## Kittitas County Review Form Grants & Contract Agreement



Today's Date March 17, 2017		Agenda Date					
Fund/Department							
116-Public Health							
Contract/Grant Information							
Contract /Grant Agency: Agreement bet Health Department to provide food servi		Washington University and Kittitas County Public and training.					
Period Begin Date: April 1, 2017							
Total Grant/Contract Amount: \$150.00 p	Total Grant/Contract Amount: \$150.00 per hour, not to exceed \$4000.00 for the term of the agreement						
Grant/Contract Number: 671	•						
Contract/Grant Summary:							
The agreement between Central Washing	gton University	y and Kittitas County Public Health Department					
allows the county to provide food inspec	tions and train	ning at the rate of \$150.00 per hour, with a					
maximum allowable of \$4000.00 for the	entire term of	the agreement.					
Recommendation for Board of Hea	alth and Boa	rd of Health Review on					
Department Head Signature:		, Administrator Date:					
Kittitas County Prosecutor, Auditor, and	Board of Hea	lth Review and Comment:					
APPROVED AS TO FORM:							
Signature of Prosecutor's Office	Date						
		<del></del>					
Signature of Auditor's Office	Date						
Signature of Board of Health member	Date	<del></del>					
Signature of Board of Ficaltif member	Date						

## **Financial Information**

Total Amount \$4,000.00 max	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#

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	In-Kind \$	·				
Is Equipment being purchased?	· ·	Who owns equipment?				
New Personnel being hired?		Contact HR hiring – reporting requirements				
	Future impacts or liability to Kittitas County:					
Tuture impuets of hubility to kitt	tus county.					
Budget Information						
	ent Needed? Yes attach budget form		No X Why not			
New Division Created?			Included in 2016 budget			
Revenue Code						
116-615.06.346.22 - \$4000.00 m	av					
110 013.00.340.22	ux					
Pass Through Information						
Agency to Pass Through						
Amount to Pass Through \$						
Sub-Contract Approved Date						
Prosecutor Review						
Has the Prosecutor reviewe	d this agreemen	t? '	Yes 🗌 No 🗌			
<u> </u>						
<b>County Departments Impac</b>	ted					
Auditor		Facilitie	Facilities Maintenance			
Information Services		Humar	Human Resource			
Prosecutor		Treasu	Treasurer			
Submitted						
Signature:		Date:	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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