

**KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT  
2015 – 2017 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: C17114**

**AMENDMENT NUMBER: 11**

**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:
    - Office of Immunization & Child Profile-Diamond Project - Effective January 1, 2017
  - ☒ Amends Statements of Work for the following programs:
    - Office of Drinking Water Group A Program - Effective January 1, 2015
    - Office of Immunization & Child Profile - Effective January 1, 2017
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:
  - ☐ Increase of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - ☒ Decrease of \$300 for a revised maximum consideration of \$358,397.
  - ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C-9 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-8.

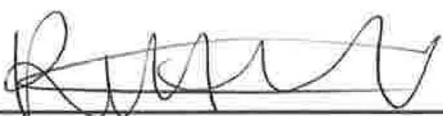
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

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 6/12/17

  
\_\_\_\_\_  
Date 6/16/17

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**2015-2017 CONSOLIDATED CONTRACT  
EXHIBIT A  
STATEMENTS OF WORK  
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**Exhibit A**  
**Statement of Work**  
**Contract Term: 2015-2017**

**DOH Program Name or Title:** Office of Drinking Water Group A Program - Effective January 1, 2015

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

**Contract Number:** C17114

**SOW Type:** Revision      **Revision # (for this SOW)** 5

**Period of Performance:** January 1, 2015 through December 31, 2017

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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**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 and Special Instructions.

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	N/A	346.26.64	2421921C	01/01/15	12/31/17	9,400	0	9,400
Drinking Water Group A - SS State	N/A	346.26.65	2421252C	01/01/15	12/31/17	9,400	0	9,400
Drinking Water Group A - TA	N/A	346.26.66	2421921D	01/01/15	12/31/17	5,400	-2,400	3,000
<b>TOTALS</b>						<b>24,200</b>	<b>-2,400</b>	<b>21,800</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p>		<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> <li>Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.</li> <li>Completed Small Water System checklist.</li> <li>Updated Water Facilities Inventory (WFI).</li> <li>Photos of water system with text identifying features</li> </ol>	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$400</b> for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$800</b> for each sanitary survey of a non-community system with four or more</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.		<p>5. Any other supporting documents.</p> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.</p>		<p>connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
2	<p>Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within <b>2 working days</b> of the service request.	<p>Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within <b>30 calendar days</b> of providing technical assistance.	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <ul style="list-style-type: none"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul> <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
4	<p>LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training.</p> <p>See Special Instructions for task activity.</p>		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	<p>LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website</p> <p><a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a></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 Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative****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, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

**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 ~~\$19,600~~ **\$18,800** for **Task 1**, and ~~\$5,400~~ **\$3,000** for **Task 2, Task 3 and Task 4 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 half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to the DOH Consolidated Contracts Office, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

**Special Instructions****Task 1**

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey 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 ODW assistance.

- No more than **4** surveys of non-community systems with three or fewer connections to be completed between January 1, 2015 and December 31, 2015.
- No more than **5** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2015 and December 31, 2015.
- No more than **1** surveys of non-community systems with three or fewer connections to be completed between January 1, 2016 and December 31, 2016.
- No more than ~~10~~ **9** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2016 and December 31, 2016.
- No more than **2** surveys of non-community systems with three or fewer connections to be completed between January 1, 2017 and December 31, 2017.
- No more than **6** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2017 and December 31, 2017.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

**Task 2**

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

**Task 3**

Trained LHJ staff will conduct Technical assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

**Task 4**

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

**Program Manual, Handbook, Policy References**

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

**DOH Program Contact**

Mark Steward  
DOH Office of Drinking Water  
16201 E. Indiana Ave, Suite 1500  
Spokane Valley, WA 99216  
[Mark.Steward@doh.wa.gov](mailto:Mark.Steward@doh.wa.gov)  
(509) 329-2136

**DOH Fiscal Contact**

Karena McGovern  
DOH Office of Drinking Water  
243 Israel Rd SE  
Tumwater, WA 98501  
[Karena.McGovern@doh.wa.gov](mailto:Karena.McGovern@doh.wa.gov)  
(360) 236-3094

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2015-2017**

**DOH Program Name or Title:** Office of Immunization & Child Profile -  
Effective January 1, 2017

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

**Contract Number:** C17114

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2017 through December 31, 2017

**Statement of Work Purpose:** The purpose of this statement of work is to define required immunization tasks, deliverables, and funding. The period of performance for this statement of work is divided into two funding allocation periods, January through March 2017 and April through December 2017. Tasks and deliverables will be divided proportionately between the two funding periods.

**Revision Purpose:** The purpose of this revision is to add a new task and funding.

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			
FFY16 PPHF 317 Ops	93.539	333.93.53	74110267	01/01/17	03/31/17	1,805	0	1,805
FFY17 VFC Ops	93.268	333.93.26	74110273	04/01/17	12/31/17	1,150	0	1,150
FFY17 VFC Ordering	93.268	333.93.26	74110274	04/01/17	12/31/17	695	0	695
FFY17 317 Ops	93.268	333.93.26	74110271	04/01/17	12/31/17	924	0	924
FFY17 AFIX	93.268	333.93.26	74110275	04/01/17	12/31/17	3,340	0	3,340
FFY15 PPHF IIS AFIX	93.733	333.93.73	74110257	04/01/17	04/30/17	0	1,000	1,000
<b>TOTALS</b>						<b>7,914</b>	<b>1,000</b>	<b>8,914</b>

Task Number	Task/Activity/Description	*May Support PHAB 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 provider agreement for receipt of state-supplied vaccine for all healthcare providers receiving state-supplied childhood vaccines		Provider Agreements for Receipt of State Supplied Vaccine received 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*:

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p><b>January 2017 – March 2017</b> FFY16 PPHF 317 Ops - 74110267</p> <p><b>April 2017 – December 2017</b> FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>
2	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment		Provider Agreement for Receipt of State Supplied Vaccine with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted)	Within ten (10) days after the date of the provider enrollment visit	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p><b>January 2017 – March 2017</b> FFY16 PPHF 317 Ops - 74110267</p> <p><b>April 2017 – December 2017</b> FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>
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) and approve vaccine order online after assuring the appropriateness of the order.		Electronic submission of provider vaccine orders via the Washington Immunization Information System	Based on provider order schedules	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p>



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p><b>January 2017 – March 2017</b> FFY16 PPHF 317 Ops - 74110267</p> <p><b>April 2017 – December 2017</b> FFY17 VFC Ordering – 74110274</p> <p>FFY17 VFC Ops – 74110273</p> <p>FFY17 317 Ops - 74110271</p> <p>*See Restrictions on Funds below</p>
4	Monitor and assure electronic or paper submission of vaccine accountability reports for compliance with Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns).		<p>a) Monthly Vaccine Accountability Report (DOH 348-006)</p> <p>b) Inclusion in the online ordering system of doses used in the last month and inventory on hand.</p> <p>c) Storage Incidents (DOH 348-154) complete with reason and corrective action as needed.</p> <p>d) Report all cases (or suspected cases) of vaccine fraud or abuse.</p>	<p>a) By the 25th of each month</p> <p>b) Based on provider order schedules</p> <p>c) Within seven (7) days of the incident</p> <p>d) Within seven (7) days of the incident</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p><b>January 2017 – March 2017</b> FFY16 PPHF 317 Ops - 74110267</p> <p><b>April 2017 – December 2017</b> FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>



Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		Summary of LHJ Technical Assistance Form (DOH 348-257)	December 31st	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p><b>January 2017 – March 2017</b> FFY16 PPHF 317 Ops - 74110267</p> <p><b>April 2017 – December 2017</b> FFY17 VFC Ops – 74110273</p> <p>FFY17 317 Ops - 74110271</p> <p>*See Restrictions on Funds below</p>
6	<p>Conduct a total of two (2) VFC compliance site visits at enrolled provider site(s) within your jurisdiction per the following schedule:</p> <p>January 1, 2017 – September 30, 2017: two (2)</p> <p>Site visits should address all requirements outlined in the Provider Agreement, the CDC Vaccines for Children (VFC) Operations Guide, and as directed by the state administrators of the VFC program.</p> <p>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 email, phone, fax, or mail that corrective actions were completed.</p>		<p>a) VFC Site Visit Selection Planning tool (will be supplied by DOH)</p> <p>b) Enter responses from the VFC Provider Compliance Site Visit questionnaire into the VFC Provider Education, Assessment, and Reporting (VFC-PEAR) on-line system for each provider site visit. Follow all corrective action and follow-up guidance provided by VFC-PEAR for each incorrect response.</p>	<p>a) January 15th</p> <p>b) At the time of the VFC Compliance Site Visit or within five (5) business days of the site visit.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p><b>January 2017 – March 2017</b> FFY16 PPHF 317 Ops - 74110267</p> <p><b>April 2017 – December 2017</b> FFY17 AFIX - 74110275</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Documentation that all VFC Site Visit corrective actions have been completed must be available to DOH upon request.</p> <p><b>All VFC compliance site visits and the required site visit follow-ups conducted in the January – March time period must be completed by March 31st.</b></p> <p><b>All VFC compliance site visits and the required site visit follow-ups conducted in the April – September time period must be completed by September 30th.</b></p>		c) Submit copy of signed Acknowledgement of Receipt	<p>c) Within five (5) days of the visit</p> <p><b>NOTE: All VFC compliance site visits and the required site visit follow-ups conducted in the January – March time period must be completed by March 31st.</b></p> <p><b>All VFC compliance site visits and the required site visit follow-ups conducted in the April – September time period must be completed by September 30th.</b></p>	*See Restrictions on Funds below
7	<p><b>NOTE: The period of performance for this task is April 1, 2017 through December 31, 2017. Any AFIX visits conducted prior to April 1, 2017 will not be counted toward the requirements of this task.</b></p> <p>a) Conduct AFIX (Assessment, Feedback, Incentive, and Exchange) visits with two (2) provider sites in your jurisdiction between April 1, 2017 and December 31, 2017.</p> <p>Visits can be conducted in-person, by telephone, or by webinar. <b>All initial AFIX visits must be completed by December 31<sup>st</sup>.</b></p> <p>b) Conduct AFIX follow-up visits with all provider sites receiving an AFIX visit. Follow-up visits can be conducted in-person, by telephone, or by webinar. All AFIX follow-up visits must be completed six (6) months after the feedback visit.</p> <p>Continue following up with provider sites until they fully implement their selected quality improvement activities.</p>		<p>a) Enter the following data in the AFIX Online Tool:</p> <ul style="list-style-type: none"> <li>• General Site Visit Information.</li> <li>• Questionnaire responses.</li> <li>• Coverage assessment results (from CoCASA reports or SMART AFIX Tool).</li> </ul> <p>Assessments must be completed within seven (7) days of feedback visit</p> <ul style="list-style-type: none"> <li>• Feedback visit information.</li> </ul> <p>b) Enter the following data in the Exchange tab of the AFIX Online Tool for follow-up visits:</p> <ul style="list-style-type: none"> <li>• Clinic progress on implementing quality improvement strategies.</li> <li>• Follow-up coverage assessment results (from CoCASA reports).</li> </ul>	<p>a) Within five (5) days of visit. <b>All AFIX visits must be completed by December 31, 2017</b></p> <p>b) Within five (5) days of visit. <b>All follow-up visits must be completed six (6) months after the feedback visit.</b></p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p><b>April 2017 – December 2017</b> FFY17 AFIX - 74110275</p> <p>*See Restrictions on Funds below</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>a) In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <ol style="list-style-type: none"> <li>1) Identification of HBsAg-positive pregnant women, and pregnant women with unknown HBsAg status</li> <li>2) Reporting of HBsAg-positive women and their infants</li> <li>3) Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within twelve (12) hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post-vaccination serologic testing.</li> </ol> <p>b) Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within twelve (12) hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>c). Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</p>		<p>a) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System</p> <p>b) Annual Perinatal Hepatitis B Outreach Summary (DOH 348 268)</p>	<p>a) By the last day of each month</p> <p>b) December 15th</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p><b>January 2017 – March 2017</b> FFY16 PPHF 317 Ops - 74110267</p> <p><b>April 2017 – December 2017</b> FFY17 317 Ops - 74110271</p> <p>*See Restrictions on Funds below</p>
9	<p><i>Attend in-person Enhanced AFIX training in April 2017.</i></p> <p><i>NOTE: This funding is only provided to offset salary costs for one (1) staff attending this required training. All travel, accommodations, and per-diem costs will be paid for separately by the Department of Health.</i></p>		<p><i>a) Submit evaluation form at the conclusion of in-person training</i></p>	<p><i>Within three (3) business days after training</i></p>	<p><i>Reimbursement for actual costs incurred, not to exceed total funding consideration amount</i></p> <p><i>Funding available for this task:</i> <i>FFY15 PPHF IIS AFIX MI - 74110257</i></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 Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

**Program Specific Requirements/Narrative**

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC and 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.
- All 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. DOH will determine the Observational visit.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

**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 [USASpending.gov](http://USASpending.gov) by DOH as required by P.L. 109-282.

**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.

VFC Operations Guide - A copy will be provided by the Office of Immunization and Child Profile. (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

**Staffing Requirements**

Provide notification via email to [oicpcontracts@doh.wa.gov](mailto:oicpcontracts@doh.wa.gov) within fifteen (15) days of any changes to staffing for those who conduct work outlined in this statement of work.

**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 is posted on the DOH Consolidated Contract website at this [link](#). In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY17 317 Ops funding may be used for any activity in this statement of work conducted between April 1, 2017 and December 1, 2017, per funding availability and period of performance.

These federal funds may not be used for expenses related to travel or attendance at any CDC-sponsored conference, training, or event without prior written approval from the DOH Office of Immunization and Child Profile.

**DOH Program Contact**

Tawney Harper, MPA  
Budget and Operations Manager  
Office of Immunization and Child Profile  
Department of Health  
PO Box 47843, Olympia WA 98504-7843  
[tawney.harper@doh.wa.gov](mailto:tawney.harper@doh.wa.gov), 360-236-3525

Deliverables may be sent electronically via email at [oicpcontracts@doh.wa.gov](mailto:oicpcontracts@doh.wa.gov),  
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

**DOH Fiscal Contact**

Sonja Morris  
Contracts and Budget Coordinator  
Office of Immunization and Child Profile  
PO Box 47843, Olympia WA 98504-7843  
[Sonja.morris@doh.wa.gov](mailto:Sonja.morris@doh.wa.gov), 360-236-3545

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2015-2017**

**DOH Program Name or Title:** Office of Immunization & Child Profile - Diamond Project - Effective January 1, 2017

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

**Contract Number:** C17114

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

**Period of Performance:** January 1, 2017 through March 31, 2017

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 identify tasks, deliverables, and funding related to the DOH/LHJ Engagement Process (Diamond Project).

**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
FFY16 AFIX	93.268	333.93.26	74110265	01/01/17	03/31/17	0	1,100	1,100
<b>TOTALS</b>						<b>0</b>	<b>1,100</b>	<b>1,100</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in conference calls, webinars, and in-person meeting(s) conducted by OICP related to the DOH/LHJ Engagement Process (Diamond Project).		Submit evaluation form at the conclusion of March in-person training	Within three (3) business days after the training	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.  Funds available for this task:  FFY16 AFIX MI 74110265

**\*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 Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>



**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 [USASpending.gov](http://USASpending.gov) by DOH as required by P.L. 109-282.

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

Funds may be spent only for the activities and personnel costs that are directly related to the Diamond Project. Funding requests not directly related to this project are outside of this agreement and will not be funded.

These federal funds may not be used for the purchase of food.

These federal funds may not be used for expenses related to travel or attendance at any Centers for Disease Control and Prevention (CDC)-sponsored conference, training, or event without prior written approval from the DOH Office of Immunization and Child Profile (OICP).

**Other**

Deliverables may be sent electronically via email to [oicpcontracts@doh.wa.gov](mailto:oicpcontracts@doh.wa.gov), by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

**DOH Program Contact**

Tawney Harper, MPA  
Budget and Operations Manager  
Office of Immunization and Child Profile  
Department of Health  
PO Box 47843, Olympia WA 98504-7843  
360-236-3525 / [Tawney.Harper@doh.wa.gov](mailto:Tawney.Harper@doh.wa.gov)

**DOH Fiscal Contact**

Vanessa Mojica  
Special Projects Coordinator  
Office of Immunization and Child Profile  
Department of Health  
PO Box 47843, Olympia WA 98504-7843  
360-236-3802 / [Vanessa.Mojica@doh.wa.gov](mailto:Vanessa.Mojica@doh.wa.gov)

**EXHIBIT B-11  
ALLOCATIONS  
Contract Term: 2015-2017**

**Contract Number: C17114  
Date: March 15, 2017**

Indirect Rate as of January 2015: 40.25%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	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			
FFY17 DSHS SNAP-Ed IAR	1717WAWA5Q390	Amend 8	10.561	333.10.56	10/01/16	09/30/17	10/01/16	09/30/17	\$14,996	\$14,996	\$14,996
FFY14 EPR LHJ Funding	U90TP000559	Amend 2	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$528	\$23,574	\$23,574
FFY14 EPR LHJ Funding	U90TP000559	N/A	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$23,046		
FFY16 EPR PHEP BP5 LHJ Funding	U90TP000559	Amend 8	93.069	333.93.06	07/01/16	06/30/17	07/01/16	06/30/17	\$50,000	\$50,000	\$105,000
FFY15 EPR PHEP BP4 LHJ Funding	U90TP000559	Amend 4	93.069	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	\$5,000	\$55,000	
FFY15 EPR PHEP BP4 LHJ Funding	U90TP000559	Amend 3	93.069	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	\$50,000		
FFY15 EPR PHEP BP4 Oper Readiness	U90TP000559	Amend 6	93.069	333.93.06	07/01/15	06/30/16	07/01/15	06/30/16	\$7,704	\$7,704	\$7,704
FFY14 EPR Planning & Exercises	U90TP000559	Amend 1	93.069	333.93.06	01/01/15	06/30/15	07/01/14	06/30/15	\$24,078	\$24,078	\$24,078
FFY17 317 Ops	5NH23IP000762-05-00	Amend 10	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$924	\$924	\$3,609
FFY16 317 Ops	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$1,232	\$1,232	
FFY15 317 Ops	H23IP000762	Amend 1	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$193	\$1,453	
FFY15 317 Ops	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$1,260		
FFY17 AFIX	5NH23IP000762-05-00	Amend 10	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$3,340	\$3,340	\$13,746
FFY16 AFIX	H23IP000762	Amend 11	93.268	333.93.26	01/01/17	03/31/17	01/01/16	03/31/17	\$1,100	\$1,100	
FFY16 AFIX	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$4,293	\$4,293	
FFY15 AFIX	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$5,013	\$5,013	
FFY17 VFC Ops	5NH23IP000762-05-00	Amend 10	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$1,150	\$1,150	\$3,487
FFY16 VFC Ops	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$828	\$828	
FFY15 VFC Ops	H23IP000762	Amend 1	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$380	\$1,509	
FFY15 VFC Ops	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$1,129		
FFY17 VFC Ordering	5NH23IP000762-05-00	Amend 10	93.268	333.93.26	04/01/17	12/31/17	04/01/17	06/30/18	\$695	\$695	\$3,249
FFY16 VFC Ordering	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	\$1,400	\$1,400	
FFY15 VFC Ordering	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	\$1,154	\$1,154	
FFY16 PPHF 317 Ops	NH23IP000762-04-05	Amend 10	93.539	333.93.53	01/01/17	03/31/17	01/01/16	03/31/17	\$1,805	\$1,805	\$1,805
FFY14 Enhance IIS and VTrckS	H23IP000922	Amend 5	93.733	333.93.73	12/01/15	08/31/16	09/30/14	09/29/16	\$1,087	\$1,087	\$1,087
FFY15 PPHF IIS AFIX	NH23IP001032-01-01	Amend 11	93.733	333.93.73	04/01/17	04/30/17	09/30/15	09/29/17	\$1,000	\$1,000	\$1,000

Kittitas County Public Health Department

EXHIBIT B-11  
ALLOCATIONS  
Contract Term: 2015-2017

Contract Number: C17114  
Date: March 15, 2017

Indirect Rate as of January 2015: 40.25%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	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			
FFY15 MCHBG CBP ConCon	B04MC28134	Amend 3	93.994	333.93.99	01/01/15	09/30/15	10/01/14	09/30/15	\$1,723	\$34,870	\$34,870
FFY15 MCHBG CBP ConCon	B04MC28134	N/A	93.994	333.93.99	01/01/15	09/30/15	10/01/14	09/30/15	\$33,147		
FFY17 MCHBG LHJ & Other Contracts	17B04MC30649	Amend 8	93.994	333.93.99	10/01/16	09/30/17	10/01/16	09/30/17	\$44,196	\$44,196	\$88,392
FFY16 MCHBG LHJ & Other Contracts	B04MC29364	Amend 3	93.994	333.93.99	10/01/15	09/30/16	10/01/15	09/30/16	\$44,196	\$44,196	
Drinking Water Group B		Amend 10	N/A	334.04.90	07/01/17	12/31/17	07/01/17	12/31/17	\$5,000	\$5,000	\$10,000
Drinking Water Group B		Amend 10	N/A	334.04.90	01/01/17	06/30/17	01/01/17	06/30/17	\$5,000	\$5,000	
Drinking Water Group A - SS		Amend 10	N/A	346.26.64	01/01/15	12/31/17	01/01/15	12/31/17	\$2,800	\$9,400	\$9,400
Drinking Water Group A - SS		Amend 9, 10	N/A	346.26.64	01/01/15	12/31/17	01/01/15	12/31/17	\$1,600		
Drinking Water Group A - SS		Amend 6, 10	N/A	346.26.64	01/01/15	12/31/17	01/01/15	12/31/17	\$2,200		
Drinking Water Group A - SS		N/A, Amd 6, 10	N/A	346.26.64	01/01/15	12/31/17	01/01/15	12/31/17	\$2,800		
Drinking Water Group A - SS State		Amend 10	N/A	346.26.65	01/01/15	12/31/17	01/01/15	12/31/17	\$2,800	\$9,400	\$9,400
Drinking Water Group A - SS State		Amend 9, 10	N/A	346.26.65	01/01/15	12/31/17	01/01/15	12/31/17	\$1,600		
Drinking Water Group A - SS State		Amend 6, 10	N/A	346.26.65	01/01/15	12/31/17	01/01/15	12/31/17	\$2,200		
Drinking Water Group A - SS State		N/A, Amd 6, 10	N/A	346.26.65	01/01/15	12/31/17	01/01/15	12/31/17	\$2,800		
Drinking Water Group A - TA		Amend 11	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	(\$2,400)	\$3,000	\$3,000
Drinking Water Group A - TA		Amend 10	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	\$2,000		
Drinking Water Group A - TA		Amend 9, 10	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	(\$1,600)		
Drinking Water Group A - TA		Amend 6, 10	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	\$1,000		
Drinking Water Group A - TA		N/A, Amd 6, 10	N/A	346.26.66	01/01/15	12/31/17	01/01/15	12/31/17	\$4,000		
<b>TOTAL</b>									<b>\$358,397</b>	<b>\$358,397</b>	
<b>Total consideration:</b>	<b>\$358,697</b>									<b>GRAND TOTAL</b>	<b>\$358,397</b>
	<b>(\$300)</b>										
<b>GRAND TOTAL</b>	<b>\$358,397</b>									<b>Total Fed</b>	<b>\$326,597</b>
										<b>Total State</b>	<b>\$31,800</b>

\*Catalog of Federal Domestic Assistance

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

# Exhibit C-9 Schedule of Federal Awards

AMENDMENT #11

Date: March 15, 2017

KITTITAS COUNTY HEALTH DEPT-SWV0010475-07  
CONTRACT C17114-Kittitas County Public Health Department  
CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 DSHS SNAP-ED IAR	333.10.56	09/30/16	\$5,739,856	10/01/16	09/30/17	\$14,996	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	Supplemental Nutrition Assistance Program Education (SNAP-Ed)
FFY16 EPR PHEP BP5 LHJ FUNDING	333.93.06	06/23/16	\$10,222,879	07/01/16	06/30/17	\$50,000	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP BP4 OPER READINESS	333.93.06	06/30/14	\$11,064,407	07/01/15	06/30/16	\$7,704	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP BP4 LHJ FUNDING	333.93.06	06/26/15	\$12,132,694	07/01/15	06/30/16	\$55,000	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR PLANNING & EXERCISES	333.93.06	06/30/14	\$12,663,227	01/01/15	06/30/15	\$24,078	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR LHJ FUNDING	333.93.06	06/30/14	\$12,663,227	01/01/15	06/30/15	\$23,574	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY17 VFC ORDERING	333.93.26	03/03/17	\$103,974	04/01/17	12/31/17	\$695	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	04/01/17	12/31/17	\$1,150	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	04/01/17	12/31/17	\$3,340	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	04/01/17	12/31/17	\$924	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 VFC ORDERING	333.93.26	01/19/16	\$3,991,784	01/01/16	12/31/16	\$1,400	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 VFC OPS	333.93.26	01/19/16	\$3,991,784	01/01/16	12/31/16	\$828	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 AFIX	333.93.26	01/19/16	\$3,991,784	01/01/16	03/31/17	\$5,393	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 317 OPS	333.93.26	01/19/16	\$3,991,784	01/01/16	12/31/16	\$1,232	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 VFC ORDERING	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$1,154	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM

# Exhibit C-9 Schedule of Federal Awards

AMENDMENT #11

Date: March 15, 2017

KITTITAS COUNTY HEALTH DEPT-SWV0010475-07  
CONTRACT C17114-Kittitas County Public Health Department  
CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY15 VFC OPS	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$1,509	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 AFX	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$5,013	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY15 317 OPS	333.93.26	12/17/14	\$3,437,046	01/01/15	12/31/15	\$1,453	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 PPHF 317 OPS	333.93.53	09/08/16	\$4,009,643	01/01/17	03/31/17	\$1,805	93.539	PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762-04-05	PPHF 2017: IMMUNIZATION GRANTS-IMMUNIZATION & VACCINES FOR CHILDREN PROGRAM-FINANCED IN PART BY 2017 PREVENTION & PUBLIC
FFY15 PPHF IIS AFX	333.93.73	09/30/15	\$362,768	04/01/17	04/30/17	\$1,000	93.733	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure & Performance - Financed in part	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP001032-01-01	PPHF 2015: UTILIZATION OF IIS FOR AFX ASSESSMENTS
FFY14 ENHANCE IIS AND VTRCKS	333.93.73	09/16/14	\$700,000	12/01/15	08/31/16	\$1,087	93.733	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure & Performance - Financed in part	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000922	PPHF 2014: IMMUNIZATION ENHANCE AN IMMUNIZATION INFORMATION SYSTEM (IIS) TO INTERFACE WITH CDC'S VTRCKS VACCINE ORDERING
FFY17 MCHBG LHJ & OTHER CONTRACTS	333.93.99	10/31/16	\$1,697,083	10/01/16	09/30/17	\$44,196	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	17B04MC30649	FFY17 MATERNAL AND CHILD HEALTH SERVICES
FFY16 MCHBG LHJ & OTHER CONTRACTS	333.93.99	10/22/15	\$1,739,609	10/01/15	09/30/16	\$44,196	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC29364	MATERNAL AND CHILD HEALTH SERVICES
FFY15 MCHBG CBP CONCON	333.93.99	10/21/14	\$8,846,149	01/01/15	09/30/15	\$34,870	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC28134	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$326,597					



Kittitas County  
Review Form  
Grants & Contract Agreement



Today's Date May 9, 2017	Agenda Date 6/5/2017
Fund/Department 116-Public Health	

**Contract/Grant Information**

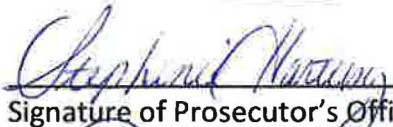
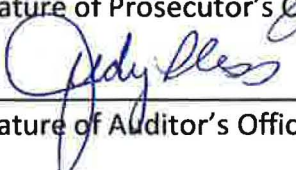
Contract /Grant Agency: Consolidated Contract Amendment 11	
Period Begin Date: <u>January 1, 2015</u>	Period End Date: <u>December 31, 2017</u>
Total Grant/Contract Amount: Decrease of \$300.00 for a revised maximum consideration of \$358,397.00	
Grant/Contract Number: C17114	
Contract/Grant Summary: The Consolidated Contract Amendment 11 is Amended to add a statement of work for the Office of Immunization and Child Profile Diamond Project. It also amends statements of work for the Office of Drinking Water Group A Program and Office of Immunization Child Profile. The Amendment Exhibit B-11 Allocations is decreased by \$300.00 for a new maximum consideration of \$358,397.00.	

**Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_**

Department Head Signature: _____, Administrator      Date: _____
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**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**

APPROVED AS TO FORM:

	<u>5-24-17</u>	
Signature of Prosecutor's Office	Date	
	<u>5/31/17</u>	
Signature of Auditor's Office	Date	
_____ Signature of Board of Health member	_____ Date	

**Financial Information**

Total Amount \$2100.00 (inc)	State Funds \$	Federal Funds \$2100.00 (inc)
Percentage County Funds	Matching Funds \$	CFDA#93.733, 93.268



	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 checked="" type="checkbox"/> Why not
New Division Created?		No increase in expenditures, offset
Revenue Code 116-612.32.15.333.93.733 - \$1000 116-612.32.11.333.93.268 - \$1100		

### 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

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
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