Kittitas County
Review Form
Grants & Contract Agreement

#35711

Today's Date 01/17/2017		Agenda Date
Fund/Department 116-Public Health		

Contract/Grant Information

Contract /Grant Agency: Consolidated Contract Amendment #10		
Period Begin Date: January 1, 2015		Period End Date: December 31,2017
Total Grant/Contract Amount: Increase of $25,514 for a new revised maximum consideration of $358,697		
Grant/Contract Number: C17114		

Contract/Grant Summary:

The Consolidated Contract Amendment 10 amends the following :

Adds statements of Work for the following programs:

- Office of Drinking Water Group B Program- Effective January 1, 2017
- Office of Immunization and Child Profile- Effective January 1, 2017

Amends Statements of Work for the following programs:

- Maternal and Child Health Block Grant-Effective January 1, 2015
- Office of Drinking Water Group A Program- Effective January 1, 2015

Exhibit B-10 Allocations, Attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:

- Increase of $25,514 for a revised maximum consideration of $358,697

Exhibit C-8 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-7

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 $25,514.00	State Funds $17,600	Federal Funds $7,914
Percentage County Funds	Matching Funds $	CFDA#93.539 & 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? New Division Created?	Yes ☐ attach budget form	No ☒ Why not Included in 2017 budget
Revenue Code 116-615.02.2.346.26.64 - $2,800 116.615.02.2.346.26.65 - $2,800 116-615.02.2.346.26.66 - $2,000 116-615.02.3.334.04.90 - $10,000 116-612.32.12.333.93.539 - $1,805 116-612.32.13.333.93.268 - $1,150 116-612.32.14.333.93.268 - $695 116-612.32.12.333.93.268 - $924 116-612.32.11.333.93.268 - $3,340		

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
2015 – 2017 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C17114 **AMENDMENT NUMBER: 10**

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 Drinking Water Group B Program - Effective January 1, 2017
   - Office of Immunization & Child Profile - Effective January 1, 2017

   ☒ Amends Statements of Work for the following programs:

   - Maternal & Child Health Block Grant - Effective January 1, 2015
   - Office of Drinking Water Group A Program - Effective January 1, 2015

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:

   ☒ Increase of **$25,514** for a revised maximum consideration of **$358,697**.

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

   ☐ No change in the maximum consideration of _____.
   Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-8 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-7.

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

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: Maternal & Child Health Block Grant - Effective January 1, 2015

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

SOW Type: Revision **Revision # (for this SOW)** 3

Period of Performance: January 1, 2015 through September 30, 2017

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to add new billing language to the "Special Billing Requirements" section.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change None	Total Consideration
FFY15 MCHBG CBP CONCON	93.994	333.93.99	78734250	01/01/15	09/30/15	34,870	0	34,870
FFY16 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730260	10/01/15	09/30/16	44,196	0	44,196
FFY17 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730270	10/01/16	09/30/17	44,196	0	44,196
TOTALS						**123,262**	**0**	**123,262**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every other month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ.		Designated LHJ staff will participate in contract management calls.	September 30, 2017	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Participate in DOH sponsored MCHBG-related quarterly conference calls and/or webinars, including up to two (2) in-person meetings.		Designated LHJ staff will participate in calls, webinars, and meetings.	September 30, 2017	
1c	Complete 2015-2016 MCHBG Budget Workbook for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 4, 2015	
1d	Report actual expenditures for October 1, 2014 – December 31, 2014.		Submit actual expenditures using the MCHBG Budget Workbook	February 18, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			(Sections A and B only) to contract manager.		See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for January 1, 2015 through September 30, 2015.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2015	
1f	Complete 2016-2017 MCHBG Budget Workbook for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 2, 2016	
1g	Report actual expenditures for October 1, 2015 through September 30, 2016.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2016	
1h	Report actual expenditures for October1, 2016 through March 31, 2017.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 26, 2017	
1i	Complete 2017-2018 MCHBG Budget Workbook for October 1, 2017 through September 30, 2018 using DOH-provided template		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 1, 2017	
MCHBG Assessment and Evaluation					
2a	Participate in statewide capacity and needs assessment activities in preparation for next statewide 5 year plan, as requested.		Documentation using report template provided by DOH.	May 1, 2015	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements and Special Billing Requirements.
2b	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH.	September 30, 2017	
2c	Report program level strategy measure data		Documentation using Action Plan Quarterly Report and MCHBG Budget Workbook	January 15, 2017 April 15, 2017 July 15, 2017	
MCHBG Implementation					
3a	Develop 2015-2016 MCHBG Action Plan for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft - August 21, 2015 Final - September 4, 2015	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for
3b	Report activities and outcomes of 2014-2015 MCHBG Action Plan using DOH provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3c	Develop 2016-2017 MCHBG Action Plan for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft- August 19, 2016 Final-September 2, 2016	
3d	Report activities and outcomes of 2015-2016 MCHBG Action Plan using DOH-provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	
3e	Develop 2017-2018 MCHBG Action Plan for October 1, 2017 through September 30, 2018 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2017 Final-September 1, 2017	
3f	Report activities and outcomes of 2016-2017 MCHBG Action Plan using DOH-provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2017 April 15, 2017 July 15, 2017 ~~*If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.*~~	
Children with Special Health Care Needs (CSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CSHCN Program as referenced in CSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015 January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 January 15, 2017 April 15, 2017 July 15, 2017	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4b	Administer requested DOH Diagnostic and Treatment funds for infants and children per CSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CSHCN Program as needed.	30 days after forms are completed.	period. See Program Specific Requirements and Special Billing Requirements.
4c	Participate in the CSHCN Regional System and quarterly meetings as described in the CSHCN Program Manual.		Submit Action Plan quarterly reports including number of regional meetings attended to the DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015 January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 January 15, 2017 April 15, 2017 July 15, 2017	

***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 by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References
Children with Special Health Care Needs Manual - http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf

Health Services Authorization (HSA) Form
http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

2. Funds may not be used for:
   a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
   b. Cash payments to intended recipients of health services.
   c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
   d. Meeting other federal matching funds requirements.
   e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
   f. payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].

3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1)(D)].

Monitoring Visits (frequency, type)
Telephone calls with contract manager at least one every other month.

Special Billing Requirements
Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted ~~*at least quarterly*~~ *monthly on the 30th of each month following the month in which the expenditures were incurred* and must be based on actual allowable program costs. Billing for services on a monthly ~~*or quarterly*~~ fraction of the "Total Consideration" will not be accepted or approved~~*. Monthly invoices on actual allowable program costs will be accepted but an updated Action Plan Progress Report must also be submitted.*~~

Special Instructions
Any materials or communication products developed regarding work related to this Statement of Work should include the following text: "Supported by the Washington State Department of Health, Office of Healthy Communities through the Maternal and Child Health Block Grant award from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration".

DOH Program Contact
Mary Dussol
Healthy Communities Consultant
Office of Healthy Communities
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-3781/ Fax: 360-236-3646
Email: mary.dussol@doh.wa.gov

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)** 4

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Contractor	☐ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Fixed Price
☐ Other		

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

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 increase funding consideration and extend funding period end dates from 12/31/16 to 12/31/17, revise Payment Information on Task 4, 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) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
Drinking Water Group A - SS	N/A	346.26.64	2421921C	01/01/15	12/31/17	6,600	2,800	9,400
Drinking Water Group A - SS State	N/A	346.26.65	2421252C	01/01/15	12/31/17	6,600	2,800	9,400
Drinking Water Group A - TA	N/A	346.26.66	2421921D	01/01/15	12/31/17	3,400	2,000	5,400
TOTALS						**16,600**	**7,600**	**24,200**

Task Number	Task/Activity/Description	*May Support PHAB 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 the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI).	Final Sanitary Survey Reports must be received by the ODW Regional Office within **30 calendar days** of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$400** for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$800** for each sanitary survey of a

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.		4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office. 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.		non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline. Late or incomplete reports may not be accepted for payment.
2	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. See Special Instructions for task activity.		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 **2 working days** of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid **$800** for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline. Late or incomplete reports may not be accepted for payment.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	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. See Special Instructions for task activity.		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 **30 calendar days** of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: **$250** • 3-6 hours of work: **$500** • More than 6 hours of work: **$750** Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training. See Special Instructions for task activity.		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	LHJ shall be paid mileage, per diem, lodging, and ~~*other miscellaneous travel expenses*~~ *registration costs* as approved on the pre-authorization form 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 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 ~~***$13,200***~~ ***$19,600*** for **Task 1,** and ~~***$3,400***~~ ***$5,400*** 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 ***9 10*** 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
(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
(360) 236-3094

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Office of Drinking Water Group B Program - Effective January 1, 2017

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☐ Reimbursement
☒ State	☐ Research & Development	☒ Fixed Price
☐ Other		

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

Statement of Work Purpose: The purpose of this statement of work is to provide financial support to LHJs implementing local Group B water system programs.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
Drinking Water Group B	N/A	334.04.90	24240103	01/01/17	06/30/17	0	5,000	5,000
Drinking Water Group B	N/A	334.04.90	24240103	07/01/17	12/31/17	0	5,000	5,000
TOTALS						**0**	**10,000**	**10,000**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Joint Plan of Responsibility Number	Payment Information and/or Amount
1	Implement a full Group B water system program		An executed joint plan of responsibility (JPR) with DOH identifying responsibilities of a full Group B program.	Reference DOH JPR #N19411	Semi-annual lump sum payments (See Special Billing Requirements)

***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 Billing Requirements
The LHJ shall submit semi-annual invoices as follows: $5,000 in the first half of the calendar year and $5,000 in the second half of the calendar year. Payment cannot exceed a maximum accumulative fee of $10,000 per year.

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

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: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY16 PPHF 317 Ops	93.539	333.93.53	74110267	01/01/17	03/31/17	0	1,805	1,805
FFY17 VFC Ops	93.268	333.93.26	74110273	04/01/17	12/31/17	0	1,150	1,150
FFY17 VFC Ordering	93.268	333.93.26	74110274	04/01/17	12/31/17	0	695	695
FFY17 317 Ops	93.268	333.93.26	74110271	04/01/17	12/31/17	0	924	924
FFY17 AFIX	93.268	333.93.26	74110275	04/01/17	12/31/17	0	3,340	3,340
TOTALS						**0**	**7,914**	**7,914**

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
					January 2017 – March 2017 FFY16 PPHF 317 Ops - 74110267 **April 2017 – December 2017** FFY17 AFIX - 74110275 *See Restrictions on Funds below
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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: **January 2017 – March 2017** FFY16 PPHF 317 Ops - 74110267 **April 2017 – December 2017** FFY17 AFIX - 74110275 *See Restrictions on Funds below
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	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
					January 2017 – <u>March 2017</u> FFY16 PPHF 317 Ops - 74110267 **April 2017 – <u>December 2017</u>** FFY17 VFC Ordering – 74110274 FFY17 VFC Ops – 74110273 FFY17 317 Ops - 74110271 *See Restrictions on Funds below
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).		a) Monthly Vaccine Accountability Report (DOH 348-006) b) Inclusion in the online ordering system of doses used in the last month and inventory on hand. c) Storage Incidents (DOH 348-154) complete with reason and corrective action as needed. d) Report all cases (or suspected cases) of vaccine fraud or abuse.	a) By the 25th of each month b) Based on provider order schedules c) Within seven (7) days of the incident d) Within seven (7) days of the incident	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: **January 2017 – <u>March 2017</u>** FFY16 PPHF 317 Ops - 74110267 **April 2017 – <u>December 2017</u>** FFY17 AFIX - 74110275 *See Restrictions on Funds below

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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: **January 2017 – March 2017** FFY16 PPHF 317 Ops - 74110267 **April 2017 – December 2017** FFY17 VFC Ops – 74110273 FFY17 317 Ops - 74110271 *See Restrictions on Funds below
6	Conduct a total of two (2) VFC compliance site visits at enrolled provider site(s) within your jurisdiction per the following schedule: January 1, 2017 – September 30, 2017: two (2) 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. 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.		a) VFC Site Visit Selection Planning tool (will be supplied by DOH) 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.	a) January 15th b) At the time of the VFC Compliance Site Visit or within five (5) business days of the site visit.	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: **January 2017 – March 2017** FFY16 PPHF 317 Ops - 74110267 **April 2017 – December 2017** FFY17 AFIX - 74110275

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Documentation that all VFC Site Visit corrective actions have been completed must be available to DOH upon request. **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.** **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.**		c) Submit copy of signed Acknowledgement of Receipt	c) Within five (5) days of the visit **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.** **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.**	*See Restrictions on Funds below
7	**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.** 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. Visits can be conducted in-person, by telephone, or by webinar. **All initial AFIX visits must be completed by December 31st.** 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. Continue following up with provider sites until they fully implement their selected quality improvement activities.		a) Enter the following data in the AFIX Online Tool: • General Site Visit Information. • Questionnaire responses. • Coverage assessment results (from CoCASA reports or SMART AFIX Tool). Assessments must be completed within seven (7) days of feedback visit • Feedback visit information. b) Enter the following data in the Exchange tab of the AFIX Online Tool for follow-up visits: • Clinic progress on implementing quality improvement strategies. • Follow-up coverage assessment results (from CoCASA reports).	a) Within five (5) days of visit. **All AFIX visits must be completed by December 31, 2017** b) Within five (5) days of visit. **All follow-up visits must be completed six (6) months after the feedback visit.**	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: **April 2017 – <u>December 2017</u>** FFY17 AFIX - 74110275 *See Restrictions on Funds below

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	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: 1) Identification of HBsAg-positive pregnant women, and pregnant women with unknown HBsAg status 2) Reporting of HBsAg-positive women and their infants 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. 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. c). Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.		a) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System b) Annual Perinatal Hepatitis B Outreach Summary (DOH 348 268)	a) By the last day of each month b) December 15th	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: **January 2017 – March 2017** FFY16 PPHF 317 Ops - 74110267 **April 2017 – December 2017** FFY17 317 Ops - 74110271 *See Restrictions on Funds below

***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 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** 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.

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

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Kittitas County Public Health Department

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: C17114
Date: November 15, 2016

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 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
FFY17 DSHS SNAP-Ed IAR	NGA Not Received	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	**NGA Not Received**	**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	**NGA Not Received**	**Amend 10**	**93.268**	**333.93.26**	04/01/17	12/31/17	04/01/17	06/30/18	**$3,340**	**$3,340**	$12,646
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	**NGA Not Received**	**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	**NGA Not Received**	**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	**NGA Not Received**	**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 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	NGA Not Received	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	

Kittitas County Public Health Department

Indirect Rate as of January 2015: 40.25%

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: **C17114**
Date: **November 15, 2016**

Chart of Accounts Program Title	Federal Award Identification #	Amend #	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 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 10**	**N/A**	**346.26.66**	01/01/15	12/31/17	01/01/15	12/31/17	**$2,000**	**$5,400**	**$5,400**
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		
TOTAL									**$358,697**	**$358,697**	

Total consideration:	**$333,183**	**GRAND TOTAL**	**$358,697**
	$25,514		
GRAND TOTAL	**$358,697**	**Total Fed**	**$324,497**
		Total State	**$34,200**

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

Exhibit C-8 Schedule of Federal Awards

AMENDMENT #10

Date: November 15, 2016

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	Allocation Period 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	NGA Not Received	NGA Not Received	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	NGA Not Received	NGA Not Received
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	NGA Not Received	NGA Not Received	04/01/17	12/31/17	$695	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY17 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	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	NGA Not Received	NGA Not Received
FFY17 AFIX	333.93.26	NGA Not Received	NGA Not Received	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	NGA Not Received	NGA Not Received
FFY17 317 OPS	333.93.26	NGA Not Received	NGA Not Received	04/01/17	12/31/17	$924	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY16 VFC ORDERING	333.93.26	$3,991,784	01/01/16	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	$3,991,784	01/01/16	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	$3,991,784	01/01/16	01/01/16	12/31/16	$4,293	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	$3,991,784	01/01/16	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-8 Schedule of Federal Awards

AMENDMENT #10

Date: November 15, 2016

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	Allocation Period 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 AFIX	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	NGA Not Received	NGA Not Received	01/01/17	03/31/17	$1,805	93.539	Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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	NGA Not Received	NGA Not Received	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	NGA Not Received	NGA Not Received
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	$324,497					