

Kittitas County
Review Form
Grants & Contract Agreement



Today's Date 3/21/2013	Agenda Date 4/2/2013
Fund/Department Public Health	

Contract/Grant Information

Contract /Grant Agency: Department of Social and Health Services (DSHS)	
Period Begin Date: 4/22/2013	Period End Date: 8/31/2013
Total Grant/Contract Amount: \$1,852.21	
Grant/Contract Number: 1363-72391	
Contract/Grant Summary: This Participation Agreement lays out the obligations, reporting requirements, and monitoring requirements for KCPHD to receive a grant to purchase a computer and scanner. The email awarding the grant is attached. The equipment will be used for the duration of the agreement to assist clients in applying online for the Children's Health Insurance Program using the DSHS Washington Connect website. After the agreement ends, the equipment remains the property of KCPHD. Also refer to DSHS Datashare Agreement #1392-72387.	


Recommendation for Board of Health and Board of Health Review on 4/18/2013

Department Head Signature: _____, Administrator Date: _____

Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

 3/25/13
Signature of Prosecutor's Office Date

 3/20/13
Signature of Auditor's Office Date

Signature of Board of Health member Date

Financial Information

Total Amount \$ 1,852.21	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$0.00	CFDA #

	In-Kind \$0.00 Explain
Is Equipment being purchased? Yes	Who owns equipment? KCPHD
New Personnel being hired? No	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? No		
Revenue Code		

Pass Through Information

Agency to Pass Through	n/a
Amount to Pass Through	\$0.00
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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Liz Whitaker

From: Richardson, Lynette (DSHS) [RichaLA@dshs.wa.gov]
Sent: Tuesday, January 08, 2013 9:16 AM
To: Liz Whitaker
Cc: Richardson, Lynette (DSHS)
Subject: CHIPRA Technology Grant



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
COMMUNITY SERVICES DIVISION
Economic Services Administration
Post Office Box 45440 Olympia WA 98504-5440

RE: CHIPRA Grant Application submitted January 7, 2012

Congratulations, **Kittitas County Health Department*, your application has been reviewed and selected to receive the CHIPRA Grant awarding **\$1,852.21** to purchase equipment for participating in this project!

Next Steps:

- Register to become a Washington Connection Community Partner Assisting Agency by completing the [Washington Connection Community Partnership Online Registration](#). Refer to 'Steps to Becoming a Registered Partner' for additional details (attached).
- Complete Required Forms upon receipt
 - Contractor Intake Form
 - Non-Disclosure Form
 - Washington Connection Data Share Agreement
 - W-9 Washington Statewide Payee Registration(Send to Office of Financial Management and notify me when you receive your Statewide Vendor Number)

Once the above steps are completed, the equipment as defined in your application may be ordered. Arrangements will be made for an on-site visit upon receipt of the equipment. During the on-site visit the following will occur:

- Confirm receipt of requested equipment
- Gather original purchase receipts
- Secure signature on DSHS A-19 for reimbursement to begin
- Meet staff assigned to this project
- Receive copies of signed Non-Disclosure Form
- Receive signed CHIPRA Project Participation Agreement
- Deliver training on Washington Connection and provide background for the project
- Deliver marketing materials

I am excited to work with your organization this coming year and will facilitate the above identified next steps. Please contact me with any questions or concerns.

Lynette Richardson

CHIPRA Grant Project Coordinator

Department of Social and Health Services | Community Services Division
(360)725-4890 | Blackberry (360)584-2915 | RichaLA@dshs.wa.gov

Department of Social and Health Services (DSHS)
CHIPRA II Grant - Scanning Verification Documents
Participation Agreement – Assisting Agency
Kittitas County dba Kittitas Health Department

This Participation Agreement acknowledges the intention of DSHS and the partner listed below to increase access to DSHS services by providing a location to submit an on-line application for CHIP assistance and other public assistance benefits using a computer workstation funded by DSHS, with the intention to sustain the workstation after the life of the grant.

This agreement is intended to provide clarity regarding expectations.

This Participation Agreement is between:

DSHS, Community Services Division (CSD)
Attention: Lynette Richardson, email address, RichaLA@dshs.wa.gov
712 Pear St. SE
Olympia, WA 98504
Phone: 360-725-4890
Fax: 360-725-4904

And:

Kittitas County Health Department
Attention: Mark Larson
Email address: Scfiz.whitaker@co.kittitas.wa.us
507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
Phone: 509-962-7515
FAX: 509-962-7581

ROLES AND RESPONSIBILITIES:

1. Contractor Obligations

- a. Have computer and scanner installed and operational by their scheduled site visit. Site visit will be conducted within 60 days after participation agreement award (date to be scheduled by DSHS), as detailed in Section 3 below.

- b. Provide semi-private location where Partnering Agency staff can assist applicants in completing and submitting the DSHS on-line application for CHIP and upload verification documents.
- c. Have staff who assist applicants with the application process sign a DSHS Contractor Nondisclosure of Confidential Information form to ensure they will not use, publish, transfer, sell or otherwise disclose any confidential information gained by reason of this agreement for any purpose. Partnering Agency is required to keep these signed forms on file for one year beyond the duration of this agreement
- d. Maintain working order of the equipment
- e. Ensure equipment is available, during peak business hours, to provide client assistance for CHIP applications as defined in the Partnering Agency's Statement of Work.
- f. Provide adequate internet service and electrical power connectivity for semi-private workstation (which includes a computer and scanner).
- g. Allow DSHS and/or Federal representative(s) periodic, on-site visits.
- h. Register to become a Washington Connection Assisting Agency
- i. Register for Secure Access Washington (SAW) accounts through DSHS Washington Connection
- j. Track submittals by logging into Washington Connection Contractor Assisting Staff's SAW account for each submittal. Provide a monthly Account Summary Report as detailed in Section 2 below.
- k. If for any reason you are unable to meet the obligations set forth in this participation agreement, notify project coordinator immediately who will determine if the agreement is in default. Default may result in reimbursement to DSHS for equipment funds.
- l. Inform applicants they are applying for CHIP from DSHS so the applicant can make an informed decision about receiving benefits.

2. Reporting Requirements

The Partnering Agency will provide monthly Account Summary reports for submitted applications, eligibility reviews, change of circumstance, and/or count of uploaded documents.

3. Monitoring Requirements

The Partnering Agency will be available for a site visit conducted within 60 days of participation agreement award (date to be scheduled) and thereafter by DSHS Project Coordinator. The site visit will include: training on Washington Connection, contractor pages, reporting requirements, and delivery of marketing materials

4. DSHS will:

- a. Complete site visit to ensure partnering agency has received the approved computer equipment to equip workstation(s)
- b. Collect receipts and signatures to authorize reimbursement, and promptly reimburse Partnering Agency for purchased equipment
- c. Review Non-Disclosure Agreements for signatures
- d. Provide training to Partnering Agency staff that will assist applicants in the application process
- e. Have the Project Coordinator respond to inquiries and/or issues received from the Partnering Agency regarding this project
- f. Inform the Partnering Agency of any changes to the on-line application or changes in service delivery that may impact this agreement

This Participation Agreement is entered into between the Partnering Agency referenced above and DSHS Community Services Division beginning April 22, 2013 and ending August 31, 2013.

APPROVED:

Partnering Agency

Signature:

Printed Name:

Phone Number: _____

Email: _____

Date: _____

APPROVED:

DSHS/CSD Contracts Officer

Signature:

Printed Name: Ramona Bushnell

Phone Number: 360-725-4531

Email: BushnRR@dshs.wa.gov

Date: _____

For DSHS use only:

	Monitor	Keyboard	CPU	Scanner	Laptop	Air Card
Quantity Purchased						
Installed						
Reimbursement Requested						