

Candi Blackford

om: Liz Whitaker
Sent: Thursday, June 20, 2013 5:03 PM
To: Candi Blackford
Subject: RE: Bonner Site Agreement

Oops – I forgot to tell you what happened. CWU said that since we deleted some of the language, the contract would not be valid, so they won't sign and return it. I felt a bit cranky about that. Their Bonner coordinator told me that we should delete any language we could not agree to, and then we spent a lot of time reviewing the contract and going through the process. Apparently she didn't check with Bonner until after we sent the signed contract. Phooey.

Liz

From: Candi Blackford
Sent: Thursday, June 20, 2013 9:36 AM
To: Liz Whitaker
Subject: Bonner Site Agreement

I sent this contract to the contractor for their signature and they had contacted you about three weeks ago. I still have not received the office hard copy. When you contacted them did they say they would sign and return? I am needing 2 originals back (I sent them 3 and specified this)????Thanks for your follow up.

Candi Blackford
Administrative Assistant
Kittitas County Public Health
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Ellensburg, WA 98926
(509) 962-7515

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Kittitas County
Review Form
Grants & Contract Agreement

Today's Date 04/04/2013	Agenda Date
Fund/Department 116-Public Health	

BOCC 5/7

BOH 5/14
Sent to contractor
5/20/13

Contract/Grant Information

Contract /Grant Agency: National Bonner AmeriCorps Program Agreement	
Period Begin Date: 11/29/2012	Period End Date: 01/30/2013
Total Grant/Contract Amount: None	
Grant/Contract Number:	
Contract/Grant Summary: The National Bonner AmeriCorps Program Agreement outlines the responsibilities of an organization hosting a National Bonner AmeriCorps Program member.	

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

Department Head Signature: <u>[Signature]</u> , Administrator	Date: <u>5/13/13</u>
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Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

<u>[Signature]</u>	<u>5/4/13</u>
Signature of Prosecutor's Office	Date
<u>[Signature]</u>	<u>5/10/13</u>
Signature of Auditor's Office	Date
<u>[Signature]</u>	<u>16 May 13</u>
Signature of Board of Health member	Date

Financial Information

Total Amount \$None	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$	
	Explain	
Is Equipment being purchased?	Who owns equipment?	
New Personnel being hired?	Contact HR hiring – reporting requirements	

Future impacts or liability to Kittitas County:

Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		

Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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County Departments Impacted

<input type="checkbox"/> Auditor	<input type="checkbox"/> Facilities Maintenance
<input type="checkbox"/> Information Services	<input type="checkbox"/> Human Resource
<input type="checkbox"/> Prosecutor	<input type="checkbox"/> Treasurer

Submitted

Signature:	Date:
Department:	

Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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