

# Kittitas County Review Form Grants & Contract Agreement



Today's Date 02/08/2017	Agenda Date
Fund/Department 116-Public Health	

### Contract/Grant Information

Contract /Grant Agency: Washington State DOH Amendment 1	
Period Begin Date: April 18, 2014	Period End Date: December 31, 2018
Total Grant/Contract Amount: None	
Grant/Contract Number: N19411	
Contract/Grant Summary: Amendment 1 to the Contract N19411 changes the contact person information for DOH only to: Dorothy Tibbetts Office of Drinking Water 16201 E Indiana Suite 1600 Spokane Valley, WA 99216 509-329-2105	

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

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

APPROVED AS TO FORM:

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 \$
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Percentage County Funds	Matching Funds \$	CFDA#
	In-Kind \$ Explain	
Is Equipment being purchased?	Who owns equipment?	
New Personnel being hired?	Contact HR hiring – reporting requirements	
Future impacts or liability to Kittitas County:		

**Budget Information**

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		

**Pass Through Information**

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

**Prosecutor Review**

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**County Departments Impacted**

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

**Submitted**

Signature:	Date:
Department:	

**Assignment of Tracking Information**

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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**CONTRACT AMENDMENT**

1. NAME OF CONTRACTOR <b>Kittitas County Public Health Department</b>	2. CONTRACT NUMBER <b>N19411</b>
1a. ADDRESS OF CONTRACTOR (STREET) <b>507 N Nanum Street, Suite 102</b>	2a. AMENDMENT NUMBER  <b>1</b>
1b. CITY, STATE, ZIP CODE <b>Ellensburg, WA 98926</b>	
3. <input checked="" type="checkbox"/> <b>THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS.</b> The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in Item 5 below by mutual consent of all parties hereto.	
4. <input type="checkbox"/> <b>THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS.</b> The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in Item 5 below pursuant to that changes and modifications clause as contained therein.	
5. <b><u>DESCRIPTION OF AMENDMENT:</u> The purpose of this amendment is to update the Contact Person information for DOH. The rest of the agreement remains unchanged.</b>  <b>5a. <u>AGREEMENT MANAGEMENT:</u></b>  The Contact Person for DOH is: <b>Dorothy Tibbetts</b> Office of Drinking Water 16201 E Indiana Suite 1600 Spokane Valley, WA 99216 (509) 329-2105	
6. All other terms and conditions of the original contract and any subsequent amendments thereto remain in full force and effect.	
7. <input type="checkbox"/> This is a unilateral amendment. Signature of contractor is not required below. <input checked="" type="checkbox"/> Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.	
8. CONTRACTOR SIGNATURE (also, please print/type your name)	DATE
9. DOH CONTRACTING OFFICER SIGNATURE	DATE

This document has been approved as to form only by the Assistant Attorney General.