

# KITTITAS COUNTY HEALTH NETWORK

## Planning Grant 2017-2018

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LETTER OF AGREEMENT  
Between  
Kittitas County Health Network  
And Kittitas County Public Health Department  
For Services under the HRSA Planning Grant  
July 1, 2017

Thank you for agreeing to provide Services to the Kittitas County Health Network. This letter summarizes the deliverables required and to be compensated for in the HRSA Planning Grant budget which runs from July 1, 2017 to May 31, 2018.

### Definitions

The following definitions are key terms that will be used in this document and throughout the project in question:

Project	Community Health Assessment & Community Health Improvement Plan
Contractor	Kittitas County Public Health Department (KCPHD)
Grant	HRSA Rural Health Network Development Planning Grant P10RH31087

Qualified KCPHD staff will be assigned to carry out the Services of this project. Robin Read, Administrator, Kittitas County Public Health Department, will be the primary contact for the project.

HopeSource, as the Backbone organization appointed by the KCHN for the Planning Grant will solicit approval of the satisfactory completion of this agreement through discussions with the Leadership Council and final approval by the Steering Committee.

### Project Scope of Work

KCPHD will facilitate the Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) Workgroup in conducting the health assessment and improvement plan; will engage community members and local partners in work groups and task forces; use the Mobilizing for Action through Planning and Partnerships (MAPP) model for the process; and will consult with the Kittitas County Health Network to provide the following Services:

1. Engage community and local public health system partners in a CHA/CHIP Workgroup throughout the MAPP process
2. Hold monthly CHA/CHIP Workgroup meetings, creating task forces for specific components of the project as needed
3. Report project progress to the KCHN Steering Committee and Leadership Council
4. Facilitate implementation of the MAPP frame work through the CHA/CHIP Workgroup:
  - a. Establish a community health improvement vision
  - b. Conduct community themes and strengths assessment
  - c. Conduct local public health system assessment
  - d. Conduct forces of change assessment
  - e. Conduct community health status assessment
  - f. Identify strategic issues and priorities

- g. Formulate goals, strategies and action plans
- h. Update CHA and CHIP periodically as determined by KCHN

Letter of Agreement: Kittitas County Public Health Department/Kittitas County Health Network

Deliverables to be completed by May 31, 2018:

- 5. Complete and distribute a community health profile
- 6. Complete and distribute a community health improvement plan
- 7. Create and implement a communications plan for project
- 8. Monitor implementation of community health improvement plan

#### Schedule

The services described above in this agreement will commence in July 1, 2017, and be satisfactorily completed on or before May 31, 2018. Total hours of work required and any costs incurred to complete the project are the responsibility of the Contractor, and no costs will be compensated outside of those included in the Planning Grant budget unless by prior written approval of the KCHN Steering Committee.

#### Proprietary Rights

All materials produced as a result of this Agreement are to be public domain.

#### Fees and Payment

In consideration for satisfactory performance of these Services, HopeSource, as Backbone organization for the Kittitas County Health Network Planning Grant agrees to pay the Contractor five thousand dollars (\$5000.00) between July 1, 2017 and May 31, 2018. An invoice for services may be submitted by the 25<sup>th</sup> of each month as work progresses, but not less than once every three months, through May 31, 2018.

#### Termination

The Kittitas County Health Network reserves the right to terminate this Agreement at any time upon ten (10) days written notice to Kittitas County Public Health Department.

For the Kittitas County Public Health Department

Signature: 

Printed Name: Robin H. Read

Date: 10/3/17

For HopeSource, the Backbone organization for the Kittitas County Health Network Planning Grant

Signature: 

Printed Name: Emma

Date: 10/3/17

**Kittitas County  
Review Form  
Grants & Contract Agreement**



# 40578

Today's Date 09/19/2017	Agenda Date 10/3/17
Fund/Department 116-Public Health	

**Contract/Grant Information**

Contract /Grant Agency: Kittitas County Health Network Letter of Agreement	
Period Begin Date: July 1, 2017	Period End Date: May 31, 2018
Total Grant/Contract Amount: \$5000.00	
Grant/Contract Number:	
Contract/Grant Summary: The letter summarizes the deliverable required and to be compensated for the in the HRSA Planning Grant.	

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

Department Head Signature:  Administrator	Date: 10/3/17
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**Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:**

APPROVED AS TO FORM:

Signature of Prosecutor's Office	Date
Signature of Auditor's Office	Date
Signature of Board of Health member	Date

**Financial Information**

Total Amount \$5,000	State Funds \$	Federal Funds \$5,000
Percentage County Funds	Matching Funds \$	CFDA# 93.912
	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?		Not an increase in bottom line
Revenue Code 116-611.81.2.333.93.912 - \$5000.00		

### 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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