

**Kittitas County  
Review Form  
Grants & Contract Agreement**



|                                      |             |
|--------------------------------------|-------------|
| Today's Date<br>09/19/2017           | Agenda Date |
| Fund/Department<br>116-Public Health |             |

**Contract/Grant Information**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Contract /Grant Agency: Consolidated Contract Amendment #13                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |
| Period Begin Date: January 1, 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Period End Date: December 31, 2017 |
| Total Grant/Contract Amount: A new reviewed maximum consideration of \$440,480.00                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |
| Grant/Contract Number: C17114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |
| Contract/Grant Summary:<br>The Amendment 13<br>Adds Statements of Work <ul style="list-style-type: none"><li>• Emergency Preparedness &amp; Response- Effective July 1, 2017</li><li>• FPHS Communicable Disease &amp; Support Capabilities- Effective July 1, 2017</li><li>• Supplemental Nutrition Assistance Program- Education-Effective October 1, 2017</li></ul> Exhibit B-13 Allocations: <ul style="list-style-type: none"><li>• Increases of \$82,051 for a revised maximum consideration of \$440,448.00</li></ul> |                                    |

**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 \$82,051.00                        | State Funds \$                             | Federal Funds \$82,051    |
| Percentage County Funds                         | Matching Funds \$                          | CFDA# various (see below) |
|                                                 | In-Kind \$<br>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 checked="" type="checkbox"/> Why not<br>Not an increase in bottom line |
| New Division Created?                                                                                                       |                                                 |                                                                                  |
| Revenue Code<br>116-612.88.3.333.93.069 - \$29,749<br>116.612.32.9.336.04.25 - \$42,000<br>116.612.94.333.10.561 - \$10,302 |                                                 |                                                                                  |
|                                                                                                                             |                                                 |                                                                                  |

### 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"/> |
|---------------------------------------------|----------------------------------------------------------|

### County Departments Impacted

|                          |                      |                          |                        |
|--------------------------|----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Auditor              | <input type="checkbox"/> | Facilities Maintenance |
| <input type="checkbox"/> | Information Services | <input type="checkbox"/> | Human Resource         |
| <input type="checkbox"/> | Prosecutor           | <input type="checkbox"/> | 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: 13**

**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:
- Emergency Preparedness & Response - Effective July 1, 2017
  - FPHS Communicable Disease & Support Capabilities - Effective July 1, 2017
  - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2017

☐ Amends Statements of Work for the following programs:

☐ Deletes Statements of Work for the following programs:

2. Exhibit B-13 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-12 Allocations as follows:

- ☒ Increase of \$82,051 for a revised maximum consideration of \$440,448.
- ☐ 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-11 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-10.

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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

2015-2017 CONSOLIDATED CONTRACT  
EXHIBIT A  
STATEMENTS OF WORK  
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| DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education Effective October 1, 2017 ..... | 11 |

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2015-2017**

**DOH Program Name or Title:** Emergency Preparedness & Response - Effective July 1, 2017

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C17114

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

|                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Funding Source</b><br><input checked="" type="checkbox"/> Federal Subrecipient<br><input type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (check if applicable)</b><br><input checked="" type="checkbox"/> FFATA (Transparency Act)<br><input type="checkbox"/> Research & Development | <b>Type of Payment</b><br><input checked="" type="checkbox"/> Reimbursement<br><input type="checkbox"/> Fixed Price |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

**Period of Performance:** July 1, 2017 through December 31, 2017

**Statement of Work Purpose:** The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2017 grant period.

**Revision Purpose:** N/A

| Chart of Accounts              | Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only)<br>Start Date   End Date | Current Consideration | Change Increase (+) | Total Consideration |
|--------------------------------|-----------------------|--------|-------------------|-------------------|--------------------------------------------------------|-----------------------|---------------------|---------------------|
| FFY17 EPR PHEP BP1 LHJ FUNDING |                       | 93.069 | 333.93.06         | 18101380          | 07/01/17   12/31/17                                    | 0                     | 29,749              | 29,749              |
| <b>TOTALS</b>                  |                       |        |                   |                   |                                                        | <b>0</b>              | <b>29,749</b>       | <b>29,749</b>       |

| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                                                                                                                       | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                            | Due Date/Time Frame | Payment Information and/or Amount                                                |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|
| <b>1</b>    | Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) as necessary to advance LHJ preparedness or complete the deliverables in this statement of work.                                                                                                                                                                            |                                      | Submit summary of progress on mid-year report.                                                                                                                   | December 29, 2017   | Reimbursement for actual costs not to exceed total funding consideration amount. |
| <b>2</b>    | Complete reporting templates as requested by DOH to comply with program and federal grant requirements (e.g. performance measures, gap analysis, mid-year and end-of-year reporting templates, etc.)                                                                                                                                                                            |                                      | Submit completed templates to DOH                                                                                                                                | December 29, 2017   |                                                                                  |
| <b>3</b>    | Develop or update written procedures to activate a comprehensive emergency response plan within the jurisdiction. Include: <ul style="list-style-type: none"> <li>Describe how the command structure is utilized to manage emergency response</li> <li>Describe the relationship between the LHJ and the county Emergency Operations Center (EOC) during a response.</li> </ul> |                                      | Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.<br><br>Submit the most recent Emergency Response Plan. | December 29, 2017   |                                                                                  |

| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                                                                         | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
|             | <ul style="list-style-type: none"> <li>Identify an EOC location from which public health will coordinate the Emergency Support Function #8 (ESF#8) response</li> <li>Describe the process for notifying and mobilizing staff during an incident.</li> </ul> <p><b>3.1)</b> Provide training for appropriate staff who serve in the EOC and the ESF#8 role on the Incident Command System, ESF#8 response plans and policies.</p> <p><b>3.2)</b> Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by local emergency management in the county.</p> |                                      | <p>Provide agenda and sign-in sheets of trainings conducted.</p> <p>Provide sign-in sheets of trainings conducted, with attendee signatures and contact information, or registrations if training is not conducted by the LHJ</p>                             |                     |                                   |
| <b>4</b>    | <p>Develop a decision making protocol to support the Local Health Officer (LHO) and the Public Health Administrator in making policy level decisions during an emergency.</p> <p><b>4.1</b> Document that ESF#8 is identified in the Public Health Emergency Plan (PHEP) and is integrated with the City and County Emergency Plans.</p>                                                                                                                                                                                                                                                                                  |                                      | <p>Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.</p> <p>Submit completed protocol to DOH</p> <p>Submit written ESF#8 documentation showing inclusion in city and county plans.</p>                | December 29, 2017   |                                   |
| <b>5</b>    | <p>Maintain Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES) program as the primary emergency notification system within the LHJ and include all critical LHJ positions as registered users.</p> <p><b>5.1)</b> Conduct a notification drill using WASECURES.</p> <p><b>Notes:</b> Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs, as needed, on utilizing WASECURES. LHJs may choose to utilize other notification systems <u>in addition</u> to WASECURES to alert staff during incidents.</p>                   |                                      | <p>Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report. Submit list of registered users to include their title and role in the emergency response plan.</p> <p>Submit results of notification drill.</p> | December 29, 2017   |                                   |
| <b>6</b>    | Update and maintain procedures for defining how your LHJ will request assistance from the local                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | Submit deliverable/s, or a summary of progress on the activity and                                                                                                                                                                                            | December 29, 2017   |                                   |

| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                      | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
|             | <p>Emergency Operations Center (EOC), neighboring LHJs, and DOH during disasters.</p> <ul style="list-style-type: none"> <li>Identify how resources are coordinated with the local EOC.</li> <li>Identify how to coordinate the logistical issues to receive resources from DOH and other partners. (If LHJs rely on local Emergency Management (EM) or other partners to coordinate logistical issues for receiving resources, and the local EM plan documents this fact, that documentation will suffice.)</li> </ul> <p><b>Note:</b> DOH will provide technical assistance to LHJs, as requested, on updating plans to address resource requests.</p> |                                      | <p>deliverable/s, in the mid-year report.</p> <p>Submit the most current procedures for requesting assistance during disasters to DOH.</p>                                                                                                                                                                                 |                     |                                   |
| 7           | <p>Update or develop procedures and tools to inform the public of threats to health and safety by various means. Include a list of the various mechanisms used by your LHJ for releasing information to the public during drills, exercises or incident response.</p>                                                                                                                                                                                                                                                                                                                                                                                    |                                      | <p>Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.</p> <p>Submit the most current procedures used to inform the public during drills, exercise or incident response. Include a summary of how communication tools were used.</p> <p>Submit sample templates.</p> | December 29, 2017   |                                   |
| 8           | <p><b>7.1)</b> Create and maintain templates for news releases for categories of public health hazards.</p> <p>Participate in evaluation of response capabilities based on a standard evaluation tool created by DOH.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | <p>Document participation in the evaluation on mid-year progress report.</p>                                                                                                                                                                                                                                               | December 29, 2017   |                                   |
| 9           | <p>Develop and maintain procedures and forms to gain and maintain situational awareness during an incident to include the following key data elements:</p> <ul style="list-style-type: none"> <li>The functionality of critical public health operations</li> <li>The functionality of critical healthcare facilities and the services they provide (hospitals, skilled nursing facilities, blood centers, dialysis centers)</li> <li>The functionality of critical infrastructure</li> </ul>                                                                                                                                                            |                                      | <p>Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.</p> <p>Submit procedures and situational awareness form templates that include the data elements listed.</p>                                                                                                  | December 29, 2017   |                                   |



| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                                                       | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
|             | <p>serving public health and healthcare facilities (roads, water, sewer, power, communications)</p> <ul style="list-style-type: none"> <li>• Number of disease cases</li> <li>• Number of fatalities attributed to an incident</li> <li>• If key elements are collected by others, such as local EM or Health Care Coalition (HCC), describe how the LHJ gains access to that information.</li> </ul> <p><b>9.1)</b> Create an ESF#8 situation report form based on an established planning cycle to include, at a minimum, the data elements listed above</p> <p><b>9.2)</b> Develop procedures for disseminating situation reports to ESF#8 response partners</p> <p><b>9.3)</b> Train staff on all procedures established to maintain situational awareness during an incident.</p> |                                      | <p>Submit an ESF#8 situation report template.</p> <p>Submit procedures for disseminating a situation report.</p> <p>Submit agendas and sign-in sheets that include attendee signatures and contact information for trainings conducted.</p> |                     |                                   |
| 10          | Update or develop procedures to request, receive and dispense medical countermeasures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | <p>Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.</p> <p>Submit up to date procedure to request, receive and dispense medical countermeasures.</p>                               | December 29, 2017   |                                   |
| 11          | <p>Develop or update a continuity of operations plan (COOP) plan for your jurisdiction.</p> <p>Plan shall include:</p> <ul style="list-style-type: none"> <li>• Definition and identification of essential services to sustain LHJ mission and operations</li> <li>• Line of succession and written delegation of authority for select critical positions in the LHJ, including LHO.</li> <li>• Plans for temporarily discontinuing select LHJ functions to sustain critical services</li> </ul>                                                                                                                                                                                                                                                                                       |                                      | <p>Submit deliverable/s, or a summary of progress on the task and deliverable/s, in the mid-year report.</p> <p>Submit the most current COOP plan which includes elements listed.</p>                                                       | December 29, 2017   |                                   |
| 12          | Provide notification to DOH for all instances involving a public health response by the LHJ to an emergency utilizing emergency response plans and structures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.                                                                                                                                   | December 29, 2017   |                                   |

| Task Number | Task/Activity/Description                                                                             | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                         | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
| 13          | Provide LHJ situation reports to DOH during all incidents involving an emergency response by the LHJ. |                                      | Submit Incident Action Plans, Situation Reports and After Action Reports<br>Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.                         | December 29, 2017   |                                   |
| 14          | Submit essential elements of information (EEIs) during incident response upon request by DOH.         |                                      | Submit Situation Reports.<br>Submit deliverable/s, or a summary of progress on the task and deliverable/s, in the mid-year report.                                                                            | December 29, 2017   |                                   |
| 15          | Participate in the regional healthcare coalition and attend coalition meetings as necessary           |                                      | Provide information upon request.<br>Submit deliverable/s, or a summary of progress on the activity and deliverable/s, in the mid-year report.<br>Provide a summary of participation in coalition activities. | December 29, 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>

**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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**DOH Program Contact:**

Jennifer Albertson, Contract and Finance Specialist  
Department of Health  
P O Box 47960, Olympia, WA 98504-7960  
[jennifer.albertson@doh.wa.gov](mailto:jennifer.albertson@doh.wa.gov)  
PHEP/HPP Deliverable Submission email address: [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov)

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2015-2017**

**DOH Program Name or Title:** FPHS Communicable Disease & Support Capabilities - Effective July 1, 2017

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C17114

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

|                                                                                                                                                       |                                                                                                                                                         |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Funding Source</b><br><input type="checkbox"/> Federal <Select One><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (check if applicable)</b><br><input type="checkbox"/> FFATA (Transparency Act)<br><input type="checkbox"/> Research & Development | <b>Type of Payment</b><br><input checked="" type="checkbox"/> Reimbursement<br><input type="checkbox"/> Fixed Price |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

**Period of Performance:** July 1, 2017 through December 31, 2017

**Statement of Work Purpose:** The purpose of this statement of work is to specify how Foundational Public Health Services (FPHS) state funds will be used during this interim period of July 1, 2017 - June 30, 2018.

**Note:** The total funding consideration is for the period of July 1, 2017 through June 30, 2018. Deliverable due dates after December 31, 2017 are included in this statement of work for informational purposes only. Unspent funds, tasks and deliverables with due dates after December 31, 2017 will be included in a new statement of work under the new 2018-2020 consolidated contract term beginning January 1, 2018.

**Revision Purpose:** N/A

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only)<br>Start Date   End Date | Current Consideration | Change Increase (+) | Total Consideration |
|-----------------------------------------|--------|-------------------|-------------------|--------------------------------------------------------|-----------------------|---------------------|---------------------|
| FPHS FUNDING FOR LHJS DIR               | N/A    | 336.04.25         | 91106102          | 07/01/17   12/31/17                                    | 0                     | 42,000              | 42,000              |
| <b>TOTALS</b>                           |        |                   |                   |                                                        | <b>0</b>              | <b>42,000</b>       | <b>42,000</b>       |

**Note:** New BARS Revenue Code listed above. See Special Instructions below for more information.

| Task Number                                                                                                                                                                                                                                                                                   | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|-----------------------|---------------------|-----------------------------------|
| These funds are for delivering ANY or all of the FPHS communicable disease service (listed below) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of <u>FPHS Definitions – Version 1.2 (March 2016)</u> |                           |                                      |                       |                     |                                   |

**G. Control of Communicable Disease and Other Notifiable Conditions**

|    |                                                                                                                                                                              |  |                                                                                                                                                                                                            |                 |                                        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------|
| 1. | Provide timely, statewide, locally relevant and accurate information statewide and to communities on communicable disease and other notifiable conditions and their control. |  | Brief report on how funding will be used to support the FPHS communicable disease services listed in tasks 1-6 or FPHS capabilities in support of communicable disease services<br>Report on metrics (TBD) | October 1, 2017 | Reimbursement for actual expenditures. |
| 2. | Promote immunization through evidence based strategies and collaboration with schools, health                                                                                |  |                                                                                                                                                                                                            |                 |                                        |

| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                                                                                                                                                                                   | *May Support PHAB Standards/Measures | Deliverables/Outcomes                              | Due Date/Time Frame                                                    | Payment Information and/or Amount |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|
|             | care providers and other community partners to increase immunization rates.                                                                                                                                                                                                                                                                                                                                                                 |                                      | Baseline data<br>Updated data every six (6) months | January 30, 2018<br>July 30, 2018<br>January 30, 2019<br>July 30, 2019 |                                   |
| 3.          | Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing important communicable diseases and other notifiable conditions such as influenza and hepatitis, seek resources for and advocate for high priority policy and other control initiatives regarding communicable diseases and other notifiable condition. |                                      |                                                    |                                                                        |                                   |
| 4.          | Ability to receive laboratory reports and other identifiable data; conduct disease investigations, including contact notification; and recognize, identify, and respond to cases and outbreaks/clusters of communicable diseases and other notifiable conditions in accordance with national, state, and local mandates and guidelines.                                                                                                     |                                      |                                                    |                                                                        |                                   |
| 5.          | Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to Centers for Disease Control and Prevention (CDC) guidelines.                                                                                                                                                                                                                                                |                                      |                                                    |                                                                        |                                   |
| 6.          | Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy according to CDC guidelines.                                                                                                                                                                                                                                                                             |                                      |                                                    |                                                                        |                                   |

**\*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>

And the document *Aligning Accreditation and the Foundational Public Health Capabilities*, Public Health National Center for Innovations (PHNCI), Summer 2016  
<http://phnci.org/resources/aligning-accreditation-and-the-foundational-public-health-capabilities>

### Program Specific Requirements/Narrative

#### **Special References (RCWs, WACs, etc)**

- Immunizations – <http://www.doh.wa.gov/YouandYourFamily/Immunization>
- Notifiable Conditions - <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>
- Sexually Transmitted Diseases (STD) – <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease>
- Human Immunodeficiency Virus (HIV) – <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/AIDS>
- Tuberculosis (TB) – <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis>

#### **Definitions**

- [FPHS Definitions, Version 1.2 \(March 2016\)](#)

#### **Special Billing Requirements**

Billings for this funding must be included in the Consolidated Contract A19 Invoice sent to DOH Grants Office. Funding is distributed based on reimbursement of expenditures. This is different than those funds LHJs receive from the “County Public Health Assistance” funds from the state.

#### **Special Instructions**

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

#### **336.04.24 – County Public Health Assistance**

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

#### **336.04.25 – Foundational Public Health Services**

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of [FPHS Definitions – Version 1.2 \(March 2016\)](#)

SAO’s BARS Manual – <http://www.sao.wa.gov/local/pages/BARSManual.aspx>

#### **DOH Program Contact**

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Washington State Department of Health  
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**Exhibit A**  
**Statement of Work**  
**Contract Term: 2015-2017**

**DOH Program Name or Title:** Supplemental Nutrition Assistance Program-Education  
Effective October 1, 2017

**Local Health Jurisdiction Name:** Kittitas County Public Health Department

**Contract Number:** C17114

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

**Period of Performance:** October 1, 2017 through December 31, 2017

|                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Funding Source</b><br><input checked="" type="checkbox"/> Federal Subrecipient<br><input type="checkbox"/> State<br><input type="checkbox"/> Other | <b>Federal Compliance (check if applicable)</b><br><input checked="" type="checkbox"/> FFATA (Transparency Act)<br><input type="checkbox"/> Research & Development | <b>Type of Payment</b><br><input checked="" type="checkbox"/> Reimbursement<br><input type="checkbox"/> Fixed Price |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

**Statement of Work Purpose:** The purpose of this statement of work is to provide Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidance system.

**Revision Purpose:** N/A

| Chart of Accounts               | Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only)<br>Start Date   End Date | Current Consideration | Change Increase (+) | Total Consideration |
|---------------------------------|-----------------------|--------|-------------------|-------------------|--------------------------------------------------------|-----------------------|---------------------|---------------------|
| FFY18 CSS IAR SNAP ED PROG MGNT |                       | 10.561 | 333.10.56         | 76211981          | 10/01/17   12/31/17                                    | 0                     | 9,902               | 9,902               |
| FFY17 CARRY-IN DSHS SNAP-ED IAR |                       | 10.561 | 333.10.56         | TBD               | 10/01/17   12/31/17                                    | 0                     | 400                 | 400                 |
| <b>TOTALS</b>                   |                       |        |                   |                   |                                                        | <b>0</b>              | <b>10,302</b>       | <b>10,302</b>       |

| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                             | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                 | Due Date/Time Frame                                                                                       | Payment Information and/or Amount                                                                                                                                                                                                                                         |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.0         | For SNAP-Ed, the LHJ will perform work as described in their approved FFY18 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email. |                                      | <ul style="list-style-type: none"> <li>Project qualified target audiences reached</li> <li>Project activities completed (# direct education, PSE, Etc.) noted in project plans and workbook</li> <li>Required demographic data collected</li> <li>Evaluation activities completed per the state evaluation team (pre and post surveys, PSE tracking, success stories etc.)</li> </ul> | For the Period:<br>10/01/17-12/31/17<br><b>Due:</b> Per the approved work plan and no later than 12/31/17 | Reimbursement upon receipt and approval of deliverables for the funding period will not exceed <b>\$10,302</b> .<br><br>The LHJ will be paid the allowable costs incurred based on their approved budget and program allowance. See Special Billing Requirements section. |

| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                                                                                                        | Due Date/Time Frame                                                                                                                                                                                                                                                             | Payment Information and/or Amount                                                                                                                                                                              |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.0         | <p><b>Quarterly Progress Reports</b><br/>The following data is collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> <li>1. Project major achievements</li> <li>2. Project major challenges</li> <li>3. If projects are running on time with original timeline? If not why, and how will you correct the timeline?</li> <li>4. Any PSE progress</li> <li>5. Any success stories to date</li> </ol> <p><b>Education and Administrative Reporting System (EARS) Data and Reports</b><br/>The following EARS data is required for each project and in order to count clients toward unduplicated direct reach. Required entry for the PEARS Database includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Unduplicated number of clients served per project.</li> <li>• # unduplicated clients served per project based on the following: <ul style="list-style-type: none"> <li>o Race/ethnicity</li> <li>o Gender</li> <li>o Age</li> </ul> </li> <li>• % SNAP eligible per site</li> <li>• Setting type – school, church etc.</li> <li>• Top Key Messages delivered per project</li> </ul> <p>LHJ is required to submit data electronically or within the template provided by DOH.</p> |                                      | <p>Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system</p>                                                                                                                                                                                         | <p>Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> quarter report for the work completed during 10/1/17 to 12/31/17.<br/><b>Final Due:</b> COB 12/31/17</li> </ul>                                                                  | <p><b>**NOTE:</b> The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior DOH approval in writing.</p> <p>See payment information as referenced in task number 1.0</p> |
| 2.1         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | <p>Submit EARS data for all project(s).<br/>LHJ is required to collect and submit EARS data electronically or within a template provided by DOH.<br/><br/>This must be done in real time. <b>Real time</b> = As you provide services and no later than one week after data is collected.</p> | <p>Data should be collected in real time and submitted to DOH by the following dates:</p> <ul style="list-style-type: none"> <li>• EARS data collected 10/1/17 to 12/31/17.<br/><b>Due:</b> In real time and no later than one (1) week after services are provided.</li> </ul> | <p>See payment information as referenced in task number 1.0</p>                                                                                                                                                |



| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                                                                                                                                                  | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Due Date/Time Frame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Payment Information and/or Amount                        |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 2.2         | <p><b>Evaluation Data and Reports</b><br/>The following evaluation activities* and information is required for all projects based on your approved project/plan</p> <ul style="list-style-type: none"> <li>• Formative</li> <li>• Process</li> <li>• PSE</li> <li>• Outcome</li> <li>• Qualitative</li> </ul> <p>*Please Note: the deliverables may change based on state evaluation team requirements</p> |                                      | <ol style="list-style-type: none"> <li>1. Collect and report any formative and process data completed based on approved project plan</li> <li>2. Submit PSE progress and outcomes based on approved project plan.</li> <li>3. Conduct and submit/mail pretest surveys for each project class series</li> <li>4. Conduct and submit/mail posttest surveys for each project class series</li> <li>5. Capture and submit qualitative (success stories, pictures) information per your approved work plan</li> </ol> | <ol style="list-style-type: none"> <li>1. <b>Due:</b> Submit within Quarterly reporting listed above in task 2.1</li> <li>2. <b>Due:</b> Quarterly 1st quarter report due 12/31/17</li> <li>3. <b>Due:</b> Within 30 days after completed. Submit all pretests surveys/data when they are completed for a specific project.</li> <li>4. <b>Due:</b> Within 30 days after completed. Submit all posttest surveys/data when they are completed for a specific project.</li> <li>5. <b>Due:</b> Submit within Quarterly reporting listed above in task 2.0 along with photo releases</li> </ol> | See payment information as referenced in task number 1.0 |
| 3.0         | <p><b>Civil Rights Training</b><br/>All staff must be trained each fiscal year in civil rights.</p>                                                                                                                                                                                                                                                                                                        |                                      | <p>Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include:</p> <ul style="list-style-type: none"> <li>• Training and source</li> <li>• Who attended</li> <li>• Date completed</li> </ul>                                                                                                                                                                                                                                                        | <b>Due:</b> 12/31/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | See payment information as referenced in task number 1.0 |
| 3.1         | <p><b>Other Agency Training</b><br/>The following trainings are required for <u>all</u> agencies:</p> <ul style="list-style-type: none"> <li>• Fiscal – fiscal lead and coordinator</li> <li>• Data collection and reporting – coordinator and program staff who are reporting data</li> </ul>                                                                                                             |                                      | Fiscal and Data reporting training completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Due:</b> New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five (5) years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | See payment information as referenced in task number 1.0 |



| Task Number | Task/Activity/Description                                                                                                                                                                                                                                                     | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                                                                                                                                                                                                                                                                                                                               | Due Date/Time Frame                                                                                                                                                                  | Payment Information and/or Amount                        |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|             | *It is required that all staff making any SNAP-Ed purchases or reporting data be trained.                                                                                                                                                                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                     | If the data collection system changes in FFY18 every staff member entering data into the electronic system will be required to take training on the new system.                      |                                                          |
| 4.0         | <b>SNAP-Ed Inventory List</b><br>Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly. |                                      | SNAP-Ed inventory list                                                                                                                                                                                                                                                                                                                                              | <b>Due:</b> Yearly, at the time of a fiscal monitoring and/or site visit.                                                                                                            | See payment information as referenced in task number 1.0 |
| 5.0         | <b>SNAP-Ed A19 Invoices</b><br>Use the A19-1A specific to SNAP-Ed program. This document will be sent to all contractors prior to October 16, 2017.                                                                                                                           |                                      | Submit SNAP-Ed A19-1A invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program before approval of payment.<br><br>Documentation of all costs incurred shall be accompanied by an agency financial system report. If your agency does not have a financial reporting system you must check with the SNAP-ED program for further guidance. | <b>Due:</b> Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (e.g. October A19 invoice submitted no later than November 30 and so on...) | See payment information as referenced in task number 1.0 |

**\*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>

**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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements/Narrative**

Exhibit A, Statements of Work  
Revised as of July 17, 2017

### **Staff Requirements**

Upon request by DOH, contractor must demonstrate that SNAP-Ed staff meet requirements appropriate to their positions including but not limited to: background checks, food handlers' permits, and training required by DOH.

**SNAP-Ed Assurances:** The following assurances must be followed (see program Guidance <https://snaped.fns.usda.gov/national-snap-ed/snap-ed-plan-guidance-and-templates>)

- The LHJ is fiscally responsible for nutrition education activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Efforts are made to target SNAP-Ed to the SNAP-Ed target audience.
- Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) may be claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed targeted individuals. In no case may activities funded under the EFNEP grant be included in the budget for SNAP-Ed.
- Contracts are procured through competitive bid procedures governed by State procurement regulations.
- Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB circulars governing cost issues.
- Program activities do not supplant existing nutrition education and obesity prevention programs, and where operating in conjunction with existing programs, enhance as well as supplement them. This applies to all activities and costs under the Federal budget.
- Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.
- All materials developed or printed with SNAP-Ed funds include the appropriate USDA non-discrimination statement and credit SNAP as a funding source in standard font that is easily readable.

### **Audits**

The LHJ must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

### **Monitoring expectations**

The LHJ's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing nutrition education activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

### **Curriculum Requirements**

Agencies are expected to communicate with, respond to, and comply with all state curriculum team requests, sites visits, approved curriculum list, and curriculum fidelity findings.

### **Indirect Rate**

All indirect rates must be submitted and preapproved by DOH and the DOH SNAP-Ed program. The LHJ is responsible for ensuring that indirect costs included in the LHJ's SNAP-Ed plan are supported by an indirect cost agreement and/or cost allocation plan approved by the appropriate agency. The contractor cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

**Annual Civil Rights Training Requirement** (see FNS Instruction Number 113-1 Chapter XI) - <http://www.fns.usda.gov/sites/default/files/113-1.pdf> "Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. The local governmental agency, Indian Tribal Organization or non-Governmental Agency are responsible for training their subrecipients, including 'frontline staff.' 'Frontline staff' who interact with program applicants or participants, and those persons who supervise 'frontline staff' must be provided civil rights training on an annual basis."

### **Records - Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2**

SNAP-Ed regulations require that all records be retained for six years from fiscal closure. This requirement applies to fiscal records, reports and client information. Supporting documentation may be kept at the sub-grantee level, but shall be available for review for six years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP.

### **Travel**

The LHJ is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10. <http://www.ofm.wa.gov/policy/10.htm>

### **Amendments**

Agencies must submit a request to DOH to amend a project plan and/or budget for prior approval whenever they wish to change the USDA-approved scope of activities and/or budget. All requests for amendments must be submitted no later than April 1, 2018.

#### **\*Please Note:**

- No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA
- Any requests submitted after April 1, 2018 will NOT be approved.

### **Overtime**

Overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed and preapproved by the state DOH SNAP-Ed program in advance and was approved in writing.

### **Budget Revisions**

All changes to the budget must be pre-approved in writing by DOH SNAP-Ed.

### **Special Funding Requirements**

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this contract and prior to normal completion DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the LHJ within seven (7) working days upon notice by the funding source of funding availability.

### **Special Billing Requirements**

1. All invoices, billing and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the FFY18 SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
  - a. Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher
  - b. A SNAP-Ed specific A19-1A must be submitted to the agency's designated DOH SNAP-Ed contract manager within 30 days of the last day of the month for which the work is being billed, OR
  - c. An agency may request pre-approval to bill every two (2) months instead, in which case, that agency is required to adhere to the billing due dates listed in Task 5 (see above)
3. NOTE: In FFY18 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a contractor is unable to submit the SNAP-Ed A19-1A on the due date, the contractor is required to submit a request for an exception to the DOH no later than seven (7) days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
  - a. At the very least this means a copy of an agency's financial expanded/detailed general ledger level report.
  - b. Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.

5. PLEASE NOTE: If an agency is a new SNAP-Ed contractor or has had a fiscal finding, or does not submit adequate and/or accurate backup documentation within the last year, all SNAP-Ed backup documentation must be submitted with each bill and this requirement will continue until further notice by DOH SNAP-Ed program.

| BUDGET |  |          |
|--------|--|----------|
| Source |  | Amount   |
| USDA   |  | \$10,302 |

**DOH Program Contact**

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 360-236-3668

**DOH Fiscal Contact**

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 360-236-3491

Kittitas County Public Health Department

EXHIBIT B-13  
ALLOCATIONS  
Contract Term: 2015-2017

Contract Number:  
Date:

C17114  
July 17, 2017

Indirect Rate as of January 2015: 40.25%  
Indirect Rate as of January 2017: 11.25% County Central Svcs & 29.5% Public Health Dept

| Chart of Accounts Program Title   | Federal Award Identification # | Amend #  | CFDA*  | BARS Revenue Code** | Statement of Work Funding Period |          | Chart of Accounts Funding Period |          | Amount   | Funding Period |           | Chart of Accounts Total |
|-----------------------------------|--------------------------------|----------|--------|---------------------|----------------------------------|----------|----------------------------------|----------|----------|----------------|-----------|-------------------------|
|                                   |                                |          |        |                     | Start Date                       | End Date | Start Date                       | End Date |          | Sub Total      | Total     |                         |
| FFY18 CSS IAR SNAP Ed Prog Mgnt   | NGA Not Received               | Amend 13 | 10.561 | 333.10.56           | 10/01/17                         | 12/31/17 | 10/01/17                         | 09/30/18 | \$9,902  | \$9,902        | \$9,902   |                         |
| FFY17 DSHS SNAP-Ed IAR Carry-in   | NGA Not Received               | Amend 13 | 10.561 | 333.10.56           | 10/01/17                         | 12/31/17 | 10/01/17                         | 12/31/17 | \$400    | \$400          | \$15,396  |                         |
| FFY17 DSHS SNAP-Ed IAR            | 1717WAWA5Q390                  | Amend 8  | 10.561 | 333.10.56           | 10/01/16                         | 09/30/17 | 10/01/16                         | 09/30/17 | \$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 |                |           |                         |
| FFY17 EPR PHEP BP1 LHJ Funding    | NU90TP921889-01                | Amend 13 | 93.069 | 333.93.06           | 07/01/17                         | 12/31/17 | 07/01/17                         | 07/02/18 | \$29,749 | \$29,749       | \$134,749 |                         |
| 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       |           |                         |
| 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                     | SNH23IP000762-05-00            | 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 AFTX                        | SNH23IP000762-05-00            | Amend 10 | 93.268 | 333.93.26           | 04/01/17                         | 12/31/17 | 04/01/17                         | 06/30/18 | \$3,340  | \$3,340        | \$13,746  |                         |
| FFY16 AFTX                        | H23IP000762                    | Amend 11 | 93.268 | 333.93.26           | 01/01/17                         | 03/31/17 | 01/01/16                         | 03/31/17 | \$1,100  | \$1,100        |           |                         |
| FFY16 AFTX                        | 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 AFTX                        | 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                     | SNH23IP000762-05-00            | 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  |                |           |                         |

Kittitas County Public Health Department

EXHIBIT B-13  
ALLOCATIONS  
Contract Term: 2015-2017

Contract Number: C17114  
Date: July 17, 2017

Indirect Rate as of January 2015: 40.25%  
Indirect Rate as of January 2017: 11.25% County Central Svcs & 29.5% Public Health Dept

| Chart of Accounts Program Title   | Federal Award Identification # | Amend #        | CFDA * | BARS Revenue Code** | Statement of Work Funding Period |          | Chart of Accounts Funding Period |          | Amount    | Funding Period Sub Total | Chart of Accounts Total |
|-----------------------------------|--------------------------------|----------------|--------|---------------------|----------------------------------|----------|----------------------------------|----------|-----------|--------------------------|-------------------------|
|                                   |                                |                |        |                     | Start Date                       | End Date | Start Date                       | End Date |           |                          |                         |
| FFY17 VFC Ordering                | 5NH23IP000762-05-00            | 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                | NH23IP000762-04-05             | 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                 |
| FFY16 PPHF Adolescent AFIX        | 1NH23IP922562-01-00            | Amend 12       | 93.733 | 333.93.73           | 04/01/17                         | 04/30/17 | 09/30/15                         | 09/29/17 | \$1,000   | \$1,000                  | \$1,000                 |
| FFY15 PPHF IIS AFIX               | NH23IP001032-01-01             | Amend 12       | 93.733 | 333.93.73           | 04/01/17                         | 04/30/17 | 09/30/15                         | 09/29/17 | (\$1,000) | \$0                      | \$0                     |
| FFY15 PPHF IIS AFIX               | NH23IP001032-01-01             | Amend 11       | 93.733 | 333.93.73           | 04/01/17                         | 04/30/17 | 09/30/15                         | 09/29/17 | \$1,000   |                          |                         |
| 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 | 17B04MC30649                   | 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  |                          |                         |
| 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                  |                         |
| FPHS Funding for LHJs Dir         |                                | Amend 13       | N/A    | 336.04.25           | 07/01/17                         | 12/31/17 | 07/01/17                         | 06/30/19 | \$42,000  | \$42,000                 | \$42,000                |
| 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   |                          |                         |

Kititas County Public Health Department

EXHIBIT B-13  
ALLOCATIONS  
Contract Term: 2015-2017

Contract Number: C17114  
Date: July 17, 2017

Indirect Rate as of January 2015: 40.25%  
Indirect Rate as of January 2017: 11.25% County Central Svcs & 29.5% Public Health Dept

| Chart of Accounts Program Title | Federal Award Identification # | Amend #        | CFDA* | BARS Revenue Code** | Statement of Work |          | Chart of Accounts         |                         | Amount           | Funding Period Sub Total | Chart of Accounts Total |
|---------------------------------|--------------------------------|----------------|-------|---------------------|-------------------|----------|---------------------------|-------------------------|------------------|--------------------------|-------------------------|
|                                 |                                |                |       |                     | Start Date        | End Date | Funding Period Start Date | Funding Period End Date |                  |                          |                         |
| Drinking Water Group A - TA     |                                | Amend 11       | N/A   | 346.26.66           | 01/01/15          | 12/31/17 | 01/01/15                  | 12/31/17                | (\$2,400)        | \$3,000                  | \$3,000                 |
| 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          |                          |                         |
| 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          |                          |                         |
| <b>TOTAL</b>                    |                                |                |       |                     |                   |          |                           |                         | <b>\$440,448</b> | <b>\$440,448</b>         |                         |
| <b>Total consideration:</b>     |                                |                |       |                     |                   |          |                           |                         |                  | <b>GRAND TOTAL</b>       | <b>\$440,448</b>        |
| <b>GRAND TOTAL</b>              |                                |                |       |                     |                   |          |                           |                         |                  | <b>Total Fed</b>         | <b>\$366,648</b>        |
|                                 |                                |                |       |                     |                   |          |                           |                         |                  | <b>Total State</b>       | <b>\$73,800</b>         |

\*Catalog of Federal Domestic Assistance

\*\*Federal revenue codes begin with "333". State revenue codes begin with "334".

# Exhibit C-11 Schedule of Federal Awards

AMENDMENT #13

Date: July 17, 2017

KITTITAS COUNTY HEALTH DEPT-SWW0010475-07  
CONTRACT C17114-Kittitas County Public Health Department  
CONTRACT PERIOD 1/1/2015-12/31/2017

| Chart of Accounts Program Title   |  | BARS      | DOH<br>Federal<br>Award Date | Total Amt<br>Federal<br>Award | Allocation Period<br>Start Date | End Date | Contract Amt | CFDA   | CFDA Program Title                                                                           | Federal Agency Name                                                                      | Federal Award<br>Identification Number | Federal Grant Award Name                                         |
|-----------------------------------|--|-----------|------------------------------|-------------------------------|---------------------------------|----------|--------------|--------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------|
| FFY18 CSS IAR SNAP-ED PROG MGNT   |  | 333.10.56 | NGA Not<br>Received          | NGA Not<br>Received           | 10/01/17                        | 12/31/17 | \$9,902      | 10.561 | State Administrative Matching<br>Grants for the Supplemental<br>Nutrition Assistance Program | Department of Agriculture Food and<br>Nutrition Service                                  | NGA Not Received                       | NGA Not Received                                                 |
| FFY17 DSHS SNAP-ED IAR CARRY-IN   |  | 333.10.56 | NGA Not<br>Received          | NGA Not<br>Received           | 10/01/17                        | 12/31/17 | \$400        | 10.561 | State Administrative Matching<br>Grants for the Supplemental<br>Nutrition Assistance Program | Department of Agriculture Food and<br>Nutrition Service                                  | NGA Not Received                       | NGA Not Received                                                 |
| FFY17 DSHS SNAP-ED IAR            |  | 333.10.56 | 09/30/16                     | \$5,739,856                   | 10/01/16                        | 09/30/17 | \$14,996     | 10.561 | State Administrative Matching<br>Grants for the Supplemental<br>Nutrition Assistance Program | Department of Agriculture Food and<br>Nutrition Service                                  | 1717WAWA5Q390                          | Supplemental Nutrition Assistance<br>Program Education (SNAP-Ed) |
| FFY17 EPR PHEP BP1 LHJ FUNDING    |  | 333.93.06 | 07/18/17                     | \$11,062,782                  | 07/01/17                        | 12/31/17 | \$29,749     | 93.069 | Public Health Emergency<br>Preparedness                                                      | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | NU90TP921889-01                        | HPP AND PHEP COOPERATIVE<br>AGREEMENT                            |
| 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<br>Preparedness                                                      | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | U90TP000559                            | TP12-1201 HPP AND PHEP<br>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<br>Preparedness                                                      | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | U90TP000559                            | TP12-1201 HPP AND PHEP<br>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<br>Preparedness                                                      | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | U90TP000559                            | TP12-1201 HPP AND PHEP<br>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<br>Preparedness                                                      | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | U90TP000559                            | TP12-1201 HPP AND PHEP<br>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<br>Preparedness                                                      | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | U90TP000559                            | TP12-1201 HPP AND PHEP<br>COOPERATIVE AGREEMENTS                 |
| FFY17 VFC ORDERING                |  | 333.93.26 | 03/03/17                     | \$103,874                     | 04/01/17                        | 12/31/17 | \$695        | 93.268 | Immunization Cooperative<br>Agreements                                                       | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | 5NH23IP000762-05-00                    | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN'S<br>PROGRAM     |
| FFY17 VFC OPS                     |  | 333.93.26 | 03/03/17                     | \$1,201,605                   | 04/01/17                        | 12/31/17 | \$1,150      | 93.268 | Immunization Cooperative<br>Agreements                                                       | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | 5NH23IP000762-05-00                    | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN'S<br>PROGRAM     |
| FFY17 AFIX                        |  | 333.93.26 | 03/03/17                     | \$1,672,289                   | 04/01/17                        | 12/31/17 | \$3,340      | 93.268 | Immunization Cooperative<br>Agreements                                                       | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | 5NH23IP000762-05-00                    | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN'S<br>PROGRAM     |
| FFY17 317 OPS                     |  | 333.93.26 | 03/03/17                     | \$575,969                     | 04/01/17                        | 12/31/17 | \$924        | 93.268 | Immunization Cooperative<br>Agreements                                                       | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | 5NH23IP000762-05-00                    | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN'S<br>PROGRAM     |
| FFY16 VFC ORDERING                |  | 333.93.26 | 01/19/16                     | \$3,991,784                   | 01/01/16                        | 12/31/16 | \$1,400      | 93.268 | Immunization Cooperative<br>Agreements                                                       | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | H23IP000762                            | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN'S<br>PROGRAM     |
| FFY16 VFC OPS                     |  | 333.93.26 | 01/19/16                     | \$3,991,784                   | 01/01/16                        | 12/31/16 | \$928        | 93.268 | Immunization Cooperative<br>Agreements                                                       | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | H23IP000762                            | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN'S<br>PROGRAM     |
| FFY16 AFIX                        |  | 333.93.26 | 01/19/16                     | \$3,991,784                   | 01/01/16                        | 03/31/17 | \$5,393      | 93.268 | Immunization Cooperative<br>Agreements                                                       | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention | H23IP000762                            | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN'S<br>PROGRAM     |



# Exhibit C-11 Schedule of Federal Awards

AMENDMENT #13

Date: July 17, 2017

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<br>Federal<br>Award Date | Total Amt<br>Federal<br>Award | Allocation Period<br>Start Date End Date |          | Contract Amt | CFDA   | CFDA Program Title                                                                                                    | Federal Agency Name                                                                  | Federal Award<br>Identification Number | Federal Grant Award Name                                                                                                   |
|-----------------------------------|--|-----------|------------------------------|-------------------------------|------------------------------------------|----------|--------------|--------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| FFY16 317 OPS                     |  | 333.93.26 | 01/19/16                     | \$3,991,784                   | 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                                                                     |
|                                   |  | 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                                                                     |
| 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 | 09/08/16                     | \$4,009,643                   | 01/01/17                                 | 03/31/17 | \$1,805      | 93.539 | PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance             | Department of Health and Human Services Centers for Disease Control and Prevention   | NH23IP000762-04-05                     | PPHF 2017: IMMUNIZATION GRANTS-IMMUNIZATION & VACCINES FOR CHILDREN PROGRAM-FINANCED IN PART BY 2017 PREVENTION & PUBLIC   |
| FFY16 PPHF ADOLESCENT AFIX        |  | 333.93.73 | 08/29/16                     | \$500,000                     | 04/01/17                                 | 04/30/17 | \$1,000      | 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   | 1NH23IP922562-01-00                    | PPHF 2016: INCREASE HPV VACCINE COVERAGE BY STRENGTHENING ADOLESCENT AFIX ACTIVITIES, FUNDED IN PART BY 2016               |
| 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 | 10/31/16                     | \$1,697,083                   | 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 | 17B04MC30649                           | FFY17 MATERNAL AND CHILD HEALTH SERVICES                                                                                   |
| 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                             |  |           |                              |                               |                                          |          | \$366,648    |        |                                                                                                                       |                                                                                      |                                        |                                                                                                                            |