

PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT  
2007-2011 CONSOLIDATED CONTRACT  
CONTRACT NUMBER: C14959                      AMENDMENT NUMBER: 32

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and PACIFIC COUNTY HEALTH & HUMAN SERVICES 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, is amended as follows:

- ☐ Adds Statements of Work for the following programs:
- ☒ Amends Statements of Work for the following programs:
- Immunization Program CHLD Profile – Effective January 1, 2011
  - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 31, 2009
  - Public Health Emergency Preparedness & Response (PHEPR) – Effective July 1, 2010
  - WIC Nutrition Program – Effective January 1, 2007

☐ Deletes Statements of Work for the following programs:

2. Exhibit B-32 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-31 Allocations as follows:

- ☒ Increase of \$4,568 for a revised maximum consideration of \$2,572,361.
- ☐ Decrease of \$\_\_\_\_\_ for a revised maximum consideration of \$\_\_\_\_\_.
- ☐ No change in the maximum consideration of \$\_\_\_\_\_.  
Allocations are attached only for informational purposes.

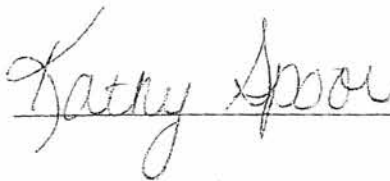
Unless designated otherwise herein, the effective date of this amendment is the date of execution.

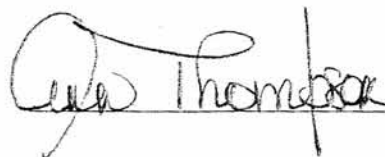
ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

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

PACIFIC COUNTY HEALTH & HUMAN SERVICES  
DEPARTMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

  
\_\_\_\_\_  
(Date) 4-1-11

  
\_\_\_\_\_  
(Date) 4/4/11

APPROVED AS TO FORM ONLY  
Assistant Attorney General

2007-2011 CONSOLIDATED CONTRACT  
EXHIBIT A  
STATEMENTS OF WORK  
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**Exhibit A  
Statement of Work  
Contract Term: 2007-2011**

DOH Program Name or Title: Immunization Program CHILD Profile -  
Effective January 1, 2011

Local Health Jurisdiction Name: Pacific County Health & Human Services  
Department

Contract Number: C14959

SOW Type: Amendment Amendment # (for this SOW) 1

<b>Funding Source</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	

Period of Performance: January 1, 2011 through December 31, 2011

Statement of Work Purpose: The purpose of this statement of work is to define required activities related to immunization services.

Amendment Purpose: The purpose of this amendment is to modify deliverables

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY11 FA 317 IMMUN ADMIN FED	93.268	333.92.68	73820210	01/01/11	12/31/11	2,573	0	2,573
FFY11 CHILD IMMUN ACTIVITIES FED	93.268	333.92.68	73820211	01/01/11	12/31/11	12,417	0	12,417
<b>TOTALS</b>						<b>14,990</b>	<b>0</b>	<b>14,990</b>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program. Accountability requirements include, but are not limited to: provider education, provider site visits, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.				
A.	Facilitate annual renewal of the Outside Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines. Collect provider profile information from providers enrolled in the childhood vaccine program via CHILD Profile Immunization Registry or provider agreement paper form.		Outside Provider Agreements for Receipt of State Supplied Vaccine (DOH 348-022) paper form or on-line via the CHILD Profile Immunization Registry.	Annually, per Immunization Program CHILD Profile Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
B.	Use and facilitate provider use of the CHILD Profile Immunization Registry Vaccine Ordering Module to place, monitor, and approve provider vaccine orders. Monitor provider orders for appropriateness (including Economic Order Quantity standards -		1) Provider Request for Childhood Vaccine (DOH 348-015) and Provider Request for Childhood Seasonal Flu Vaccine (DOH 348-118)	1) Monthly based on provider order schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	frequency, timing, order size etc.) and monitor vaccine accountability reports for compliance with VFC Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns). Provide technical assistance, consultation, and education to providers about vaccine quality assurance related to program participation and vaccine management.		2) Monthly Vaccine Accountability Report (DOH 348-006)  3) Private Provider's Monthly Report of Vaccine Usage (DOH 348--025)  4) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action  5) Report all cases (or suspected cases) of vaccine fraud or abuse	2) 15 <sup>th</sup> of each month  3) Submit electronically at the time of vaccine order via the CHILD Profile Immunization Registry; and paper form available for review at the time of LHJ site visit by DOH  4) Notify the DOH Immunization Program Within 7 days of incident  5) Notify the DOH Immunization Program within 7 days of reported incident	
C.	Conduct VFC site visits at four (4) private provider sites within your jurisdiction. Site visits should address all requirements outlined in the Outside Provider Agreement, including but not limited to vaccine accountability, storage, and handling issues.		1) VFC/AFIX Site Visit Selection Planning Form (DOH 358-348-158) identifying all providers who will receive a VFC site visit  2) A copy of the following provider compliance site visit documents for each public and private provider site visit completed: <ul style="list-style-type: none"> <li>• Site Visit Cover Sheet (DOH 348-151)</li> <li>• Questionnaire (DOH 348-156)</li> <li>• <del>Chart documentation worksheet (DOH 348-155)</del></li> </ul>	1) February 1, 2011  2) Within thirty (30) days of when the site visit is conducted (no later than November 30, 2011)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			3) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 358-348-157) listing which enrolled provider site visits were completed during the reporting period.	3) Within fifteen (15) days of the reporting period listed on the form	
D.	Conduct AFIX assessment site visits at one (1) private provider sites within your jurisdiction, using AFIX (Assessment, Feedback, Incentive, eXchange) strategies. This includes the assessment of immunization levels of two-year-old children (24 – 35 months of age), using the actual date of review at each private provider clinic site. Selection of providers may be based on one or more of the following criteria: high-volume usage, unusual ordering patterns, reports of vaccine usage or fraud, or Medicaid billing inconsistencies or random selection. Every effort should be made to include basic immunization education and the promotion of assessment. The DOH Immunization Program will provide appropriate AFIX software for this activity.		1) VFC/AFIX Site Visit Selection Planning Form (DOH 358-348-158) identifying all providers who will receive an AFIX assessment site visit  2) A copy of the Diagnostic Report (Childhood) for the 4:3:1:3:3:1 series and for the 4:3:1:3:3:1:4 series for each health care provider site.  3) A copy of the AFIX Feedback Form (DOH 348-159), which documents that providers were given verbal/written feedback following the CoCASA assessment.  4) Provide the private health care provider with feedback and a copy of the final printed report produced in the AFIX assessment software on the findings of the assessment	1) February 1, 2011  2) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011)  3) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011)  4) Within thirty (30) days of when the AFIX assessment is conducted (no later than November 30, 2011)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2.	Conduct activities to prevent perinatal hepatitis B infection including the following: 1) identification and reporting of HBsAg-positive mothers and their infants; 2) case management and tracking of infants to assure that they receive the first dose of HBIG and hepatitis B vaccine shortly after birth, the second dose at		Enter information for each case identified into the Perinatal Hepatitis B module of the CHILD Profile Immunization Registry or complete a Perinatal Hepatitis B Confidential Case Report – Mother/Infant (DOH 348-030) and	15 <sup>th</sup> of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	1-2 months of age, the third dose at 6 months of age, and post-vaccination testing including HBsAg and anti-HBs at 9-18 months of age or 1-2 months after completing dose number three; and 3) identification and tracking of susceptible household and sexual contacts to assure that they receive HBIG and/or hepatitis B vaccine, and post-vaccination testing if appropriate.		Household Contact (DOH 348-035) for each case identified		

**\*For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at:

<http://www.doh.wa.gov/phip/products/stds/10-11stds/overview.htm>

**Program Specific Requirements/Narrative**

Deliverables may be mailed, faxed, or sent electronically via email:

Immunization Program CHILD Profile

PO Box 47843

Olympia WA 98504-7843

Fax: 360-236-3590

Email: [IPCPcontracts@doh.wa.gov](mailto:IPCPcontracts@doh.wa.gov)

**Program Manual, Handbook, Policy References**

- Immunization Program CHILD Profile Annual VFC Provider Agreement Update Schedule posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>
- [Agency Guidelines for Vaccines for Children Status Screening](#)

Staffing Requirements: N/A

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

- Allowable expenses with 317 and Childhood Immunization Activities Funds (effective 1/1/2010) document posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>

Special References (RCWs, WACs, etc): N/A

Monitoring Visits (frequency, type): N/A

Definitions: N/A

Assurances/Certifications: N/A

Special Billing Requirements: N/A

Special Instructions: N/A

Other: N/A

**DOH Program Contact** --  
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360-236-3525



**Exhibit A**  
**Statement of Work**  
**Contract Term: 2007 – 2011**

DOH Program Name or Title: Public Health Emergency Preparedness & Response  
(PHEPR) – Effective July 31, 2009

Local Health Jurisdiction Name: Pacific County Health & Human  
Services Department  
 Contract Number: C14959

☐ Original    ☒ SOW Amendment # (for this program): 7  
 (Include the effective date of change in Task/Activity)

<b>Type of Contractor</b>	<b>Type of Funds</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Subrecipient	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> Vendor	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Fixed Price
	<input type="checkbox"/> Other	

Period of Performance: July 31, 2009 through July 30, 2011

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding and specify activities for the new Public Health Emergency Preparedness and Response (PHEPR) grant periods and PHEPR H1N1 Pandemic Flu activities.

**Amendment Purpose:** The purpose of this amendment is to reallocate funding from H1N1 Focus Area III to H1N1 Focus Area I.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input type="checkbox"/> (+) <input type="checkbox"/> (-) <input checked="" type="checkbox"/> None	Total Consideration
FFY09 PHEPR HC SYSTEMS – PREP	93.889	333.98.89	61306501	08/09/09-06/30/10	1,612	0	1,612
FFY09 PHEPR – LHJ FUNDING	93.069	333.90.69	1810129R	08/10/09-08/09/10	85,748	0	85,748
FFY09 PHER H1N1 PAN FLU FOCUS 1	93.069	333.90.69	18103200	07/31/09-07/30/11	70,519	12,747	83,266
FFY09 PHER H1N1 PAN FLU FOCUS 2	93.069	333.90.69	18103201	07/31/09-07/30/11	4,044	0	4,044
FFY09 PHER H1N1 PAN FLU PH III MASS VAC	93.069	333.90.69	18103202	07/31/09-07/30/11	61,156	-12,747	48,409
<b>TOTALS</b>					<b>223,079</b>	<b>0</b>	<b>223,079</b>

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
1.1	Update local Emergency Response Plans.		Submit updated plan to DOH.	08/09/10	Reimbursement for costs, not to exceed total funding consideration amount.
1.2	Each Cities Readiness Initiative (CRI) LHJ will participate with state and/or federal officials annually in a Technical Assistance Review (TAR). Each non CRI LHJ will participate with state officials in a bi-annual Technical Assistance Review (TAR) of Strategic National Stockpile (SNS) Plan and work to achieve the SNS mandated score of 69 or higher.		CRI LHJ meets annually with state and/or federal officials to accomplish the TAR. Non CRI LHJ Meet bi-annually with the state SNS Coordinator to accomplish the TAR.	Ongoing	



Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
1.3	Each non CRI LHJ will conduct a tabletop or more complex exercise of a portion of their emergency response plan.		Submit a pre-exercise report.	45 days prior to exercise.	
			Submit an after action report (AAR) and corrective action plan.	60 days after exercise; no later than 08/09/10	
1.6	Update regional Emergency Response Plans.		Submit updated plan to DOH.	08/09/10	
1.7	Adhere to federal National Incident Management System (NIMS) compliance guidelines and report compliance activities.		Report compliance activities.	08/09/10	
2.1	Each LHJ will examine the results of its 2009 annual assessment of the notifiable conditions surveillance system, identify at least two measures needing improvement, and implement improvements to those measures.		Submit a process improvement report on DOH-provided template.	07/30/10	
2.2	Each LHJ will participate in an evaluation of its 24/7 response system to measure the time to reach a knowledgeable public health professional who can assess the situation and initiate an appropriate response. WA DOH will conduct the telephone evaluation.		Submit a process improvement report on a DOH-provided template if contact cannot be made within 15 minutes.	07/15/10	
3.1	Integrate All-Hazards approach into routine LHJ laboratory notification protocol.		Submit protocols.	08/09/10	
3.2	Establish clearly defined protocols regarding laboratory communication, specimen submission and other events of urgent public health significance.		Submit protocols.	08/09/10	
3.3	Maintain up to date contact roster which includes a contact position/title, current phone number, and email address of LHJs and sentinel labs in their Regions.		Submit contact rosters.	08/09/10	
4.1	Maintain and participate in a standard, unified statewide emergency communication system (e.g. SECURES) and participate in regular state-initiated test alerts.		Confirm state-generated test alerts.	Ongoing	
4.2	Conduct test alerting with public health partners using State Electronic Communications and Urgent Response Exchange System (SECURES) or other		Report response time to DOH.	03/01/10 08/09/10	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	contact methods.				
4.3	Maintain local data stewards.		Notify DOH Epidemiology, Health Statistics, and Public Health Laboratories (EHSPHL) Informatics customer service unit of any changes or updates.	Ongoing	
4.4	Maintain emergency communications equipment; use in exercises and as back up communications capacity.		Conduct minimum quarterly tests.	03/01/10 08/09/10	
5.1	Assure consistency—and maintain effectiveness—of risk communication strategies and resources related to emerging public health threats and essential preparedness initiatives including SNS. Work to assure plans and resources provide effective outreach to special needs communities. Coordinate with Regional Risk Communication Liaisons or Program Area Lead to complete this work.		Submit semi-annual progress reports on activities.	03/01/10 08/09/10	
5.2	Develop and maintain general public health emergency hotline and/or call center capacity.		Submit semi-annual progress reports on activities.	03/01/10 08/09/10	
6.1	Provide training and educational opportunities to public health staff.		Training records not contained in SmartPH will need to be reported in the format provided with the semi-annual progress report.	03/01/10 08/09/10	
6.3	Update Training Plans.		Submit updated plan to DOH.	03/01/10 08/09/10	
7.1	Participate in Regional Healthcare Coalition planning, preparedness and response activities. Coordinate with local health care partners as appropriate.		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	
7.2	Continue to develop volunteer Health Personnel Management Program and enroll volunteers. A) regional representation on the user group B) include Washington Health Volunteers in Emergencies (WAHVE) link on LHJ website [or local Emergency Management Division (EMD), hospitals, or signature		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	blocks].				
7.3	Participate in Regional Healthcare Coalition exercise.		Submit semi-annual progress reports on activities.	03/01/10 06/30/10	
8.1	The LHJ will participate in the inter-agency relationships and Mutual Aid Agreement (MAA) development efforts by attending MAA Operational Plan training. The LHJ will apply training elements to LHJ planning and response efforts.		Submit proof of attending MAA Operational Plan training.	07/30/10	
8.2	The LHJ will conduct meetings with community partners to discuss strategies for the fall H1N1 vaccination campaign. Meetings should begin now and continue through the fall.		Submit meeting agenda, goals, outcomes, and minutes.	10/15/09	
8.3	The LHJ will engage every school district in planning for the fall H1N1 campaign and include community mitigation strategies, possible sites for vaccination clinics, input into messages to parents, etc.		Submit meeting agenda, goals, outcomes, and minutes.	10/15/09	
8.4	The LHJ will update and implement local mass vaccination plans based on lessons learned and new guidance's as they become available.		Submit updated plan to DOH.	10/15/09	
8.5	The LHJ will coordinate with regional healthcare partners to implement the healthcare situational awareness features of WATrac.		Identify features and regional strategy. Identify system administrator and training date. Participate in training.	07/30/10	
8.6	The LHJ will identify ship-to sites in the community for H1N1 vaccine.		Submit ship-to site contact and address information to DOH.	08/20/09	
8.7	The LHJ will perform accountability activities in accordance with H1N1 Vaccine federal requirements and state requirements.		Monitor Vaccine Accountability Report (DOH 348-006)	10/15/09	
8.8	The LHJ requirements include, but are not limited to planning for: <ul style="list-style-type: none"> <li>▪ provider education.</li> <li>▪ administration of H1N1 vaccine to Advisory Committee on Immunization Practices (ACIP) priority groups</li> <li>▪ securing signed outside provider</li> </ul>		Submit a progress report	03/01/10	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	agreements for H1N1 vaccine and a priority list of H1N1 administration providers				
8.9	If LHJ is administering H1N1 vaccine, for all suspect adverse events, the LHJ will assure that the adverse event is reported to the Vaccine Adverse Event Reporting System (VAERS).		Assure that all suspect adverse events are reported to VAERS either directly by LHJ or community provider receiving report.	Throughout the 2009-2010 influenza season	
8.10	The LHJ will conduct activities to assure the administration of the H1N1 vaccine in their community. Activities include, but are not limited to: <ul style="list-style-type: none"> <li>Managing vaccine ordering and follow-up for distribution</li> <li>Assuring vaccine is used appropriately and stored and handled appropriately.</li> <li>Assuring that uninsured and other individuals that cannot pay receive H1N1 vaccinations</li> <li>Reporting H1N1 fraud and abuse</li> <li>Paying for the H1N1 vaccine administration.</li> <li>Submitting monthly accountability reports including private provider reports of H1N1 vaccine doses administered.</li> </ul>		Submit weekly H1N1 vaccine doses data to the Immunization Program CHILD Profile system/DOH web portal  Submit an After Action Report [Homeland Security Exercise and Evaluation Program (HSEEP) compliant]	Starting Monday, 10/12/09  04/30/10	
8.11	<b>Optional:</b> Continue with appropriate activities 8.1 – 8.10 with an emphasis on preparing for future pandemics. Submit related deliverables for each continued activity.		As specified above for appropriate continued activities 8.1 – 8.10 with an emphasis on future pandemics.	07/30/11 for any and all continued activities 8.1 – 8.10 above	
	<b>Activities 8.12 – 8.15 are required for those LHJs that requested additional funding from DOH.</b>				
8.12	LHJ leadership will participate in a DOH hosted workgroup to determine a decision-making process for use during public health emergency incidents that includes how decisions are made that have statewide significance (e.g. statewide		Participate in discussions and input on this topic as well as sign-off on the final procedure.	07/30/11	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information - and/or Amount
	communications, countermeasure distribution, priority group allocations, etc.). Participation may include connecting by proxy, video conference, conference call, in-person or email to provide input and buy-in of final procedure.				
8.13	LHI leadership and LHI preparedness staff will participate in a DOH hosted process to gather best practices and evaluate them, on how to continue operations and implement an emergency response, including use of Incident Command System (ICS), for public health during an extended incident. Produce a guidance document to assist with implementation of emergency response and incident command for public health in an extended incident. Participation may be through video conference, conference call, email, proxy or in-person meetings.		Participation in discussions and input in the process and sign-off on the final procedure.	07/30/11	
8.14	LHI emergency preparedness and immunization staff will participate in DOH facilitated training on doses administered data collection and other upgrades to the Mass Immunization module using CHILD Profile modules. This will include practice with the system after the training in preparation for the federal Doses Administered Exercise (DAX).		Submit record of participation by both emergency preparedness and immunization program staff at training on updated Mass Immunization module including doses administered data collection using CHILD Profile.	07/30/11	
8.15	Each LHI will attempt to recruit at least 1 additional provider to participate in Influenza Like Illness Network (ILI Net) (sentinel surveillance). Participation by the provider may be either by reporting total number of patients seen for ILI each week or submitting specimens to Public Health Lab.		Submit documentation of each attempt to recruit additional providers into ILI Net, and include provider decision to participate or not.	07/30/11	
8.16	<b>Optional:</b> Work on completing local health corrective action items as specified in the previously submitted H1N1 After Action Report for Activity 8.10.		Submit progress report identifying work done to complete corrective action items; report will include which items were completed and which items that were not completed.	07/30/11	

**\*For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm).

**Program Specific Requirements/Narrative:**

As requested by federal and/or state mandates, additional information may be requested during the contract period.

**Activity Sections List:**

Section 1 – Planning and Exercise

Section 2 – Epidemiology

Section 3 – Laboratory

Section 4 – Informatics

Section 5 – Risk Communications/Interoperable Communications

Section 6 – Training

Section 7 –Healthcare Systems

Section 8 – H1N1 Response

**DOH Program Contact:**

Brad Halstead, Finance Analyst

PO Box 47890

Olympia, WA 98504-7890

[brad.halstead@doh.wa.gov](mailto:brad.halstead@doh.wa.gov)

PHEPR Deliverable Submission: [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov)

360-236-4054



**Exhibit A**  
**Statement of Work**  
**Contract Term: 2007-2011**

DOH Program Name or Title: Public Health Emergency Preparedness & Response  
(PHEPR) – Effective July 1, 2010

Local Health Jurisdiction Name: Pacific County Health & Human Services  
Department  
 Contract Number: C14959

SOW Type: Amendment Amendment # (for this SOW) 2

<b>Funding Source</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	

Period of Performance: July 1, 2010 through August 9, 2011

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding and specific activities for the new Public Health Emergency Preparedness and Response (PHEPR) grant periods.

**Amendment Purpose:** The purpose of this amendment is to move task 11.6 from CDC to CDC and ASPR activities section of the statement of work and eliminate task 12.3 until a new system for volunteers is in place.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY10 PHEPR IIC SYSTEMS - PREP	93.889	333.98.89	61307501	07/01/10	06/30/11	4,331	0	4,331
FFY09 PHEPR-LHJ FUNDING BY10 EXT	93.069	333.90.69	18101209	08/10/10	08/09/11	97,611	0	97,611
<b>TOTALS</b>						<b>101,942</b>	<b>0</b>	<b>101,942</b>

**ASPR ACTIVITIES:**

Activity Sections List:

- Section 1 – Planning
- Section 2 – Exercise
- Section 3 – Training
- Section 4 – Interoperable Communications

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	Coordinate regional healthcare system response plan updates, to include all elements in the healthcare system plan template (Concept of Operations, Activation and Response, Regional Healthcare System Overview, Communications, Surge Capacity, Critical Issues, Recovery, Training, and Plan Maintenance).		Submit updated regional healthcare system plan.	02/01/11 06/30/11	Reimbursement for costs, not to exceed total funding consideration amount.
1.3	Update Regional Healthcare Coalition Charter and Strategic Plan as needed.		Submit strategic plan.	06/30/11	



Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.4	Continue the development and maintenance of Memoranda of Understanding (MOUs) between regional healthcare coalition partners.		Submit MOUs.	06/30/11	
1.9	Participate in Regional Healthcare Coalition planning, preparedness and response activities. Coordinate with local health care partners as appropriate.		Submit semi-annual progress reports on activities.	02/01/11 06/30/11	
2.2	Participate in Regional Healthcare Coalition exercise.		Submit semi-annual progress reports on activities.	02/01/11 06/30/11	

**CDC ACTIVITIES:**

Activity Sections List:

Section 5 – Planning and Exercise

Section 6 – Epidemiology

Section 7 – Laboratory

Section 8 – Informatics

Section 9 – Risk Communications/Interoperable Communications

Section 10 – Training

~~Section 11 – Healthcare Systems~~

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5.1	Update local Emergency Response Plans.		Submit updated plan to DOH.	07/31/11	Reimbursement for costs, not to exceed total funding consideration amount.
5.3	Each Non - Cities Readiness Initiative (CRI) will participate with state officials once every three years in a Technical Assistance Review (TAR) of Strategic National Stockpile (SNS) Plan and work to achieve the SNS mandated score of 69 or higher.		<p>Non CRI LHJ will complete a self review using the Strategic National Stockpiles (SNS) Local Technical Assistance Review tool.</p> <p>Submit the completed tool to the Regional SNS Coordinator for review. The regional SNS Coordinator will provide feedback on the self assessment during a visit to the LHJ.</p> <p>Non CRI LHJ will meet every three years with state officials to accomplish a TAR</p> <p>Non CRI LHJs will submit all</p>	Ongoing	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			documents to be reviewed to the state officials 21 days prior to the scheduled TAR.  State officials will submit a draft TAR to the CRI LHJ and Regional SNS Coordinator within 30 days of the completion of the TAR visit.  Non CRI LHJs will review and submit rebuttal of any scores in the TAR Report within 3 work days to regional and/or state officials.		
5.4	Each non CRI LHJ will conduct a tabletop or more complex exercise of a portion of their emergency response plan.		Submit a pre-exercise report to DOH  Submit an after action review and a corrective action plan.	45 days prior to the scheduled exercise.  07/31/11	
5.8	Adhere to federal National Incident Management System (NIMS) compliance guidelines and report compliance activities.		Report compliance activities.	08/09/11	
6.1	Each LHJ will describe the LHJ surveillance system for gathering, analyzing, and interpreting data in order to achieve early detection and warning and overall situational awareness of threats and hazards.		Submit reports semi-annually on DOH-provided template.	12/15/10 06/15/11	
6.2	Each LHJ will provide to DOH, in near-real time, data generated in its situational awareness surveillance network.		Data generated in the LHJ situational awareness surveillance network received.	On-Going	
6.3	Each LHJ to be reachable by phone 24/7 for urgent or emergency issues. Each LHJ is to provide DOH (Office of Public Health System Development) with current agency emergency phone number and participate in regular state-initiated testing.		A knowledgeable public health professional capable of assessing an event of urgent public health consequence and initiating an appropriate response is reached in 15 minutes or less.	On-Going	
7.1	Integrate All-Hazards approach into routine LHJ laboratory notification protocol.		Submit protocols.	08/09/11	
7.2	Establish clearly defined protocols regarding laboratory communication, specimen submission and other events of urgent public health significance.		Submit protocols.	08/09/11	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7.3	Maintain up to date contact roster which includes a contact position/title, current phone number, and email address of LHJs and sentinel labs in their Regions.		Submit contact rosters.	08/09/11	
8.1	Maintain and participate in a standard, unified statewide emergency communication system (e.g. SECURES) and participate in regular state-initiated test alerts.		Confirm state-generated test alerts.	07/31/11	
8.2	Conduct test alerting with public health partners using State Electronic Communications and Urgent Response Exchange System (SECURES) or other contact methods.		Report response time to DOH.	07/31/11	
8.3	Maintain local data stewards.		Notify DOH Epidemiology, Health Statistics, and Public Health Laboratories (EHSPHL) Informatics customer service unit of any changes or updates.	Semi-annually, due two weeks after email request is made by the Informatics Customer Support Staff.	
8.4	Maintain emergency communications equipment; use in exercises and as back up communications capacity. Conduct satellite phone tests and report connection statistics to DOH.		Conduct minimum quarterly tests.	Quarterly.	
9.1	Assure consistency—and maintain effectiveness—of risk communication strategies and resources related to emerging public health threats and essential preparedness initiatives including SNS. Work to assure plans and resources provide effective outreach to special needs communities. Coordinate with Regional Risk Communication Liaisons or Program Area Lead to complete this work.		Submit semi-annual progress reports on activities.	03/01/11 08/09/11	
9.2	Develop and maintain general public health emergency hotline and/or call center capacity.		Submit semi-annual progress reports on activities.	03/01/11 08/09/11	
10.1	Provide training and educational opportunities to public health staff.		Training records not contained in SmartPH will need to be reported in the format provided with the semi-annual progress report.	03/01/11 08/09/11	
10.2	Participate in the Regional Learning Specialist (RLS) Network.		Participate in routine RLS calls and meetings.	03/01/11 08/09/11	
10.3	Update Training Plans.		Submit updated plan to DOH.	03/01/11 08/09/11	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11.6	<i>Work with hospitals in your jurisdiction to promote the use of the WATrac incident management system to track hospital beds. Follow WATrac policy for updating bed status during an incident. Working with the regional healthcare coalition, continue to plan for WATrac utilization.</i>		<i>Submit semi-annual progress reports on activities.</i>	<i>02/01/11 06/30/11</i>	

#### CDC and ASPR ACTIVITIES:

##### Activity Sections List:

Section 11 – Healthcare Systems

Section 12 – Medical Reserve Corps (MRC)/Emergency System for the Advanced Registration of Volunteer Health Professionals (ESAR-VHP)

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information -and/or Amount
11.6	<i>Work with hospitals in your jurisdiction to promote the use of the WATrac incident management system to track hospital beds. Follow WATrac policy for updating bed status during an incident. Working with the regional healthcare coalition, continue to plan for WATrac utilization.</i>		<i>Submit semi-annual progress reports on activities.</i>	<i>03/01/11 06/30/11</i>	Reimbursement for costs, not to exceed total funding consideration amount.
12.1	Designated LHJ staff/MRC coordinators will participate in at least two SECURES driven MRC call down drills in coordination with Washington Health Volunteers in Emergencies (WAHVE).		No report required	N/A	
12.2	Provide a hypertext link to the DOH WAHVE web page on their local MRC/ Volunteer web site. Alternative locations may include emergency management, local hospitals, or signature blocks. Link is <a href="http://www.doh.wa.gov/phepr/wahve/default.htm">http://www.doh.wa.gov/phepr/wahve/default.htm</a>		Include hypertext links in semi-annual progress report	02/01/11 06/30/11	
12.3	<i>All public health based MRCs and LHJs with volunteer rosters, will send out at least two formal e-mails to their volunteer distribution lists, requesting that medical volunteers register themselves in the WAHVE system.</i>		<i>Templates for these communications to be provided by DOH</i>	<i>02/01/11 06/30/11</i>	

##### \*For Information Only:

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm)

**Program Specific Requirements/Narrative:**

As requested by federal and/or state mandates, additional information may be requested during the contract period.

**DOH Program Contact:**

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360-236-4054

**Exhibit A**  
**Statement of Work**  
**Contract Year: 2007 -- 2011**

DOH Program Name or Title: WIC Nutrition Program --  
Effective January 1, 2007

Local Health Jurisdiction Name: Pacific County Health & Human  
Services Department  
**Contract Number: C14959**

☐ Original    ☒ SOW Amendment # (for this program): 16  
 (Include the effective date of change in Task/Activity)

<b>Type of Contractor</b>	<b>Type of Funds</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Subrecipient	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> Vendor	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Fixed Price
	<input type="checkbox"/> Other	

Period of Performance: January 1, 2007 through December 31, 2011

**Statement of Work Purpose:** The purpose of this statement of work is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

**Amendment Purpose:** The purpose of this amendment is to add funds in the WIC/USDA Farmers Market Nutrition Program and the WIC/USDA Breastfeeding Peer Counseling Program category and add a Special Requirement.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input checked="" type="checkbox"/> (+) <input type="checkbox"/> (-) <input type="checkbox"/> None	Total Consideration
WIC/USDA Nutrition and Local Support	10.557	333.10.57	75211270	01/01/07-09/30/07	44,370	0	44,370
WIC/USDA Nutrition and Local Support	10.557	333.10.57	75211280	10/01/07-09/30/08	65,422	0	65,422
WIC/USDA Nutrition and Local Support	10.557	333.10.57	75211290	10/01/08-09/30/09	74,198	0	74,198
WIC/USDA Nutrition and Local Support	10.557	333.10.57	75211200	10/01/09-09/30/10	113,168	0	113,168
WIC/USDA Nutrition and Local Support	10.557	333.10.57	75211210	10/01/10-09/30/11	112,676	0	112,676
WIC/USDA Nutrition and Local Support	10.557	333.10.57	TBD	10/01/11-12/31/11	29,325	0	29,325
WIC/USDA Breastfeeding	10.557	333.10.57	75213270	01/01/07-09/30/07	904	0	904
WIC/USDA Breastfeeding	10.557	333.10.57	75213280	10/01/07-09/30/08	1,206	0	1,206
WIC/USDA Breastfeeding	10.557	333.10.57	75213290	10/01/08-09/30/09	1,259	0	1,259
WIC/USDA Breastfeeding	10.557	333.10.57	75213200	10/01/09-09/30/10	1,277	0	1,277
WIC/USDA Breastfeeding	10.557	333.10.57	75213210	10/01/10-09/30/11	3,677	0	3,677
WIC/USDA Breastfeeding	10.557	333.10.57	TBD	10/01/11-12/31/11	939	0	939
WIC/USDA Breastfeeding Peer Counseling	10.557	333.10.57	75214200	10/01/09-09/30/11	22,706	✓ 4,393	27,099
WIC/USDA Revitalize Quality Nutrition Grant	10.557	333.10.57	75233291	07/01/10-12/31/11	21,913	0	21,913
WIC/USDA Breastfeeding Award	10.557	333.10.57	75237200	10/01/09-09/30/10	5,243	0	5,243
WIC/USDA Farmers Market Admin	10.572	333.10.52	75302200	10/01/09-09/30/10	182	0	182
WIC/USDA Farmers Market Admin	10.572	333.10.52	75302210	10/01/10-09/30/11	0	175	175
<b>TOTALS</b>						<b>4,568</b>	<b>503,033</b>

*Farm Mkt*  
*BF/PC*  
*WIC*



Task Number	Task/Activity Description	* May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>1</b>	<b>WIC Nutrition Program</b>				See "Special Billing Requirements" below
1.1	<p>Maintain authorized participating caseload at 100%.</p> <p>1. The DOH State WIC Program has the option to redistribute caseload to ensure that comparative service levels and priorities are served around the state. A reduction in caseload and corresponding funding may be necessary when reallocations are needed to improve the overall effectiveness of the program. A two month written notice shall be given prior to reduction.</p> <p>The DOH State WIC Program has the option of reducing percent authorized caseload served or reducing authorized participating caseload should unanticipated funding situations occur.</p> <p>Base authorized participating caseload for January 2007 through December 2008= <u>510</u>  Revised authorized participating caseload = 545 as of 7/1/08  Revised authorized participating caseload as of 3/1/09= <u>580</u></p>	PP4.3L PP3.2L	Quarterly average as shown on Caseload Management Reports		
1.2	Submit the annual Nutrition Education Plan for each year of the contract.	PP3.4L PP5.3L	Nutrition Education Plan	First year due 3/31/07 Second year due 3/31/08 Third year due 3/31/09 Fourth year due 3/31/10 Fifth year due 3/31/11	



Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.3	Submit the annual Expenditure Report for each year of the contract.	PP5.3L	Expenditure Report	11/30/07 11/30/08 11/30/09 11/30/10 11/30/11	
1.4	Transmit electronically all client and check issuance data via the Client Information Management System (CIMS).		Client and Check Issuance data	Same day of operation; no later than noon the following day.	
1.5	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	PP5.1L	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	PP5.1L	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Issue WIC checks while assuring adequate check security and reconciliation.	PP5.1L	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.8	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).		Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
2	<b>Breastfeeding Promotion</b>	PP5.1L			See "Special Billing Requirements" below
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.		Status report of chosen activities in Nutrition Education Plan.  Documentation must be available for review by WIC monitor staff	Due 3/31/11  Biennial WIC Monitor	
2.2	Work with community partners to improve maternity care practices that affect breastfeeding. Choose one or more of the following projects:  <ul style="list-style-type: none"> <li>Change worksite policies of employers who likely employ low income women</li> <li>Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women</li> <li>Provide clients access to lactation consultants</li> </ul>		Status report of chosen activities in Nutrition Education Plan.  Documentation must be available for review by WIC monitor staff	Due 3/31/11  Biennial WIC Monitor	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Other projects will need pre-approval from the State WIC Office.				
3	<b>Breastfeeding Peer Counseling Program</b>				See "Special Billing Requirements" below
3.1	Provide breastfeeding peer counseling program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not supplant, WIC Breastfeeding Promotion activities.		Breastfeeding Peer Counseling Report  Documentation must be available for review by WIC monitor staff.	Due 2/15/11  Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.		Documentation must be available for review by WIC monitor staff	Biennial WIC Monitor	
3.3	Peer counselors are paid, supervised, and receive, at minimum, annual breastfeeding training.		Breastfeeding Peer Counseling Report  Documentation must be available for review by WIC monitor staff	Due 2/15/11  Biennial WIC Monitor	
3.4	Assure peer counselors have access to an International Board Certified Lactation Consultant (IBCLC). If no IBCLC is available, peer counselors have access to staff who have attended state approved lactation management training.		Breastfeeding Peer Counseling Report  Documentation must be available for review by WIC monitor staff	Due 2/15/11  Biennial WIC Monitor	
3.5	Attend state-sponsored training on peer counselor programs		Documentation must be available for review by WIC monitor staff	Biennial WIC Monitor	
4	<b>Farmers Market Nutrition Program (FMNP)</b>				See "Special Billing Requirements" below
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients between June 1 and September 30 of current year.		Send completed Farmers Market Nutrition Program check registers to banking contractor on a weekly basis following FMNP procedures.	Weekly June -Sep 2007 and June-Sep 2008 and June-Sep 2009 and June-Sep 2010 and June-Sep 2011.  All by Oct 1, 2007 and by Oct 1, 2008 and by Oct 1, 2009 and by Oct 1, 2010 and by Oct 1, 2011	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Documentation must be available for review by WIC monitor staff	Biennial WIC Monitor	

**\*For Information Only:**

Funding is not tied to the 2006 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 revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm)

**Program Specific Requirements/Narrative**

1. The WIC program in the state of Washington is administered by DOH.

2. The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.

3. Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program and are hereby incorporated in this rule by reference. These regulations define the rights, responsibilities, and legal procedures of WIC employees, clients, persons acting on behalf of a client, and retailers. They are designed to promote:

- a. High quality nutrition services;
- b. Consistent application of policies and procedures for eligibility determination;
- c. Consistent application of policies and procedures for food benefit issuance and delivery; and
- d. WIC program compliance.

4. The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.

5. The WIC program may impose sanctions against WIC clients for not following WIC program rules stated on the WIC rights and responsibilities.

6. The WIC program may impose monetary penalties against persons who misuse WIC checks or WIC food but who are not WIC clients.

**Program Manual, Handbook, Policy References**

The LHH shall be responsible for providing services according to rules, regulations and other information contained in the following:

- WIC Federal Regulations, USDA, FNS 7CFR Part 246, 3016, 3017 and 3018
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Updated Directives issued during the term of the Contract

- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248

#### **Staffing Requirements**

The LHJ shall:

- Utilize a Competent Professional Authority (CPA) to determine nutrition risk eligibility for participation in the WIC Nutrition Program.
- Utilize a qualified nutritionist or Registered Dietitian to ensure the quality of the nutrition education component of the WIC Nutrition Program, and to complete nutrition high risk care plans for high risk clients. The nutritionist must have a Master's Degree in nutrition or public health nutrition from an accredited school. A Registered Dietitian refers to a person registered with the American Dietetic Association or someone who is registration eligible in the process of becoming a Registered Dietitian.

#### **Restrictions on Funds**

The LHJ shall follow the instructions found in the Washington State WIC Nutrition Program Policy and Procedure Manual under WIC Allowable Costs.

#### **Special References**

Washington Administrative Code (WAC) 246-790-050

#### **Monitoring Visits**

- Program and fiscal monitoring are done on a biannual (every two years) basis, and are conducted onsite.
- The LHJ shall maintain on file and have available for review, audit and evaluation, all criteria used for certification, including information on income and nutrition risk eligibility, program requirements, referrals, and nutrition education.

#### **Assurances/Certifications**

##### **1. Computer Equipment Loaned by the DOH WIC Nutrition Program**

In order to perform WIC program activities, DOH requires computers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by DOH, and loaned to the local agency (LHJ). The Loaned Equipment is supported by DOH. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

An inventory of Loaned Equipment is kept by DOH. Each time Loaned Equipment is changed, the parties shall complete the Equipment Transfer Form and DOH updates the inventory. A copy of the Transfer Form will be provided to the LHJ. Copies of the updated inventory list may be requested at any time.

The LHJ agrees to:

- a. Defend, protect and hold harmless DOH or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation. DOH may enforce this by:
  - 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
  - 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by DOH). or
  - 3) Assertion of a lien against the LHJ's property.

DOH recommends LHJs carry insurance against possible loss or theft.

## 2. Civil Rights Assurance

- a. The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance.
  - b. "The LHJ hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines. to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the LHJ receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.
  - c. "By accepting this assurance, the LHJ agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the LHJ, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHJ."
3. 7CFR Parts 3016, 3017, 3018
- a. The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 7CFR part 3016, the debarment and suspension requirements of 7CFR part 3017, if applicable, the lobbying restrictions of 7CFR part 3018, and FNS guidelines and instructions and shall provide on a timely basis to DOH all required information regarding fiscal and program information.

## Special Billing Requirements

### 1. Billing Information

- a. Billings are submitted on an A19-1A form, which is coded and provided by DOH prior to each federal fiscal budget period.
- b. A19-1A forms are submitted monthly following the close of each calendar month (or upon completion of services before the end of the state or federal contract budget period).
- c. Funds are allocated by budget categories (refer to Chart of Accounts Program names) and by state and federal budget periods (refer to the allocation sheet).
- d. Expenses are incurred only during the budget period; no carry forward from previous time periods, or borrowing from future time periods is allowed.
- e. Payments for a budget period are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs, with back up documentation retained by the LHJ and available for inspection by DOH or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual for WIC allowable costs.
- h. Advance payments are not allowed.



### Special Instructions

The LHJ shall:

1. Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.
2. Provide, as necessary, a single audit in accordance with the provisions of OMB Circular A-133. This circular requires the LHJ to have a single audit performed should LHJ spend \$500,000 or more of federal grants or awards from all sources. The LHJ is a sub-recipient of federal funds.

### Special Requirements

**October 2009 – September 2010 time period:** A total of \$3,781 is added in the WIC/USDA Nutrition and Local Support category for the purchase of anthropometric equipment, to install electrical outlets and to modify an office as per the Capacity Grant submitted to the Washington State WIC Nutrition Program.

**October 2009-September 2010 time period:** A total of \$3,726 is added in the WIC/USDA Breastfeeding Peer Counseling category to send one staff to lactation management training identified in WIC memo #2009-96. The funds may be used for this purpose only.

X **October 2009-September 2011 time period:** A total of \$6,092 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

**July 2010 – December 2010 time period:** A total of \$4,189 is added in the WIC/USDA Revitalizing Quality Nutrition Services category to fund the WIC Fruit and Vegetable Community Partnership Grant activities in Pacific County. The funds shall be used to purchase supplies, complete activities and coordinate the project as outlined in the grant submitted to the Department of Health WIC Nutrition Program. Any changes in grant activities must have prior approval from the Department of Health WIC Nutrition Program.

**October 2009-September 2010 time period:** A total of \$5,243 is added in the WIC/USDA Breastfeeding Award category to send two staff to the National WIC Association's Biennial Nutrition Education & Breastfeeding Conference identified in WIC memo #2010-40. The funds may be used for this purpose only.

X **January 2011-September 2011 time period:** A total of \$12,888 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

X **January 2011 – December 2011 time period:** A total of \$17,724 is added in the WIC/USDA Revitalizing Quality Nutrition Services category to fund the WIC Fruit and Vegetable Community Partnership Grant activities in Pacific County. The funds shall be used to purchase supplies, complete activities and coordinate the project as outlined in the grant submitted to the Department of Health WIC Nutrition Program. Any changes in grant activities must have prior approval from the Department of Health WIC Nutrition Program.

X **January 2011 – September 2011 time period:** A total of \$1,500 is added in the WIC/USDA Nutrition and Local Support category for staff to attend the 2011 National WIC Association (NWA) Conference in Portland, Oregon in May 2011. If staff is unable to attend this conference, this funding may be used to attend another relevant training. Staff will report about the training attended in the 2012 Nutrition Education Plan.

*October 2010-September 2011 time period: A total of \$4,393 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.*

**Other**

Any program requirements that are not followed may be subject to corrective action, and may result in monetary fines, repayment of funds, or withholding of Contract payment.

**DOH Program Contact**

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WIC Nutrition Program

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Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
WIC USDA Farmers Market Admin	Amend 24	333.10.52	10.572	10/01/09	09/30/10	\$182	\$182	
WIC USDA Farmers Market Admin	Amend 32	333.10.52	10.572	10/01/10	09/30/11	\$175	\$175	\$357
WIC USDA Breastfeeding		333.10.57	10.557	01/01/07	09/30/07	\$904	\$904	
WIC USDA Breastfeeding		333.10.57	10.557	10/01/07	09/30/08	\$1,206	\$1,206	
WIC USDA Breastfeeding	Amend 14	333.10.57	10.557	10/01/08	09/30/09	\$301		
WIC USDA Breastfeeding	Amend 14	333.10.57	10.557	10/01/08	09/30/09	\$958	\$1,259	
WIC USDA Breastfeeding	Amend 14	333.10.57	10.557	10/01/09	09/30/10	\$1,277	\$1,277	
WIC USDA Breastfeeding	Amend 14	333.10.57	10.557	10/01/10	09/30/11	\$319		
WIC USDA Breastfeeding	Amend 27	333.10.57	10.557	10/01/10	09/30/11	\$3,358	\$3,677	
WIC USDA Breastfeeding	Amend 27	333.10.57	10.557	10/01/11	12/31/11	\$939	\$939	\$9,262
WIC USDA Breastfeeding Award	Amend 26	333.10.57	10.557	10/01/09	09/30/10	\$5,243	\$5,243	\$5,243
WIC USDA Breastfeeding Peer Counsel	Amend 24	333.10.57	10.557	10/01/09	09/30/11	\$3,726		
WIC USDA Breastfeeding Peer Counsel	Amend 25	333.10.57	10.557	10/01/09	09/30/11	\$6,092		
WIC USDA Breastfeeding Peer Counsel	Amend 27	333.10.57	10.557	10/01/09	09/30/11	\$12,888		
WIC USDA Breastfeeding Peer Counsel	Amend 32	333.10.57	10.557	10/01/09	09/30/11	\$4,393	\$27,099	\$27,099
WIC USDA NLS		333.10.57	10.557	01/01/07	09/30/07	\$44,370	\$44,370	
WIC USDA NLS		333.10.57	10.557	10/01/07	09/30/08	\$59,160		
WIC USDA NLS	Amend 4	333.10.57	10.557	10/01/07	09/30/08	\$1,530		
WIC USDA NLS	Amend 10	333.10.57	10.557	10/01/07	09/30/08	\$540		
WIC USDA NLS	Amend 11	333.10.57	10.557	10/01/07	09/30/08	\$3,172		
WIC USDA NLS	Amend 12	333.10.57	10.557	10/01/07	09/30/08	\$1,020	\$65,422	
WIC USDA NLS	Amend 14	333.10.57	10.557	10/01/08	09/30/09	\$14,790		
WIC USDA NLS	Amend 14	333.10.57	10.557	10/01/08	09/30/09	\$383		
WIC USDA NLS	Amend 14	333.10.57	10.557	10/01/08	09/30/09	\$1,586		
WIC USDA NLS	Amend 14	333.10.57	10.557	10/01/08	09/30/09	\$50,942		
WIC USDA NLS	Amend 15	333.10.57	10.557	10/01/08	09/30/09	\$5,192		
WIC USDA NLS	Amend 17	333.10.57	10.557	10/01/08	09/30/09	\$1,305	\$74,198	
WIC USDA NLS	Amend 14	333.10.57	10.557	10/01/09	09/30/10	\$67,035		
WIC USDA NLS	Amend 15	333.10.57	10.557	10/01/09	09/30/10	\$4,305		
WIC USDA NLS	Amend 17	333.10.57	10.557	10/01/09	09/30/10	\$5,220		
WIC USDA NLS	Amend 20	333.10.57	10.557	10/01/09	09/30/10	\$1,807		
WIC USDA NLS	Amend 23	333.10.57	10.557	10/01/09	09/30/10	\$3,781		
WIC USDA NLS	Amend 25	333.10.57	10.557	10/01/09	09/30/10	\$31,020	\$113,168	
WIC USDA NLS	Amend 14	333.10.57	10.557	10/01/10	09/30/11	\$16,759		
WIC USDA NLS	Amend 15	333.10.57	10.557	10/01/10	09/30/11	\$1,077		
WIC USDA NLS	Amend 17	333.10.57	10.557	10/01/10	09/30/11	\$1,305		
WIC USDA NLS	Amend 25	333.10.57	10.557	10/01/10	09/30/11	\$4,060		
WIC USDA NLS	Amend 27	333.10.57	10.557	10/01/10	09/30/11	\$80,475		
WIC USDA NLS	Amend 28	333.10.57	10.557	10/01/10	09/30/11	\$7,500		
WIC USDA NLS	Amend 30	333.10.57	10.557	10/01/10	09/30/11	\$1,500	\$112,676	
WIC USDA NLS	Amend 27	333.10.57	10.557	10/01/11	12/31/11	\$26,825		
WIC USDA NLS	Amend 28	333.10.57	10.557	10/01/11	12/31/11	\$2,500	\$29,325	\$439,159
WIC USDA Revitalize Quality Nutrition	Amend 25	333.10.57	10.557	09/30/09	06/30/13	\$4,189		
WIC USDA Revitalize Quality Nutrition	Amend 27	333.10.57	10.557	09/30/09	06/30/13	\$17,724	\$21,913	\$21,913
BFNEP	Amend 5	333.10.61	10.561	10/01/07	09/30/08	\$31,289	\$31,289	\$31,289
BFNEP/SNAP-Ed IAR DSHS	Amend 13	333.10.61	10.561	10/01/08	09/30/09	\$27,945	\$27,945	
BFNEP/SNAP-Ed IAR DSHS	Amend 18	333.10.61	10.561	10/01/09	09/30/10	\$34,996		
BFNEP/SNAP-Ed IAR DSHS	Amend 22	333.10.61	10.561	10/01/09	09/30/10	\$12		
BFNEP/SNAP-Ed IAR DSHS	Amend 23	333.10.61	10.561	10/01/09	09/30/10	(\$2,881)	\$32,127	
BFNEP/SNAP-Ed IAR DSHS	Amend 26	333.10.61	10.561	10/01/10	09/30/11	\$47,423	\$47,423	\$107,495
PHEPR LHJ Funding	Amend 19	333.90.69	93.069	08/10/09	08/09/10	\$102,748		
PHEPR LHJ Funding	Amend 25	333.90.69	93.069	08/10/09	08/09/10	(\$17,000)	\$85,748	
PHEPR LHJ Funding FY10 Ext	Amend 27	333.90.69	93.069	08/10/10	08/09/11	\$97,611	\$97,611	\$183,359

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
PHER H1N1 Pan Flu Focus 1	Amend 19	333.90.69	93.069	07/31/09	07/30/11	\$16,873		
PHER H1N1 Pan Flu Focus 1	Amend 20	333.90.69	93.069	07/31/09	07/30/11	\$37,361		
PHER H1N1 Pan Flu Focus 1	Amend 28	333.90.69	93.069	07/31/09	07/30/11	\$16,285		
PHER H1N1 Pan Flu Focus 1	Amend 32	333.90.69	93.069	07/31/09	07/30/11	\$12,747	\$83,266	\$83,266
PHER H1N1 Pan Flu Focus 2	Amend 19	333.90.69	93.069	07/31/09	07/30/11	\$1,562		
PHER H1N1 Pan Flu Focus 2	Amend 20	333.90.69	93.069	07/31/09	07/30/11	\$2,482	\$4,044	\$4,044
PHER H1N1 Pan Flu Ph III Mass Vac	Amend 21	333.90.69	93.069	07/31/09	07/30/11	\$61,156		
PHER H1N1 Pan Flu Ph III Mass Vac	Amend 32	333.90.69	93.069	07/31/09	07/30/11	(\$12,747)	\$48,409	\$48,409
CSHCN Epilepsy YR3	Amend 25	333.91.10	93.110	09/01/09	08/31/10	\$1,500		
CSHCN Epilepsy YR3	Amend 28	333.91.10	93.110	09/01/09	08/31/10	(\$1,500)	\$0	\$0
FPRH TX Continuation-Training	Amend 22	333.92.17	93.217	12/31/09	12/30/10	\$11,228		
FPRH TX Continuation-Training	Amend 28	333.92.17	93.217	12/31/09	12/30/10	\$1,000	\$12,228	
FPRH TX Continuation-Training	Amend 28	333.92.17	93.217	12/31/10	12/31/11	\$12,736		
FPRH TX Continuation-Training	Amend 31	333.92.17	93.217	12/31/10	12/31/11	\$1,000	\$13,736	\$25,964
FPRH TX Contracts		333.92.17	93.217	01/01/07	12/31/07	\$13,300		
FPRH TX Contracts	Amend 6	333.92.17	93.217	01/01/07	12/31/07	\$400	\$13,700	
FPRH TX Contracts	Amend 6	333.92.17	93.217	01/01/08	12/31/08	\$13,100		
FPRH TX Contracts	Amend 13	333.92.17	93.217	01/01/08	12/31/08	\$540	\$13,640	
FPRH TX Contracts	Amend 14	333.92.17	93.217	01/01/09	12/31/09	\$11,236		
FPRH TX Contracts	Amend 22	333.92.17	93.217	01/01/09	12/31/09	\$213	\$11,449	\$38,789
FPRH TX Expansion	Amend 13	333.92.17	93.217	07/01/08	12/31/08	\$1,580	\$1,580	
FPRH TX Expansion	Amend 14	333.92.17	93.217	01/01/09	12/31/09	\$1,580	\$1,580	\$3,160
FPRH TX RX Contraceptives	Amend 6	333.92.17	93.217	01/01/07	12/31/07	\$300	\$300	
FPRH TX RX Contraceptives	Amend 13	333.92.17	93.217	01/01/08	12/31/08	\$1,000	\$1,000	
FPRH TX RX Contraceptives	Amend 22	333.92.17	93.217	01/01/09	12/31/09	\$1,000	\$1,000	\$2,300
FPRH TX SP RX Contraceptives	Amend 22	333.92.17	93.217	12/31/09	12/30/10	\$500		
FPRH TX SP RX Contraceptives	Amend 25	333.92.17	93.217	12/31/09	12/30/10	\$500	\$1,000	
FPRH TX SP RX Contraceptives	Amend 28	333.92.17	93.217	12/31/10	12/30/11	\$1,000	\$1,000	\$2,000
AFIX Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	\$12,487	\$12,487	
AFIX Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	\$12,487	\$12,487	
AFIX Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$12,440	\$12,440	\$37,414
Child Immun Activities Fed	Amend 22	333.92.68	93.268	01/01/10	12/31/10	\$13,069	\$13,069	
Child Immun Activities Fed	Amend 28	333.92.68	93.268	01/01/11	12/31/11	\$12,417	\$12,417	\$25,486
FA317 Immun Admin Fed	Amend 28	333.92.68	93.268	01/01/11	12/31/11	\$2,573	\$2,573	\$2,573
FA317 Immun ConCon Federal		333.92.68	93.268	01/01/07	12/31/07	\$4,939		
FA317 Immun ConCon Federal	Amend 1	333.92.68	93.268	01/01/07	12/31/07	(\$2,825)	\$2,114	
FA317 Immun ConCon Federal		333.92.68	93.268	01/01/08	12/31/08	\$4,939		
FA317 Immun ConCon Federal	Amend 1	333.92.68	93.268	01/01/08	12/31/08	(\$2,825)	\$2,114	
FA317 Immun ConCon Federal	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$1,780	\$1,780	
FA317 Immun ConCon Federal	Amend 22	333.92.68	93.268	01/01/10	12/31/10	\$1,780	\$1,780	\$7,788
VFC Immun ConCon Fed		333.92.68	93.268	01/01/07	12/31/07	\$5,383		
VFC Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	(\$5,075)	\$308	
VFC Immun ConCon Fed		333.92.68	93.268	01/01/08	12/31/08	\$5,383		
VFC Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	(\$5,075)	\$308	
VFC Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$629	\$629	\$1,245
CDC Comprehensive Cancer YR3	Amend 20	333.92.83	93.283	06/30/09	06/29/10	\$9,600	\$9,600	\$9,600

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				Start Date	End Date			
CDC NPAO YR2	Amend 20	333.92.83	93.283	06/30/09	06/29/10	\$11,000	\$11,000	\$11,000
CDC Tobacco Prevention YR4		333.92.83	93.283	01/01/07	06/30/07	\$2,350		
CDC Tobacco Prevention YR5	Amend 3	333.92.83	93.283	07/01/07	06/30/08	\$4,700	\$7,050	
CDC Tobacco Prevention YR5	Amend 11	333.92.83	93.283	07/01/08	03/29/09	\$3,525	\$3,525	
CDC Tobacco Prevention YR1	Amend 17	333.92.83	93.283	03/29/09	03/28/10	\$940		
CDC Tobacco Prevention YR1	Amend 17	333.92.83	93.283	03/29/09	03/28/10	\$2,830	\$3,770	
CDC Tobacco Prevention YR2	Amend 25	333.92.83	93.283	03/29/10	03/28/11	\$3,770	\$3,770	\$18,115
PHEPR LHJ Funding		333.92.83	93.283	01/01/07	08/31/07	\$13,901	\$13,901	
PHEPR LHJ Funding	Amend 6	333.92.83	93.283	08/31/07	08/09/08	\$5,262		
PHEPR LHJ Funding	Amend 9	333.92.83	93.283	08/31/07	08/09/08	\$12,279	\$17,541	
PHEPR LHJ Funding	Amend 13	333.92.83	93.283	08/10/08	08/09/09	\$28,153	\$28,153	\$59,595
PHEPR Pandemic Influenza		333.92.83	93.283	01/01/07	08/31/07	\$9,013	\$9,013	
PHEPR Pandemic Influenza	Amend 6	333.92.83	93.283	08/31/07	08/09/08	\$3,330		
PHEPR Pandemic Influenza	Amend 9	333.92.83	93.283	08/31/07	08/09/08	\$7,770	\$11,100	\$20,113
PHEPR Prog E	Amend 3	333.92.83	93.283	01/01/07	08/30/07	\$730		
PHEPR Prog E	Amend 4	333.92.83	93.283	01/01/07	08/30/07	(\$730)	\$0	\$0
HCCW Infant Toddler IAR		333.95.75	93.575	01/01/07	06/30/07	\$5,772	\$5,772	
HCCW Infant Toddler IAR	Amend 4	333.95.75	93.575	07/01/07	06/30/08	\$11,544	\$11,544	
HCCW Infant Toddler IAR	Amend 12	333.95.75	93.575	07/01/08	06/30/09	\$11,544	\$11,544	
HCCW Infant Toddler IAR	Amend 18	333.95.75	93.575	07/01/09	06/30/10	\$11,210	\$11,210	
HCCW Infant Toddler IAR	Amend 26	333.95.75	93.575	07/01/10	06/30/11	\$5,605	\$5,605	\$45,675
PHEPR HC Systems - Prep	Amend 13	333.98.89	93.889	08/09/08	08/08/09	\$1,800	\$1,800	
PHEPR HC Systems - Prep	Amend 19	333.98.89	93.889	08/09/09	08/08/10	\$1,612	\$1,612	
PHEPR HC Systems - Prep	Amend 27	333.98.89	93.889	07/01/10	06/30/11	\$1,710		
PHEPR HC Systems - Prep	Amend 28	333.98.89	93.889	07/01/10	06/30/11	\$2,621	\$4,331	\$7,743
PHEPR Hospital Prep		333.98.89	93.889	01/01/07	08/31/07	\$1,340	\$1,340	
PHEPR Hospital Prep	Amend 6	333.98.89	93.889	09/01/07	08/08/08	\$2,000	\$2,000	\$3,340
PHBG - LHD	Amend 2	333.99.91	93.991	01/01/07	12/31/07	\$3,000	\$3,000	
PHBG - LHD	Amend 26	333.99.91	93.991	10/01/10	09/30/12	\$53,750	\$53,750	\$56,750
MCHBG CSHCN-Outcomes Project	Amend 27	333.99.94	93.994	09/01/10	09/30/11	\$601	\$601	\$601
MCHBG CSHCN Special Programs Fed	Amend 28	333.99.94	93.994	10/01/09	09/30/11	\$1,500	\$1,500	\$1,500
MCHBG MCH ConCon Fed		333.99.94	93.994	01/01/07	09/30/07	\$28,809	\$28,809	
MCHBG MCH ConCon Fed	Amend 2	333.99.94	93.994	10/01/07	09/30/08	\$38,412	\$38,412	
MCHBG MCH ConCon Fed		333.99.94	93.994	10/01/08	12/31/08	\$9,603	\$9,603	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93.994	01/01/09	09/30/09	\$29,799	\$29,799	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93.994	10/01/09	09/30/10	\$39,732	\$39,732	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93.994	10/01/10	09/30/11	\$9,933		
MCHBG MCH ConCon Fed	Amend 29	333.99.94	93.994	10/01/10	09/30/11	\$29,799	\$39,732	
MCHBG MCH ConCon Fed	Amend 29	333.99.94	93.994	10/01/11	12/31/11	\$9,933	\$9,933	\$196,020
MCHBG MIH Contracts Federal	Amend 15	333.99.94	93.994	10/01/08	09/30/10	\$7,000	\$7,000	\$7,000
ARRA Reaching Children & Adults	Amend 23	339.47.12	93.712	09/01/09	12/31/11	\$1,672		
ARRA Reaching Children & Adults	Amend 24	339.47.12	93.712	09/01/09	12/31/11	\$9,000	\$10,672	\$10,672
FPRH State Clinical-HP-Surg-Aud	Amend 22	334.04.91	N/A	12/31/09	12/30/10	\$30,077		
FPRH State Clinical-HP-Surg-Aud	Amend 25	334.04.91	N/A	12/31/09	12/30/10	(\$2,123)	\$27,954	
FPRH State Clinical-HP-Surg-Aud	Amend 28	334.04.91	N/A	12/31/10	06/30/11	\$12,056	\$12,056	
FPRH State Clinical-HP-Surg-Aud	Amend 28	334.04.91	N/A	07/01/11	12/31/11	\$19,095	\$19,095	\$59,105

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
FPRH State Contracts		334.04.91	N/A	01/01/07	06/30/07	\$15,550	\$15,550	
FPRH State Contracts	Amend 3	334.04.91	N/A	07/01/07	12/31/07	\$15,550	\$15,550	
FPRH State Contracts	Amend 6	334.04.91	N/A	01/01/08	12/31/08	\$33,900		
FPRH State Contracts	Amend 11	334.04.91	N/A	01/01/08	12/31/08	\$3,300	\$37,200	
FPRH State Contracts	Amend 14	334.04.91	N/A	01/01/09	06/30/09	\$24,603	\$24,603	
FPRH State Contracts	Amend 14	334.04.91	N/A	07/01/09	12/31/09	\$24,602	\$24,602	\$117,505
FPRH State Enhancement	Amend 17	334.04.91	N/A	07/01/09	06/30/11	\$4,054	\$4,054	\$4,054
Oral Health State		334.04.91	N/A	01/01/07	06/30/07	\$5,386	\$5,386	
Oral Health State		334.04.91	N/A	07/01/07	06/30/08	\$10,772	\$10,772	
Oral Health State		334.04.91	N/A	07/01/08	12/31/08	\$5,386	\$5,386	
Oral Health State	Amend 14	334.04.91	N/A	07/01/07	06/30/09	\$5,724	\$5,724	
Oral Health State	Amend 14	334.04.91	N/A	07/01/09	06/30/10	\$11,449	\$11,449	
Oral Health State	Amend 14	334.04.91	N/A	07/01/10	06/30/11	\$5,725		
Oral Health State	Amend 26	334.04.91	N/A	07/01/10	06/30/11	(\$115)	\$5,610	\$44,327
PHEPR Pandemic Influenza (GFS)		334.04.91	N/A	01/01/07	06/30/07	\$4,373		
PHEPR Pandemic Influenza (GFS)	Amend 1	334.04.91	N/A	01/01/07	06/30/07	(\$4,373)		
PHEPR Pnademic Influenza (GFS)	Amend 1	334.04.91	N/A	01/01/07	06/30/07	\$4,351	\$4,351	\$4,351
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	01/01/07	06/30/07	\$16,554	\$16,554	
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	07/01/07	12/31/07	\$16,554	\$16,554	
Local Capacity Dev. Funds - GFS & HSA	Amend 7	334.04.92	N/A	01/01/08	06/30/08	\$16,448	\$16,448	
Local Capacity Dev. Funds - GFS & HSA	Amend 7	334.04.92	N/A	07/01/08	12/31/08	\$16,448	\$16,448	
Local Capacity Dev. Funds - GFS & HSA	Amend 14	334.04.92	N/A	07/01/07	06/30/09	\$16,399	\$16,399	
Local Capacity Dev. Funds - GFS & HSA	Amend 14	334.04.92	N/A	07/01/09	06/30/11	\$16,399		
Local Capacity Dev. Funds - GFS & HSA	Amend 22	334.04.92	N/A	07/01/09	06/30/11	\$32,602		
Local Capacity Dev. Funds - GFS & HSA	Amend 28	334.04.92	N/A	07/01/09	06/30/11	\$16,333	\$65,334	
Local Capacity Dev. Funds - GFS & HSA	Amend 28	334.04.92	N/A	07/01/11	12/31/11	\$16,333	\$16,333	\$164,070
DOH-3 Shellfish CN/CN-Proviso		334.04.93	N/A	01/01/07	06/30/07	\$1,225	\$1,225	
DOH-3 Shellfish CN/CN-Proviso		334.04.93	N/A	07/01/07	06/30/08	\$3,450		
DOH-3 Shellfish CN/CN-Proviso	Amend 14	334.04.93	N/A	07/01/07	06/30/08	(\$3,450)	\$0	
DOH-3 Shellfish CN/CN-Proviso		334.04.93	N/A	07/01/08	12/31/08	\$1,225		
DOH-3 Shellfish CN/CN-Proviso	Amend 14	334.04.93	N/A	07/01/08	12/31/08	(\$1,225)	\$0	
DOH-3 Shellfish CN/CN-Proviso	Amend 14	334.04.93	N/A	07/01/07	06/30/09	\$4,675		
DOH-3 Shellfish CN/CN-Proviso	Amend 16	334.04.93	N/A	07/01/07	06/30/09	\$980	\$5,655	\$6,880
FPRH Proviso Contracts	Amend 6	334.04.93	N/A	07/01/07	06/30/09	\$19,834	\$19,834	
FPRH Proviso Contracts	Amend 11	334.04.93	N/A	07/01/07	12/31/08	\$29,600		
FPRH Proviso Contracts	Amend 11	334.04.93	N/A	07/01/07	12/31/08	\$4,500		
FPRH Proviso Contracts	Amend 13	334.04.93	N/A	07/01/07	12/31/08	\$4,500	\$38,600	
FPRH Proviso Contracts	Amend 14	334.04.93	N/A	01/01/09	06/30/09	\$9,000	\$9,000	\$67,434
FPRH State Proviso	Amend 25	334.04.93	N/A	07/01/10	12/30/10	\$7,555	\$7,555	
FPRH State Proviso	Amend 31	334.04.93	N/A	12/31/10	06/30/11	\$7,089	\$7,089	\$14,644
Rec Shellfish/Biotoxin (PSAA)	Amend 18	334.04.93	N/A	07/01/09	06/30/11	\$6,880		
Rec Shellfish/Biotoxin (PSAA)	Amend 20	334.04.93	N/A	07/01/09	06/30/11	(\$1,225)	\$5,655	\$5,655
Youth Tobacco Prevention		334.04.93	N/A	01/01/07	06/30/07	\$2,800	\$2,800	
Youth Tobacco Prevention	Amend 3	334.04.93	N/A	07/01/07	06/30/08	\$4,750	\$4,750	
Youth Tobacco Prevention	Amend 11	334.04.93	N/A	07/01/08	06/30/09	\$4,750	\$4,750	
Youth Tobacco Prevention	Amend 17	334.04.93	N/A	07/01/09	06/30/11	\$9,500	\$9,500	\$21,800
TPC Account		334.04.97	N/A	01/01/07	06/30/07	\$19,125		
TPC Account	Amend 2	334.04.97	N/A	01/01/07	06/30/07	\$7,480	\$26,605	
TPC Account	Amend 3	334.04.97	N/A	07/01/07	06/30/08	\$38,250	\$38,250	
TPC Account	Amend 11	334.04.97	N/A	07/01/08	06/30/09	\$38,250	\$38,250	
TPC Account	Amend 17	334.04.97	N/A	07/01/09	06/30/11	\$61,200	\$61,200	\$164,305

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period Start Date	End Date			
Blue Ribbon Local Health Funds	Amend 8	334.04.99	N/A	00/00/00	00/00/00	\$95,503	\$95,503	
Blue Ribbon Local Health Funds	Amend 14	334.04.99	N/A	00/00/00	00/00/00	\$95,225	\$95,225	
Blue Ribbon Local Health Funds	Amend 22	334.04.99	N/A	00/00/00	00/00/00	\$76,165	\$76,165	
Blue Ribbon Local Health Funds	Amend 28	334.04.99	N/A	00/00/00	00/00/00	\$76,000	\$76,000	\$342,893
TOTAL						\$2,572,361	\$2,572,361	
						GRAND TOTAL		\$2,572,361
Total consideration prior to this amendment:		\$2,567,793						
Change in consideration in this amendment:		\$4,568				Total Federal		\$1,555,338
GRAND TOTAL:		\$2,572,361				Total State		\$1,017,023

\*BARS Revenue Codes beginning with "333" are federal and beginning with "334" are state.

\*\*Catalog of Federal Domestic Assistance for federal funds.