Kittitas County
Review Form
Grants & Contract Agreement

Today's Date 04/22/2013		Agenda Date
Fund/Department 116-Public Health		

Contract/Grant Information

Contract /Grant Agency: Consolidated Contract Amendment # 8		
Period Begin Date: January 2012		Period End Date: December 2014
Total Grant/Contract Amount: $439,792.00		
Grant/Contract Number: C16889		

Contract/Grant Summary:

The Consolidated Contract Amendment #8 Amends Statements of Work for the following programs:

- Office of Drinking Water Group A Program – Effective January 1, 2012W

Exhibit B-8 Allocations:

- No change in the maximum consideration of $439,792.00.

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

Department Head Signature: _____, Administrator Date:_____

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 $	State Funds $	Federal Funds $
Percentage County Funds	Matching Funds $N/A	CFDA#'s:
	In-Kind $ Explain	
Is Equipment being purchased? No	Who owns equipment? n/a	
New Personnel being hired?	Contact HR hiring – reporting requirements	
Future impacts or liability to Kittitas County: The amendment to our Consolidated Contract with the Washington State Department of Health does not changed the maximum consideration.		

Budget Information

Budget Amendment Needed?	Yes ☐	No ☒ Why not No financial changes from the previous amendment 7.
New Division Created? No		
Revenue Codes:		

Pass Through Information

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

Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes ☐ No ☐

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

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2012 – 2014 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C16889 **AMENDMENT NUMBER: 8**

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:

   ☒ Amends Statements of Work for the following programs:

   - Office of Drinking Water Group A Program - Effective January 1, 2012

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-8 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-7 Allocations as follows:

   ☐ Increase of _____ for a revised maximum consideration of _____.

   ☐ Decrease of _____ for a revised maximum consideration of _____.

   ☒ No change in the maximum consideration of **$439,792**.
   Exhibit B Allocations are attached only for informational purposes.

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

_____
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

_____
Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2012-2014 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2012 3

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)** 5

Funding Source	Federal Compliance (if applicable)	Type of Payment
☒ Federal Vendor	☐ ARRA (Recovery Act)	☐ Reimbursement
☒ State	☐ FFATA (Transparency Act)	☒ Fixed Price
☐ 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 change the BARS Revenue Codes to reflect the nature of this statement of work as a vendor agreement rather than a grant.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change None	Total Consideration
Drinking Water Group A - SS	66.468	333.66.48	2421921C	01/01/12	06/30/13	3,250	-3,250	0
Drinking Water Group A - TA	66.468	333.66.48	2421921D	01/01/12	06/30/13	1,000	-1,000	0
Drinking Water Group A – SS State	N/A	334.04.98	2421252C	01/01/12	06/30/13	3,250	-3,250	0
Drinking Water Group A - SS	66.468	333.66.48	2421921C	07/01/13	12/31/13	1,250	-1,250	0
Drinking Water Group A - TA	66.468	333.66.48	2421921D	07/01/13	12/31/13	1,000	-1,000	0
Drinking Water Group A – SS State	N/A	334.04.98	2421252C	07/01/13	12/31/13	1,250	-1,250	0
Drinking Water Group A - SS	N/A	346.26.64	2421921C	01/01/12	06/30/13	0	3,250	3,250
Drinking Water Group A – SS State	N/A	346.26.65	2421252C	01/01/12	06/30/13	0	3,250	3,250
Drinking Water Group A - TA	N/A	346.26.66	2421921D	01/01/12	06/30/13	0	1,000	1,000
Drinking Water Group A - SS	N/A	346.26.64	2421921C	07/01/13	12/31/13	0	1,250	1,250
Drinking Water Group A – SS State	N/A	346.26.65	2421252C	07/01/13	12/31/13	0	1,250	1,250
Drinking Water Group A - TA	N/A	346.26.66	2421921D	07/01/13	12/31/13	0	1,000	1,000
TOTALS						**11,000**	**0**	**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.		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.	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**

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	See Special Instructions for task activity.		c. Updated Water Facilities Inventory (WFI). d. Photos of water system. e. Any other supporting documents. 2. Provide DOH Regional Office with quarterly reports documenting deliverables. Reports shall include: a. List of sanitary surveys conducted during the quarter. b. List of uncooperative systems. c. 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	**receipt and acceptance of inspection reports and submittal of quarterly reports documenting deliverables.**
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.		1. Provide inspection reports to DOH Regional Office where the water system is located. Reports shall include: a. Summary of assistance provided, overall findings and recommendations. b. Any supporting documents and photos. c. 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: a. List summarizing technical assistance provided during the	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	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
	See Special Instructions for task activity.		quarter. b. Water system identified by name, PWS ID#, county, and date surveyed.	July 1 – Sept 30 Oct 1 – Dec 31	
3	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: • 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	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

***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 **$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

Kittitas County Public Health Department

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2012-2014

Contract Number: C16889
Date: March 15, 2013

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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 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 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 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
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
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

Kittitas County Public Health Department

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2012-2014

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

Chart of Accounts Program Title	Amendment	CFDA*	BARS Revenue Code*	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
Drinking Water Group A - SS	N/A	N/A	346.26.64	01/01/12	12/31/12	07/01/11	06/30/13	$3,500		
Drinking Water Group A - SS	Amend 1	N/A	346.26.64	01/01/12	12/31/12	07/01/11	06/30/13	($3,250)		
Drinking Water Group A - SS	Amend 2	N/A	346.26.64	01/01/12	06/30/13	07/01/11	06/30/13	$2,000		
Drinking Water Group A - SS	Amend 6	N/A	346.26.64	01/01/12	06/30/13	07/01/11	06/30/13	$1,000	$3,250	
Drinking Water Group A - SS	Amend 6	N/A	346.26.64	07/01/13	12/31/13	07/01/13	12/31/13	$1,250	$1,250	$4,500
Drinking Water Group A - SS State	N/A	N/A	346.26.65	01/01/12	06/30/13	07/01/11	06/30/13	$3,500		
Drinking Water Group A - SS State	Amend 1	N/A	346.26.65	01/01/12	06/30/13	07/01/11	06/30/13	($3,250)		
Drinking Water Group A - SS State	Amend 2	N/A	346.26.65	01/01/12	06/30/13	07/01/11	06/30/13	$2,000		
Drinking Water Group A - SS State	Amend 6	N/A	346.26.65	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	346.26.65	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	N/A	346.26.66	01/01/12	06/30/13	07/01/11	06/30/13	$2,000		
Drinking Water Group A - TA	Amend 6	N/A	346.26.66	01/01/12	06/30/13	07/01/11	06/30/13	$1,000		
Drinking Water Group A - TA	Amend 7	N/A	346.26.66	01/01/12	06/30/13	07/01/11	06/30/13	($2,000)	$1,000	
Drinking Water Group A - TA	Amend 6	N/A	346.26.66	07/01/13	12/31/13	07/01/13	12/31/13	$1,000	$1,000	$2,000
TOTAL								**$439,792**	**$439,792**	

Total consideration:	**$439,792**	**GRAND TOTAL**	**$439,792**
	$0		
GRAND TOTAL	**$439,792**	**Total Fed**	**$206,597**
		Total State	**$233,195**

*Catalog of Federal Domestic Assistance
**Federal revenue codes begin with "333". State revenue codes begin with "334".