

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

CONTRACT NUMBER: C16889

AMENDMENT NUMBER: 7

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:
 - OICP-PPHF VTrckS-IIS Interface - Effective March 1, 2013
- ☒ Amends Statements of Work for the following programs:
 - 5930 Public Health Funding - Effective January 1, 2012
 - Local Capacity Development Funds - Effective January 1, 2012
 - Office of Drinking Water Group A Program - Effective January 1, 2012
 - Public Health Emergency Preparedness & Response (PHEPR) - Effective August 10, 2012
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:

- ☒ Increase of \$104,823 for a revised maximum consideration of \$439,792.
- ☐ 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-1 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C.

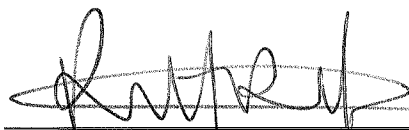
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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

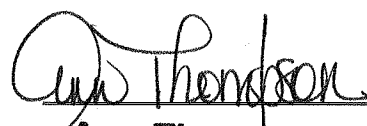
IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Date 5/24/13



Ann Thompson
Contract Administrator
APPROVED AS TO FORM ONLY
Assistant Attorney General
Date 6/3/2013

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: 5930 Public Health Funding - Effective January 1, 2012

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C16889

SOW Type: Revision **Revision # (for this SOW)** 3

Period of Performance: January 1, 2012 through Ongoing

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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> One-Time Distribution
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Statement of Work Purpose: The purpose of this statement of work is to set forth the requirements for use of funding distributed under the provisions of E2SSB5930 enacted in the 2007 legislative session. This is a performance-based agreement, the purpose of which is to improve the three performance measures as itemized below, in rank order.

Revision Purpose: The purpose of this revision is to add requirements for calendar year 2013 work plan and increase funding consideration.

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
Blue Ribbon Local Health Funds	N/A	334.04.99	79211100	N/A	N/A	60,000	60,000	120,000
TOTALS						60,000	60,000	120,000

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Amount
1.	Increase the uptake of new and under-used child and adolescent vaccines.	The LHJ shall review its local data related to the respective performance measure, identify areas for improvement, and develop and implement a work plan to make improvements in the respective measure.	LHJ will submit a work plan, using the template provided by the DOH, for its 2012 2013 work addressing the performance measures by April 6, 2012 February 15, 2013. The template for the work plan should be accessed at http://www.doh.wa.gov/php/products/5930/resource.htm http://www.doh.wa.gov/Portals/1/Documents/1200/wrkpln-temp.doc .	Lump sum payment as follows:
2.	Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.			January 2012: \$30,000 April 2012: \$30,000 January 2013: \$60,000
3.	Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities or primary medical care.	The LHJ will begin new or add to or enhance existing work in such a manner to positively impact the performance measures in rank order. The LHJ will report required data for each performance measure. See additional note in Special References section.	At any time LHJ substantively changes its work plan, it will promptly submit the updated work plan to DOH. LHJ will report required data for each performance measure based on the guidelines contained in the document "Metrics to Support 5930 Performance Measures" amended June 1, 2009. This document may be updated from time to time to provide additional information in the "Notes" section only (no changes will be made to the "Performance Measure," "Reporting Measure" or "Data Source" sections) and should be accessed on the DOH website at http://www.doh.wa.gov/PHP/products/5930/doc/metrics.pdf	

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Amount
			f http://www.doh.wa.gov/Portals/1/Documents/1200/5930-metrics.pdf for the most up-to-date revision.	

Program Specific Requirements/Narrative

RCW 43.70.512, RCW 43.70.514, RCW 43.70.516, RCW 43.70.520, and RCW 43.70.522.

DOH Program Contact

Kay Koth

Office of Public Health Systems Development

Department of Health

Mailing address: P O Box 47890, Olympia, WA 98504-7890

Street address: 101 Israel Rd SE, Tumwater, WA 98501

360-236-4061/Fax 360-586-7424

Email: kay.koth@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Local Capacity Development Funds -
Effective January 1, 2012

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C16889

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

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 type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2012 through December 31, 2013

Statement of Work Purpose: The purpose of this statement of work is to identify the five tasks, as identified and detailed in Appendix A appended hereto, that will be the focus of work for the 2012 calendar year. LHJ will choose one or more of these five tasks on which to work.

Revision Purpose: The purpose of this revision is to extend the period of performance, add requirements for the 2013 calendar year, and add funding consideration.

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			
GFS Local Capacity	N/A	334.04.92	79110100	01/01/12	06/30/12	22,920	0	22,920
GFS Local Capacity	N/A	334.04.92	79110100	07/01/02	12/31/12	22,920	0	22,920
GFS Local Capacity	N/A	334.04.92	79110100	01/01/13	06/30/13	0	23,240	23,240
GFS Local Capacity	N/A	334.04.92	79110100	07/01/13	12/31/13	0	23,240	23,240
TOTALS						45,840	46,480	92,320

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>LHJ will select one or more of the following tasks as the basis of work that it will undertake to show progress toward achieving that task:</p> <ol style="list-style-type: none"> 1. Participate in or conduct a collaborative process resulting in a comprehensive community health assessment. 2. Conduct <i>and/or</i> implement a comprehensive planning process in partnership with other community organizations resulting in a community health improvement plan. 3. Develop <i>and/or</i> implement a health department organization strategic plan. <p>LHJ will complete Appendix A for calendar year 2012 work and Appendix B for calendar year 2013 work and submit to the DOH per the instructions therein.</p>	<p>Submission of completed Appendix A and documentation that demonstrates the status of achieving the tasks selected to be worked on.</p> <p><i>Submission of completed Appendix B based on deliverable submitted 12/31/12 and building on completed tasks in 2012.</i></p>	<p>Between February 15 and March 31, 2012.</p> <p><i>By February 15, 2013.</i></p>	<p>\$22,920</p> <p><i>\$23,240</i></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	LHJ will work in the area(s) it identified in Appendix A for calendar year 2012 and Appendix B for calendar year 2013. LHJ will submit documentation demonstrating progress made in the areas identified.	Submission of documentation that demonstrates progress made in the areas identified in Appendix A. Documentation shall include at least Appendix A updated to reflect status of work at time of submission, a progress report describing work accomplished to date and a work plan that describes activities expected to be accomplished in remainder of contract year.	By July 31, 2012.	\$18,336
		Submission of final project report that describes progress to date in the five areas of work identified in Appendix A.	By December 31, 2012.	\$4,584
		Submission of documentation that demonstrates progress made in the areas identified in Appendix B. Documentation shall include at least Appendix B updated to reflect status of work at time of submission, a progress report describing work accomplished from December 31, 2012 to date and a work plan that describes activities expected to be accomplished in remainder of 2013.	By July 31, 2013.	\$18,592
		Submission of final project report for 2013 that describes progress to date in the five areas of work identified in Appendix B.	By December 31, 2013.	\$4,648

Program Specific Requirements/Narrative

Program Manual, Handbook, Policy References

See Supporting Document at <http://www.doh.wa.gov/concon/FmsReptTitlePage/titlepage.htm> on the DOH website for helpful reference material.

Information, guidance and resources are available at:

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/CommunityHealthAssessmentandImprovement.aspx>

Special Billing Requirements

This is a fixed price statement of work. Subsequent to submission of deliverable as identified above, LHJ shall bill for the amount associated with that deliverable.

Special Instructions

LHJ should access Appendix A at <http://www.doh.wa.gov/concon/FmsReptTitlePage/titlepage.htm>
<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Funding/ConsolidatedContracts/FormsReportsandProgramInformation.aspx>, download, complete, and submit per time frame in table above. LHJ will use BARS expenditure coding as reflected on Appendix A to report expenditures incurred to undertake the work of this statement of work.

LHJ should access Appendix B at
<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Funding/ConsolidatedContracts/FormsReportsandProgramInformation.aspx>, download, complete, and submit per time frame in table above. LHJ will use BARS expenditure coding as reflected on Appendix B to report expenditures incurred to undertake the work of this statement of work.

DOH Program Contact

Department of Health
Public Health Systems Development
P O Box 47890, Olympia, WA 98504-7890

Marie Flake
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Kay Koth
Budget and Operations Manager
360-236-4061
kay.koth@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Office of Drinking Water Group A Program -
Effective January 1, 2012

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C16889

SOW Type: Revision **Revision # (for this SOW)** 4

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

Period of Performance: January 1, 2012 through December 31, 2014

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: The purpose of this revision is to decrease funding consideration and revise Special Billing Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	Total Consideration
				Start Date	End Date			
Drinking Water Group A - SS	66.468	333.66.48	2421921C	01/01/12	06/30/13	3,250	0	3,250
Drinking Water Group A - TA	66.468	333.66.48	2421921D	01/01/12	06/30/13	3,000	-2,000	1,000
Drinking Water Group A - SS State	N/A	334.04.98	2421252C	01/01/12	06/30/13	3,250	0	3,250
Drinking Water Group A - SS	66.468	333.66.48	2421921C	07/01/13	12/31/13	1,250	0	1,250
Drinking Water Group A - TA	66.468	333.66.48	2421921D	07/01/13	12/31/13	1,000	0	1,000
Drinking Water Group A - SS State	N/A	334.04.98	2421252C	07/01/13	12/31/13	1,250	0	1,250
TOTALS						13,000	-2,000	11,000

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	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by DOH Office of Drinking Water (DOH) Regional Office. See Special Instructions for task activity.		1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include: a. Cover letter. b. Small Water System checklist. c. Updated Water Facilities Inventory (WFI). d. Photos of water system. e. Any other supporting documents.	Inspection reports due to the DOH Regional Office within 30 days of conducting the sanitary survey.	LHJ shall be paid \$500 for each completed sanitary survey (inclusive of all associated costs such as consulting fee, travel, lodging, per diem). Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables.

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. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include: <ol style="list-style-type: none"> List of sanitary surveys conducted during the quarter. List of uncooperative systems. Water system identified by name, PWS ID#, county, and date surveyed. See Special Instructions for deliverable timeframes.	Quarterly reports due to the DOH Regional Office within 30 days of the end of the quarter. Quarterly periods are: Jan 1 - March 31 April 1 - June 30 July 1 – Sept 30 Oct 1 – Dec 31	
2	Trained LHJ staff will provide limited direct technical assistance to small community and non-community Group A water systems identified by DOH Regional Office. Limited direct technical assistance includes: A. Special Purpose Investigations (SPI) B. Follow-up visit after initial technical assistance or sanitary survey to confirm work and recommendations were addressed. C. Assist water system operator through one-on-one training or TA in completing work and recommendations requested by the DOH to meet applicable drinking water regulations. See Special Instructions for task activity.		1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include: <ol style="list-style-type: none"> Summary of assistance provided, overall findings and recommendations. Any supporting documents and photos. Water system identified by name, PWS ID#, county, and date assistance provided. 2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include: <ol style="list-style-type: none"> List summarizing technical assistance provided during the quarter. Water system identified by name, PWS ID#, county, and date surveyed. 	Inspection reports due to the DOH Regional Office within 30 days of providing technical assistance, except that SPIs due to a coliform exceedance incident (Task 2A) must be completed and the report submitted to the DOH Regional Office within 2 working days of the service request. Quarterly reports are due to the DOH Regional Office within 30 days of the end of the quarter. Quarterly periods are: Jan 1 - March 31 April 1 - June 30 July 1 – Sept 30 Oct 1 – Dec 31	LHJ shall be paid for each completed task at the rate specified below (inclusive of all associated costs): Task 2A: \$500 Task 2B: \$500 Task 2C: \$750 Payment is authorized upon receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables

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	<p>LHJ staff performing the activities under tasks 1 and 2 will participate annually in one or more of the following DOH-sponsored sanitary surveyor trainings and/or regional DOH-LHJ meetings:</p> <ul style="list-style-type: none"> • Introductory Sanitary Survey Training • Intermediate Sanitary Survey Training • Advanced Sanitary Survey Workshop • Regional DOH-LHJ Drinking Water meetings 		Prior to attending the training, submit an "Authorization for Travel (Non Employee)" DOH Form 710-013 to the DOH Program Contact below for approval (to ensure that enough funds are available).	Annually	<p>LHJ shall be paid mileage, per diem, and lodging costs in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp</p>

***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**Staffing Requirements**

Trained staff includes staff who have participated annually in one of the DOH-sponsored introductory, intermediate, or advanced Sanitary Surveyor trainings described under Task 3 above.

Special References (RCWs, WACs, etc)

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, DOH contracts with the LHJ to conduct sanitary surveys for small community and non-community water systems with groundwater sources. DOH retains responsibility for conducting sanitary surveys for small community and non-community water systems with surface water sources, with the option that the LHJ may request a joint survey.

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$9,000** for **Task 1** and ~~\$4,000~~ **\$2,000** for **Task 2** and **Task 3** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill \$250 to BARS Revenue Code 333.66.48 and \$250 to BARS Revenue Code 334.04.98.

When invoicing for **Task 3**, submit receipts and the signed pre-authorization form for non-employee travel to the DOH Program Contact below and a signed A19-1A Invoice Voucher to the DOH Consolidated Contracts Office, billing to BARS Revenue Code 333.66.48 under Technical Assistance (TA).

Special Instructions**Task 1**

LHJ will evaluate the water system for physical and operational deficiencies and prepare a written inspection report. The inspection will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request DOH assistance.

No more than **13** surveys to be completed between January 1, 2012 and June 30, 2013.

No more than **5** surveys to be completed between July 1, 2013 and December 31, 2013.

Task 2

The DOH Regional Office shall authorize in advance any technical assistance provided by the LHJ to a water system. LHJ and DOH shall mutually agree on the technical assistance to be provided. Technical assistance is defined below and will be paid at the rate specified in the Payment Method/Amount section above.

Task 2A: Special Purpose Investigations (SPI) are inspections to determine the cause of positive coliform samples or emergency problems or as a follow-up investigation to help small water systems address deficiencies found during a routine sanitary survey. This can also include sanitary surveys of newly discovered Group A water systems. Activities could include:

- Assisting water system in preparing a coliform monitoring plan.
- Educating them on the importance of monitoring and reporting.
- Conducting one-on-one training on chlorinator operations and maintenance including, but not limited to, chlorine dosage solution preparation, chemical feed pump adjustments, and chlorine residual tests.
- Conducting one-on-one training on flushing and disinfecting techniques of lines after repairs or new construction.
- Assisting them to evaluate for potential high health cross connection hazards requiring premises isolation and determine the need for a cross connection control specialist to help them implement a cross connection control program.
- Other activities as necessary to help in achieving compliance with applicable drinking water regulations and sound operations and management.

Task 2B: Follow-up visit after initial technical assistance was provided or sanitary survey was conducted to confirm work and recommendations requested by DOH were addressed or completed.

Task 2C: Assist small water systems in completing work and recommendations requested by the DOH Regional Office to meet applicable drinking water regulations. Activities could include:

- Assisting water system in completing a Source Susceptibility Assessment and pursuing a susceptibility waiver, as applicable.
- Assisting water system in developing a water quality monitoring, reporting and treatment technique program and conducting one-on-one training to help water system achieve compliance with applicable water quality parameters.
- Assisting water system in completing a Small Water System Management Program (SWSMP) guide or Existing System Approval (ESA) for submittal to the DOH regional office.
- Other activities and one-on-one training or consultation as necessary to help in achieving compliance with applicable drinking water regulations and sound operations and management.

DOH Program Contact:

Danielle Russell
 DOH Office of Drinking Water
 16201 E. Indiana Ave, Suite 1500
 Spokane Valley, WA 99216
Danielle.Finley@doh.wa.gov
 (509) 329-2136

DOH and LHJ Roles

TASK	ODW	LHJ
Prioritize water systems to be surveyed and technical assistance to be provided during the contract period.	X	
Notify selected systems of the sanitary survey requirement or technical assistance to be provided.	X	
Schedule survey and if needed, request a pre-survey data packet.		X
Review pre-survey data prior to inspection.		X
Perform inspection and send draft inspection report to DOH for concurrence prior to sending a copy to the Purveyor. Inspection reports to include deliverables as specified above for each task.		X
Prior to sending inspection report to purveyor, DOH will review inspection report to determine the public health significance of any findings and (if needed) provide additional instructions to the purveyor. Draft report will be returned to LHJ within 3 days.	X	
When survey findings indicate a need for immediate corrective action per the Significant Deficiencies Directive Memorandum K.02, DOH will follow-up with the system to ensure the deficiencies have been corrected. If necessary, DOH will develop a compliance strategy. Formal enforcement could include: A Bilateral Compliance Agreement (BCA), Departmental Order (DO), or State Health Order (SHO).	X	
If the Purveyor is uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.		X
DOH will send a second letter reminding the system of their survey requirement.	X	
If the Purveyor is still uncooperative and refuses the survey, LHJ will notify DOH Sanitary Survey Coordinator.		X
DOH will issue a Notice of Violation (NOV) with an offer for a Bilateral Compliance Agreement (BCA) to the non-responsive system.	X	
DOH will invoice water system upon completion of inspection (unless LHJ collects local fees)	X	
Submit A-19 1A invoice to DOH Contracts Office for payment. Provide a copy to the Eastern Regional Office.		X
Perform joint quality control surveys with DOH.	X	X
Annually review and confirm work completed; schedule new assignments; re-negotiate contract and discuss concerns or provide feedback on the program and process.	X	X

Exhibit A
Statement of Work
Contract Term: 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: Original **Revision # (for this SOW)**

Period of Performance: March 1, 2013 through June 30, 2013

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> ARRA (Recovery Act) <input checked="" 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 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: 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 PPHF VTRCKS-IIS INTERFACE	93.539	333.93.53	74901221	03/01/13	06/30/13	0	343	343
TOTALS						0	343	343

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	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

Mariama Gondo, MPH
VTrckS/IIS Coordinator
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
360-236-3647 Mariama.gondo@doh.wa.gov

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: 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)** 2

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> ARRA (Recovery Act) <input checked="" 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: August 10, 2012 through June 30, 2013

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 two PHEP Admin tasks.

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			
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
Admin	Complete and submit the Public Health Emergency Preparedness Cooperative Agreement BP1 Performance Measures Reporting Templates provided by DOH.		Submit completed performance measure report templates.	01/14/13	Reimbursement for costs, not to exceed total funding consideration amount
Admin	Complete a DOH-provided work plan template outlining details for the July 2013-June 2014 program year.		Submit a completed work plan.	03/29/13	
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	
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	

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: Develop formal Memorandums of Understanding (MOU's) with organizations that work with at risk populations.		Submit signed MOU's	06/30/13	
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: 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 2: Conduct a tabletop and/or more complex exercise 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.		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	Create a process to include volunteers and community partners' feedback on event and exercise after action reports.		Submit 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	
6.3.P1	Task 2: 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:

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Department of Health

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brad.halstead@doh.wa.gov

PHEPR Deliverable Submission: concondeliverables@doh.wa.gov

360-236-4054

**EXHIBIT B-7
ALLOCATIONS
Contract Term: 2012-2014**

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

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts 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	06/30/13	07/01/11	06/30/13	\$2,000		
Drinking Water Group A - SS	Amend 6	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	\$1,000	\$3,250	
Drinking Water Group A - SS	Amend 6	66.468	333.66.46	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	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	\$2,000		
Drinking Water Group A - TA	Amend 6	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	\$1,000		
Drinking Water Group A - TA	Amend 7	66.468	333.66.46	01/01/12	06/30/13	07/01/11	06/30/13	(\$2,000)	\$1,000	
Drinking Water Group A - TA	Amend 6	66.468	333.66.46	07/01/13	12/31/13	07/01/13	12/31/13	\$1,000	\$1,000	\$2,000
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 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	06/30/13	01/01/13	12/31/13	\$3,913	\$3,913	\$11,927
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	06/30/13	01/01/13	12/31/13	\$920	\$920	\$2,805
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	06/30/13	01/01/13	12/31/13	\$1,712	\$1,712	\$5,218
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	06/30/13	07/01/12	08/31/14	\$2,500	\$2,500	\$2,500
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	\$343	\$343
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	06/30/13	10/01/12	09/30/13	\$21,916	\$21,916	\$21,916

**EXHIBIT B-7
ALLOCATIONS
Contract Term: 2012-2014**

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

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				Start Date	End Date	Start Date	End Date			
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
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
Drinking Water Group A - SS State	N/A	N/A	334.04.98	01/01/12	06/30/13	07/01/11	06/30/13	\$3,500		
Drinking Water Group A - SS State	Amend 1	N/A	334.04.98	01/01/12	06/30/13	07/01/11	06/30/13	(\$3,250)		
Drinking Water Group A - SS State	Amend 2	N/A	334.04.98	01/01/12	06/30/13	07/01/11	06/30/13	\$2,000		
Drinking Water Group A - SS State	Amend 6	N/A	334.04.98	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	334.04.98	07/01/13	12/31/13	07/01/13	12/31/13	\$1,250	\$1,250	\$4,500
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
TOTAL								\$439,792	\$439,792	
Total consideration:		\$334,969								\$439,792
		\$104,823								
GRAND TOTAL		\$439,792								
										\$213,097
										\$226,695

*Catalog of Federal Domestic Assistance

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

Exhibit C-1 - Schedule of Federal Awards

AMENDMENT #7

AFRS Through Bien 2013 Fiscal Month 19

Date: January 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
FY11 PHEPR LHJ FUNDING	333.93.06	1844-09	01/01/12 - 08/09/12	\$38,825.00	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
FY12 PHEPR LHJ FUNDING	333.93.06	1847-12	08/10/12 - 06/30/13	\$53,888.00	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
FY11 PHEPR HC SYSTEMS - PREP	333.93.88	6139-01	01/01/12 - 06/30/12	\$5,000.00	93.889	National Bioterrorism Hospital Preparedness Program	Department of Health and Human Services Office of the Secretary	5U3REP090228-03-00	FY10 HOSPITAL PREPAREDNESS PROGRAM
FY12 317 OPS	333.93.26	3840-10	01/01/12 - 12/31/12	\$1,885.00	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
FY13 317 OPS	333.93.26	3841-10	01/01/13 - 06/30/13	\$920.00	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
FY12 VFC OPS	333.93.26	3840-12	01/01/12 - 12/31/12	\$3,506.00	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
FY13 VFC OPS	333.93.26	3841-12	01/01/13 - 06/30/13	\$1,712.00	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
FY12 AFIX	333.93.26	3840-14	01/01/12 - 12/31/12	\$8,014.00	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
FY13 AFIX	333.93.26	3841-14	01/01/13 - 06/30/13	\$3,913.00	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
FY12 PPHF PUBLIC HEALTH REIMBURSEMENT	333.93.53	3842-99	01/01/13 - 06/30/13	\$2,500.00	93.539	PPHF 2012 - Prevention and Public Health Fund (Affordable Care Act) - Capacity Building Assistance to Strengthen Public Health	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
FY12 PPHF VTRCKS-IIS INTERFACE	333.93.53	3843-99	01/01/13 - 06/30/13	\$343.00	93.539	PPHF 2012 - Prevention and Public Health Fund (Affordable Care Act) - Capacity Building Assistance to Strengthen Public Health	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
FY11 MCHBG HCO CONCON FEDERAL	333.93.99	3021-05	01/01/12 - 09/30/12	\$10,904.00	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
FY12 MCHBG HCO CONCON FEDERAL	333.93.99	3022-05	01/01/12 - 12/31/12	\$33,413.00	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
FY13 MCHBG OHC CONCON FEDERAL	333.93.99	3023-05	01/01/13 - 06/30/13	\$21,916.00	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	1B04MC25378-01-00	MATERNAL AND CHILD HEALTH SERVICES
FY11 STRENGTHENING PUB HLTH INFRAST	333.93.50	9107-99	01/01/12 - 09/29/12	\$9,858.00	93.500	Pregnancy Assistance Fund Program	Department of Health and Human Services Office of the Secretary	5U58CD001318-02	STRENGTHENING PUBLIC HEALTH INFRASTRUCTURES FOR IMPROVED HELATH OUTCOMES
FY12 STRENGTHENING PUB HLTH INFRAST	333.93.50	9108-99	10/01/12 - 09/29/13	\$10,000.00	93.500	Pregnancy Assistance Fund Program	Department of Health and Human Services Office of the Secretary	5U58CD001318-03	CD10-1011 STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE