KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT
2015 – 2017 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C17114 **AMENDMENT NUMBER: 14**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

   ☐ Adds Statements of Work for the following programs:

   ☒ Amends Statements of Work for the following programs:

   - FPHS Communicable Disease & Support Capabilities - Effective July 1, 2017
   - Maternal & Child Health Block Grant - Effective January 1, 2015

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-14 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-13 Allocations as follows:

   ☒ Increase of **$11,049** for a revised maximum consideration of **$451,497**.

   ☐ 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-12 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-11.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

_____
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

_____
Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2015-2017 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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Exhibit A
Statement of Work
Contract Term: 2015-2017

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

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

SOW Type: Revision **Revision # (for this SOW)** 1

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

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

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 lump sum payment 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. 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: The purpose of this revision is to change the Type of Payment and Payment Information and/or Amount from reimbursement to one-time lump-sum distribution and remove Special Billing Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change None	Total Consideration
FPHS FUNDING FOR LHJS DIR	N/A	336.04.25	91106102	07/01/17	12/31/17	42,000	0	42,000
TOTALS						**42,000**	**0**	**42,000**

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 FPHS Definitions – Version 1.2 (March 2016)					
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	October 1, 2017	~~*Reimbursement for actual expenditures.*~~ *Lump sum payment as follows:* *July 2017: $42,000*

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Promote immunization through evidence based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.		Report on metrics (TBD) Baseline data Updated data every six (6) months	January 30, 2018 July 30, 2018 January 30, 2019 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/HIVAIDS
- 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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Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Maternal & Child Health Block Grant - Effective January 1, 2015

Local Health Jurisdiction Name: Kittitas County Public Health Department

Contract Number: C17114

SOW Type: Revision **Revision # (for this SOW)** 4

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

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

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

Revision Purpose: The purpose of this revision is to extend the period of performance from September 30, 2017 to December 31, 2017, provide additional funding and add and revise tasks and deliverable due dates for continuation of MCHBG related activities.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY15 MCHBG CBP CONCON	93.994	333.93.99	78734250	01/01/15	09/30/15	34,870	0	34,870
FFY16 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730260	10/01/15	09/30/16	44,196	0	44,196
FFY17 MCHBG LHJ & OTHER CONTRACTS	93.994	333.93.99	78730270	10/01/16	09/30/17	44,196	0	44,196
FFY18 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120281	10/01/17	12/31/17	0	11,049	11,049
TOTALS						**123,262**	**11,049**	**134,311**

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

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2014 – December 31, 2014.		Submit actual expenditures using the MCHBG Budget Workbook (Sections A and B only) to contract manager.	February 18, 2015	the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1e	Report actual expenditures for January 1, 2015 through September 30, 2015.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2015	
1f	Complete 2016-2017 MCHBG Budget Workbook for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 2, 2016	
1g	Report actual expenditures for October 1, 2015 through September 30, 2016.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	November 30, 2016	
1h	Report actual expenditures for October1, 2016 through March 31, 2017.		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 26, 2017	
1i	Complete 2017-2018 MCHBG Budget Workbook for October 1, 2017 through September 30, 2018 using DOH-provided template		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 1, 2017	
1j	*Report actual expenditures for October 1, 2016-September 30, 2017.*		*Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.*	*November 15, 2017*	
MCHBG Assessment and Evaluation					
2a	Participate in statewide capacity and needs assessment activities in preparation for next statewide 5 year plan, as requested.		Documentation using report template provided by DOH.	May 1, 2015	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements and Special Billing Requirements.
2b	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH.	~~*September 30*~~ *December 31,* 2017	
2c	Report program level strategy measure data		Documentation using Action Plan Quarterly Report and MCHBG Budget Workbook	January 15, 2017 April 15, 2017 July 15, 2017	
MCHBG Implementation					
3a	Develop 2015-2016 MCHBG Action Plan for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft - August 21, 2015 Final - September 4, 2015	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only
3b	Report activities and outcomes of 2014-2015 MCHBG Action Plan using DOH provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				October 15, 2015 If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Develop 2016-2017 MCHBG Action Plan for October 1, 2016 through September 30, 2017 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft- August 19, 2016 Final-September 2, 2016	See Program Specific Requirements and Special Billing Requirements.
3d	Report activities and outcomes of 2015-2016 MCHBG Action Plan using DOH-provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	
3e	Develop 2017-2018 MCHBG Action Plan for October 1, 2017 through September 30, 2018 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2017 Final-September 1, 2017	
3f	Report activities and outcomes of 2016-2017 MCHBG Action Plan using DOH-provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2017 April 15, 2017 July 15, 2017	
3g	*Report activities and outcomes of 2017-18 MCHBG Action Plan for October 1, 2017 through December 31, 2017*		*Submit Action Plan monthly reports to DOH contract manager.*	*Monthly, on or before the 15th of the following month.*	
Children with Special Health Care Needs (CSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CSHCN Program as referenced in CSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	January 15, 2015 April 15, 2015 July 15, 2015 October 15, 2015 January 15, 2016 April 15, 2016 July 15, 2016 October 15, 2016 January 15, 2017 April 15, 2017 July 15, 2017 *October 15, 2017*	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.

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

***For Information Only:**
Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:
http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf

Program Specific Requirements/Narrative

Special Requirements
Federal Funding Accountability and Transparency Act (FFATA)
This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

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

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

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

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

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

Monitoring Visits (frequency, type)

Telephone calls with contract manager at least one every other month.

Special Billing Requirements

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

Special Instructions

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

DOH Program Contact

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Kittitas County Public Health Department

EXHIBIT B-14
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: **C17114**
Date: **September 15, 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 Start Date	Statement of Work Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts 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	5NH23IP000762-05-00	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 AFIX	5NH23IP000762-05-00	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 AFIX	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 AFIX	H23IP000762	Amend 5	93.268	333.93.26	01/01/16	12/31/16	01/01/16	12/31/16	$4,293	$4,293	
FFY15 AFIX	H23IP000762	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$5,013	$5,013	
FFY17 VFC Ops	5NH23IP000762-05-00	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-14
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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		
FFY18 MCHBG LHJ Contracts	**NGA Not Received**	**Amend 14**	**93.994**	**333.93.99**	10/01/17	12/31/17	10/01/17	09/30/18	**$11,049**	**$11,049**	**$11,049**
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	$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		

Kittitas County Public Health Department

EXHIBIT B-14
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: **C17114**
Date: **September 15, 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 Start Date	Statement of Work Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
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		
TOTAL									**$451,497**	**$451,497**	

Total consideration:	**$440,448**	**GRAND TOTAL**	**$451,497**
	$11,049		
GRAND TOTAL	**$451,497**	**Total Fed**	**$377,697**
		Total State	**$73,800**

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

Exhibit C-12 Schedule of Federal Awards

AMENDMENT #14

Date: September 15, 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 Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY18 CSS IAR SNAP-ED PROG MGNT	333.10.56	NGA Not Received	NGA Not Received	10/01/17	12/31/17	$9,902	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY17 DSHS SNAP-ED IAR CARRY-IN	333.10.56	NGA Not Received	NGA Not Received	10/01/17	12/31/17	$400	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
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 Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	Supplemental Nutrition Assistance 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 Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE 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 Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP BP4 OPER READINESS	333.93.06	06/30/14	$11,064,407	07/01/15	06/30/16	$7,704	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY15 EPR PHEP BP4 LHJ FUNDING	333.93.06	06/26/15	$12,132,694	07/01/15	06/30/16	$55,000	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR PLANNING & EXERCISES	333.93.06	06/30/14	$12,663,227	01/01/15	06/30/15	$24,078	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 EPR LHJ FUNDING	333.93.06	06/30/14	$12,663,227	01/01/15	06/30/15	$23,574	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY17 VFC ORDERING	333.93.26	03/03/17	$103,974	04/01/17	12/31/17	$695	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S 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 Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	$1,672,289	04/01/17	12/31/17	$3,340	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	$575,969	04/01/17	12/31/17	$924	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S 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 Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 VFC OPS	333.93.26	01/19/16	$3,991,784	01/01/16	12/31/16	$828	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY16 AFIX	333.93.26	01/19/16	$3,991,784	01/01/16	03/31/17	$5,393	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM

Exhibit C-12 Schedule of Federal Awards

AMENDMENT #14

Date: September 15, 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 Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
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
FFY15 VFC ORDERING	333.93.26	12/17/14	$3,437,046	01/01/15	12/31/15	$1,154	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	H23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
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: INCREASING 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 &
FFY18 MCHBG LHJ CONTRACTS	333.93.99	NGA Not Received	NGA Not Received	10/01/17	12/31/17	$11,049	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	NGA Not Received	NGA Not Received
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	$377,697					