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

**CONTRACT NUMBER: C16889** 

AMENDMENT NUMBER: 5

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: Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows: Adds Statements of Work for the following programs: M Amends Statements of Work for the following programs: Public Health Emergency Preparedness & Response (PHEPR) - Effective August 10, 2012 П Deletes Statements of Work for the following programs: Exhibit B-5 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-4 Allocations as follows: Increase of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_. Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_.  $\boxtimes$ No change in the maximum consideration of \$287,508. 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 Mho/2012 James Kwaid

Assistant Attorney General

APPROVED AS TO FORM ONLY

## 2012-2014 CONSOLIDATED CONTRACT EXHIBIT A STATEMENTS OF WORK TABLE OF CONTENTS

# 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: Revision	Revision # (for this SOW) 1	Funding Source   Federal Subrecipient	Federal Compliance (if applicable)	Type of Payment  Reimbursement
Period of Performance: Au	ngust 10, 2012 through June 30, 2013	State	ARRA (Recovery Act) FFATA (Transparency Act)	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: The purpose of this revision is to add Task Number 10.4, 4.1/4.3/1.2, 4.1/4.3 and 13.2 P1-P3; delete 10.2.P2, P5, Task 1 and combine with Task 3; and change Task Number 11.4 P2.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding (LHJ Use Start Date	Only)	Current Consideration	Change None	Total Consideration
FFY12 PHEPR LHJ FUNDING	93.069	333.93.06	18101272	08/10/12	06/30/13	53,888	0	53,888
TOTALS						53,888	0	53,888

#### 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
4.1 P1&P2 4.3 P1&P2 1.2 P1&P4	Task 1: Communicate on a regular basis with the public, health care providers, and emergency partner's information which serves to prevent communicable disease and other public health emergencies in the community.		Submit copy of Public Information Office (PIO) log	06/30/13	Reimbursement for costs, not to exceed total funding consideration amount
4.1 P1&P2 4.3 P1&P2	Task 2: Activate emergency public information system to facilitate public information delivery during a public health emergency.		Submit copy of PIO log	06/30/13	
7.1.P2	Task 1: Develop formal Memorandums of Understanding (MOU's) with organizations that work with at risk populations.		Submit signed MOU's	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
7.1.P2	Task 2: 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: 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: 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	
7.2-P1, 2-P2	Task 3: Train public health staff on the use of the assessment form		Submit training records. 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: 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 /: 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 2: Conduct a tabletop and/or more complex exercise of a portion of using your local emergency response plan and notify partners for a coordinated medical surge response.		Submit complete after action reports and improvement plans.	06/30/13	
10.3.P1, P2	Task 1: 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: Training staff in National Incident Management System (NIMS), and provide professional educational opportunities for staff		Submit training records. Training records not contained in SmartPH must be submitted on a DOH-provided form.	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
10.3.P1, P2	Task 3: 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. Submit training records. Training records not contained in SmartPH must be submitted on a DOH-provided form.	06/30/13	
10.3.P1, P2	Task 4: Work on creating a list of organizations and community providers that are able to address the needs of at risk populations/individuals.	W.	Submit list/documentation of groups and incorporate into emergency plan (EP)	06/30/13	
10.5	Enroll medical volunteers into WAserv.		Submit enrollee lists and numbers.	06/30/13	
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: 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: 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: 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. Create a process to include volunteers and community partners' feedback on event and exercise after action reports.		Submit AAR documentation of the process and any materials or tools to be utilized	06/30/13	
13.2 P1-P3	Conduct public health and epidemiological investigations in response to communicable disease threats.		Submit After Action Report of Incident	06/30/13	
6.3.P1	Task 1: Update plans for outreach to vulnerable populations with materials that are culturally appropriate.		Submit updated plan	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
6.3.P1	Task 2:		Submit record of	06/30/13	
	Coordinate with regional lead to share information		communication		
	before and during emergencies.				

#### \*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:

 $\underline{http://www.doh.wa.gov/PublicHealthAndHealthCareProviders/PublicHealthSystemResources and Services/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx}$ 

#### **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
PO Box 47890, Olympia, WA 98504-7890
brad.halstead@doh.wa.gov
PHEPR Deliverable Submission: concondeliverables@doh.wa.gov
360-236-4054

# EXHIBIT B-5 ALLOCATIONS Contract Term: 2012-2014

DOH Use Only

Contract Number:

mber: C16889 Date: September 17, 2012

Chart of Accounts **BARS** Statement of Work Chart of **Funding** Revenue **Funding Period Funding Period** Period Accounts CFDA\* **Chart of Accounts Program Title** Amendment Code\* Start Date End Date Start Date End Date Sub Total Total Amount 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 07/01/11 06/30/13 Amend 1 66,468 333.66.46 01/01/12 12/31/12 (\$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 333.93.06 01/01/12 08/09/12 N/A 93.069 08/09/12 08/10/11 \$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 09/30/13 Amend 2 93.994 333.93.99 01/01/12 12/31/12 10/01/11 \$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 \$22,920 GFS Local Capacity 334.04.92 12/31/12 07/01/11 Amend 1 N/A 07/01/12 06/30/13 \$22,920 \$22,920 \$45,840 Youth Tobacco Prevention N/A 06/30/13 N/A 334.04.93 01/01/12 06/30/12 07/01/11 \$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 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 01/01/12 12/31/12 Amend 1 N/A 334.04.98 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-5 ALLOCATIONS Contract Term: 2012-2014

Contract Number:

C16889

Date: September 17, 2012

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Wor Funding Period Start Date End D:		Amount	Funding Period Sub Total	Chart of Accounts Total
Blue Ribbon Local Health Funds Blue Ribbon Local Health Funds	Amend 1 Amend 3	N/A N/A	334.04.99 334.04.99	00/00/00 00/00/ 00/00/00 00/00/		\$30,000 \$30,000	\$60,000	\$60,000
TOTAL						\$287,508	\$287,508	
Total consideration:		\$287,508 \$0			C	FRAND TOTAL		\$287,508
GRAND TOTAL		\$287,508			_	otal Fed otal State		\$169,543 \$117,965

<sup>\*</sup>Catalog of Federal Domestic Assistance

<sup>\*\*</sup>Federal revenue codes begin with "333". State revenue codes begin with "334".