 348-159), which documents that providers were given verbal/written feedback regarding their immunization coverage rates. • CoCASA report(s) for Childhood Assessments (24 – 35 month old): 431331 and 4313314 Diagnostic Report Childhood. • CoCASA reports for Adolescent Assessments (13 – 18 year old): 32121 Adolescent Coverage Report and HPV Report. ~~2) 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.~~	1. Within thirty (30) days of when the AFIX visit is conducted (no later than ~~May~~ *October* 31) ~~2. By the 15th of the month following the end of each quarter.~~	Reimbursement for actual costs incurred, not to exceed total funding consideration amount *Funds available for this task: FFY13 AFIX, 74205220 *See Restrictions on Funds 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
8.	Conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, 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.		1) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System or complete a Perinatal Hepatitis B Confidential Case Report – Mother/Infant (DOH 348-030) and Household Contact (DOH 348-035) for each case identified 2) ~~*Quarterly*~~ *Annual* Perinatal Hepatitis B Outreach Summary (DOH 348-268)	1) By the 15th of each month 2) *December 31st* ~~*By the 15th of the month following the end of each quarter*~~	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task: FFY13 317 Ops, 74201220

***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

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.

Program Specific Requirements/Narrative

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC & AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- *All new LHJ site visit reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.*

- *LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every other year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer.*
- *Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.*

Program Manual, Handbook, Policy References:

Office of Immunization and Child Profile References *and Resources for vaccine management, VFC compliance site visits, AFIX visits, and Perinatal Hepatitis B activities can be found at this link to our website.*

- ~~*Guidelines for VFC Status Screening at: http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-325-GuidelinesforVFCStatusScreening.pdf http://www.doh.wa.gov/Portals/1/Documents/Pubs/GuidelinesVFCStatusScreening.pdf*~~
- ~~*Vaccine Accountability and Management Business Rules and Guidelines at: http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-212-VaccineAccountabilityManagementBusinessGuidelines.pdf*~~
- ~~*Adolescent-only AFIX Protocols http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-258-AdolOnlyAFIXVisitProtocol.pdf*~~
- ~~*Site Visit Selection Protocol http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-259-VFC-AFIXSiteVisitSelectionProtocol.pdf*~~
- ~~*Perinatal Hepatitis B Prevention Program Guidelines at http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-165_PerinatalHepatitisBPreventionProgramGuidelines.pdf*~~

CDC Reference:

- VFC Operations Guide - *A copy will be provided by DOH OICP.* ~~*at http://www.cdc.gov/vaccines/programs/vfc/awardees/op-guide.html*~~
  (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

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

- Allowable expenses with 317 and VFC FA Operations Funds (dated September 7, 2011) document posted on the DOH Consolidated Contract website at http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Funding/ConsolidatedContracts/FormsReportsandProgramInformation.aspx. In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY13 317 Ops funding may be used for any activity in this statement of work, per funding availability.

Monitoring Visits (frequency, type):

- ~~*All new LHJ site visit reviewers are required to have at least one observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.*~~

Special Billing Requirements:

Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program Contact

Tawney Harper, MPA
Administrative Services Section Manager
Office of Immunization and Child Profile
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tawney.harper@doh.wa.gov, 360-236-3525

Deliverables may be sent electronically via email at OICPContracts@doh.wa.gov, by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: OICP-PPHF Reimbursement Project - Effective January 1, 2013

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C16889

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Period of Performance: January 1, 2013 through July 31, 2014

Statement of Work Purpose: The purpose of this statement of work is to identify tasks, deliverables, and funding for participation in the Prevention and Public Health (PPHF) Reimbursement Project.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding period, increase funding, add task 3 and revise due date for task 2.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY12 PPHF Public Health Reimbursement	93.539	333.93.53	74901220	01/01/13	07/31/14	2,500	500	3,000
TOTALS						**2,500**	**500**	**3,000**

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	Participate in Phase 1 of the Prevention and Public Health Fund (PPHF) Reimbursement Project by completing the following: a. Complete a cost benefit assessment of billing for health care services provided by the LHJ. b. Complete a four-part training on billing strategies conducted by DOH staff		a. Submit a cost benefit assessment (tool will be provided by DOH) b. Submit a Reimbursement Training Evaluation form (to be provided by DOH)	a. 03/31/2013 b. 06/30/2013	Reimbursement for actual costs incurred, not to exceed total funding consideration amount
2	Upon completion of Task 1 activities, complete an Intent to Apply worksheet to indicate whether the LHJ intends to apply for participation in the implementation phase of the project (Phase 2)		Submit an "Intent to Apply" worksheet (to be provided by DOH)	~~*06/30/2013*~~ *05/06/2013*	Reimbursement for actual costs incurred, not to exceed total funding consideration amount

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	*Complete an application to Apply for Funding for Phase 2 Reimbursement Project - Implementation*		*Submit application for funding request (to be provided by DOH)*	*06/14/2013*	*Reimbursement for actual costs incurred, not to exceed total funding consideration amount*

***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.

Special Billing Requirements: Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program Contact
Carri Comer, Public Health Reimbursement Grant Coordinator
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
Carri.comer@doh.wa.gov Phone: 360-236-3731 FAX: 360-236-3590

Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: OICP-PPHF VTrckS-IIS Interface - Effective March 1, 2013

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C16889

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

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Subrecipient	☐ ARRA (Recovery Act)	☒ Reimbursement
☐ State	☒ FFATA (Transparency Act)	☐ Fixed Price
☐ Other		

Period of Performance: March 1, 2013 through March 31, 2014

Statement of Work Purpose: The purpose of this statement of work is to provide funding to local public health to increase the number of providers placing vaccine orders on-line, improving the methods for providers to manage and report vaccine inventory and doses administered, and enhancing the Washington State Immunization Information System (IIS) to support the business needs of the program and the reporting requirements of providers

Revision Purpose: The purpose of this revision is to extend the period of performance and funding period, increase funding, and revise deliverable due dates.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY12 PPHF VTRCKS-IIS INTERFACE	93.539	333.93.53	74901221	03/01/13	03/31/14	343	857	1,200
TOTALS						**343**	**857**	**1,200**

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 support and direction to providers for accurately reporting vaccine inventory, doses administered and provider demographic information in the Washington Immunization Information System. Activities include: a) Participate in webcast and conference calls conducted by the department on these topics, and provide input to the department on these topics. b) Provide training (may include in-person, online training, telephone, fax or other as determined by the LHJ), support, and technical assistance to providers on updating their demographics, and reporting inventory and doses administered in the IIS.		Submit an Immunization Information Systems Vaccine Management Enhancement Project Semi Annual Report (DOH #348-368) to document technical support, consultation, and training given to health care providers.	~~*06/30/13*~~ *July 15, 2013* *October 15, 2013* *January 15, 2014*	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
	c) Monitor provider use of on-line ordering and reporting tools within the IIS				

***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
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by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

Kittitas County Public Health Department

EXHIBIT B-9
ALLOCATIONS
Contract Term: 2012-2014

Contract Number: **C16889**
Date: **May 15, 2013**

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
FFY11 PHEPR LHJ Funding	N/A	93.069	333.93.06	01/01/12	08/09/12	08/10/11	08/09/12	$26,944		
FFY11 PHEPR LHJ Funding	Amend 2	93.069	333.93.06	01/01/12	08/09/12	08/10/11	08/09/12	$11,881	$38,825	
FFY12 PHEPR LHJ Funding	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
FFY12 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	
FFY13 317 Ops	Amend 6	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$920		
FFY13 317 Ops	**Amend 9**	**93.268**	**333.93.26**	01/01/13	12/31/13	01/01/13	12/31/13	**$921**	**$1,841**	$3,726
FFY12 AFIX	N/A	93.268	333.93.26	01/01/12	12/31/12	01/01/12	12/31/12	$8,014	$8,014	
FFY13 AFIX	Amend 6	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$3,913		
FFY13 AFIX	**Amend 9**	**93.268**	**333.93.26**	01/01/13	12/31/13	01/01/13	12/31/13	**$3,913**	**$7,826**	$15,840
FFY12 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	
FFY13 VFC Ops	Amend 6	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$1,712		
FFY13 VFC Ops	**Amend 9**	**93.268**	**333.93.26**	01/01/13	12/31/13	01/01/13	12/31/13	**$1,711**	**$3,423**	$6,929
FFY11 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	
FFY12 Strengthening Pub Hlth Infrastructure	Amend 6	93.507	333.93.50	10/01/12	09/29/13	09/30/12	09/29/13	$10,000	$10,000	$19,858
FFY12 PPHF Public Health Reimbursement	Amend 6	93.539	333.93.53	01/01/13	07/31/14	07/01/12	08/31/14	$2,500		
FFY12 PPHF Public Health Reimbursement	**Amend 9**	**93.539**	**333.93.53**	01/01/13	07/31/14	07/01/12	08/31/14	**$500**	**$3,000**	$3,000
FFY12 PPHF VTrckS-IIS Interface	Amend 7	93.539	333.93.53	03/01/13	06/30/13	07/01/12	08/31/14	$343		
FFY12 PPHF VTrckS-IIS Interface	**Amend 9**	**93.539**	**333.93.53**	03/01/13	06/30/13	07/01/12	08/31/14	$857	**$1,200**	**$1,200**
FFY11 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
FFY11 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	
FFY12 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		
FFY12 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
FFY13 MCHBG OHC ConCon Federal	Amend 6	93.994	333.93.99	01/01/13	09/30/13	10/01/12	09/30/13	$21,916		
FFY13 MCHBG OHC ConCon Federal	**Amend 9**	**93.994**	**333.93.99**	01/01/13	09/30/13	10/01/12	09/30/13	**$10,958**	**$32,874**	$32,874
GFS Local Capacity	Amend 1	N/A	334.04.92	01/01/12	06/30/12	07/01/11	06/30/13	$22,920	$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	$22,920	
GFS Local Capacity	Amend 7	N/A	334.04.92	01/01/13	06/30/13	07/01/11	06/30/13	$23,240	$23,240	
GFS Local Capacity	Amend 7	N/A	334.04.92	07/01/13	12/31/13	07/01/13	12/31/13	$23,240	$23,240	$92,320

Kittitas County Public Health Department

EXHIBIT B-9
ALLOCATIONS
Contract Term: 2012-2014

Contract Number: **C16889**
Date: **May 15, 2013**

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
Youth Tobacco Prevention	N/A	N/A	334.04.93	01/01/12	06/30/12	07/01/11	06/30/13	$2,893	$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	$6,982	$9,875
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		
Blue Ribbon Local Health Funds	Amend 7	N/A	334.04.99	00/00/00	00/00/00	00/00/00	00/00/00	$60,000	$120,000	$120,000
Drinking Water Group A - SS	N/A	N/A	346.26.64	01/01/12	12/31/12	07/01/11	06/30/13	$3,500		
Drinking Water Group A - SS	Amend 1	N/A	346.26.64	01/01/12	12/31/12	07/01/11	06/30/13	($3,250)		
Drinking Water Group A - SS	Amend 2	N/A	346.26.64	01/01/12	06/30/13	07/01/11	06/30/13	$2,000		
Drinking Water Group A - SS	Amend 6	N/A	346.26.64	01/01/12	06/30/13	07/01/11	06/30/13	$1,000	$3,250	
Drinking Water Group A - SS	Amend 6	N/A	346.26.64	07/01/13	12/31/13	07/01/13	12/31/13	$1,250	$1,250	$4,500
Drinking Water Group A - SS State	N/A	N/A	346.26.65	01/01/12	06/30/13	07/01/11	06/30/13	$3,500		
Drinking Water Group A - SS State	Amend 1	N/A	346.26.65	01/01/12	06/30/13	07/01/11	06/30/13	($3,250)		
Drinking Water Group A - SS State	Amend 2	N/A	346.26.65	01/01/12	06/30/13	07/01/11	06/30/13	$2,000		
Drinking Water Group A - SS State	Amend 6	N/A	346.26.65	01/01/12	06/30/13	07/01/11	06/30/13	$1,000	$3,250	
Drinking Water Group A - SS State	Amend 6	N/A	346.26.65	07/01/13	12/31/13	07/01/13	12/31/13	$1,250	$1,250	$4,500
Drinking Water Group A - TA	N/A	N/A	346.26.66	01/01/12	06/30/13	07/01/11	06/30/13	$2,000		
Drinking Water Group A - TA	Amend 6	N/A	346.26.66	01/01/12	06/30/13	07/01/11	06/30/13	$1,000		
Drinking Water Group A - TA	Amend 7	N/A	346.26.66	01/01/12	06/30/13	07/01/11	06/30/13	($2,000)	$1,000	
Drinking Water Group A - TA	Amend 6	N/A	346.26.66	07/01/13	12/31/13	07/01/13	12/31/13	$1,000	$1,000	$2,000
TOTAL								**$458,652**	**$458,652**	

Total consideration:	**$439,792**	**GRAND TOTAL**	**$458,652**
	$18,860		
GRAND TOTAL	**$458,652**	**Total Fed**	**$225,457**
		Total State	**$233,195**

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

Exhibit C-2 Schedule of Federal Awards

AMENDMENT #9

Date: May 15, 2013

AFRS Through Bien 2013 Fiscal Month 19

KITTITAS COUNTY HEALTH DEPT-SWV0010475-07

CONTRACT C1688900-Kittitas County Public Health Department

CONTRACT PERIOD 1/1/2012-12/31/2014

DOH Title	BARS	DOH Project	Alloc Period	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Grant Award Number	Federal Grant Award Name
FFY11 PHEPR LHJ FUNDING	333.93.06	1844-09	01/01/12-08/09/12	$38,825	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	2U90TP017010-11	PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY12 PHEPR LHJ FUNDING	333.93.06	1847-12	08/10/12-06/30/13	$53,888	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	1U90TP000559-01AB	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY12 317 OPS	333.93.26	3840-10	01/01/12-12/31/12	$1,885	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5H23IP022548-10	IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS
FFY13 317 OPS	333.93.26	3841-10	01/01/13-12/31/13	$1,841	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	1H23IP000762-317 OPS	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY12 VFC OPS	333.93.26	3840-12	01/01/12-12/31/12	$3,506	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5H23IP022548-10	IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS
FFY13 VFC OPS	333.93.26	3841-12	01/01/13-12/31/13	$3,423	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	1H23IP000762- VFC OPS	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY12 AFIX	333.93.26	3840-14	01/01/12-12/31/12	$8,014	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5H23IP022548-10	IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS
FFY13 AFIX	333.93.26	3841-14	01/01/13-12/31/13	$7,826	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	1H23IP000762-AFIX	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY11 STRENGTHENING PUB HLTH INFRAST	333.93.50	9107-99	01/01/12-09/29/12	$9,858	93.507	Pregnancy Assistance Fund Program	Department of Health and Human Services Office of the Secretary	5U58CD001318-02	STRENGTHENING PUBLIC HEALTH INFRASTRUCTURES FOR IMPROVED HEALTH OUTCOMES
FFY12 STRENGTHENING PUB HLTH INFRAST	333.93.50	9108.99	10/01/12-09/29/13	$10,000	93.507	Pregnancy Assistance Fund Program	Department of Health and Human Services Office of the Secretary	5U58CD001318-03	CD10-1011 STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE
FFY12 PPHF PUBLIC HEALTH REIMBURSEMENT	333.93.53	3842-99	01/01/13-07/31/14	$3,000	93.539	PPHF 2012-Prevention and Public Health Fund (Affordable Care Act)-Capacity Building Assistance to Strengthen Public Health Immunization	Department of Health and Human Services Centers for Disease Control and Prevention	3H23IP000561-01S1	PREVENTION AND PUBLIC HEALTH FUND CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUB
FFY12 PPHF VTRCKS-IIS INTERFACE	333.93.53	3843-99	01/01/13-07/31/14	$1,200	93.539	PPHF 2012-Prevention and Public Health Fund (Affordable Care Act)-Capacity Building Assistance to Strengthen Public Health Immunization	Department of Health and Human Services Centers for Disease Control and Prevention	3H23IP000561-01S1	PREVENTION AND PUBLIC HEALTH FUND CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUB
FFY11 PHEPR HC SYSTEMS-PREP	333.93.88	6139-01	01/01/12-06/30/12	$5,000	93.889	National Bioterrorism Hospital Preparedness Program	Department of Health and Human Services Office of the Secretary	5U3REP090228-03-00	FY10 HOSPITAL PREPAREDNESS PROGRAM
FFY11 MCHBG HCO CONCON FEDERAL	333.93.99	3021-05	01/01/12-09/30/12	$10,904	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	1B04MC21391-01	MATERNAL AND CHILD HEALTH SERVICES

Exhibit C-2 Schedule of Federal Awards

AMENDMENT #9

AFRS Through Bien 2013 Fiscal Month 19

Date: May 15, 2013

KITTITAS COUNTY HEALTH DEPT-SWV0010475-07

CONTRACT C1688900-Kittitas County Public Health Department

CONTRACT PERIOD 1/1/2012-12/31/2014

DOH Title	BARS	DOH Project	Alloc Period	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Grant Award Number	Federal Grant Award Name
FFY12 MCHBG HCO CONCON FEDERAL	333.93.99	3022-05	01/01/12-12/31/12	$33,413	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	1B04MC23416-01-00	MATERNAL AND CHILD HEALTH SERVICES
FFY13 MCHBG OHC CONCON FEDERAL	333.93.99	3023-05	01/01/13-09/30/13	$32,874	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	1 BO4MC25378-01-00	MATERNAL AND CHILD HEALTH SERVICES