

**PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
2007 – 2011 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: C14959

AMENDMENT NUMBER: 34

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, are amended as follows:

- ☒ Adds Statement of Work for the following programs:
 - Tobacco Prevention & Control Program - Effective July 1, 2011
- ☒ Amends Statements of Work for the following programs:
 - CSHCN Outcomes Project - Effective September 1, 2010
 - Family Planning & Reproductive Health - Effective January 1, 2011
 - Immunization Program CHILD Profile - Effective January 1, 2011
 - Maternal & Child Health - Effective January 1, 2011
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-34 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-33 Allocations as follows:

- ☒ Increase of \$170 for a revised maximum consideration of \$2,603,756.
 - ☐ Decrease of _____ for a revised maximum consideration of _____.
 - ☐ No change in the maximum consideration of _____.
- Exhibit B 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

Kathy Spoor 8-23-11
Date

Qu Thompson 8/26/2011
Date

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: CSHCN Outcomes Project - Effective September 1, 2010

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

Contract Number: C14959

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

Funding Source	Type of Payment
<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: September 1, 2010 through September 30, 2011

Statement of Work Purpose: The purpose of this statement of work is to provide a one-time supplemental allocation to support to LHJ staff for travel expenses to attend meetings and work sessions involving the Children with Special Health Care Needs (CSHCN) Outcomes Project, which include but are not limited to CSHCN September/October Workshop in Olympia, CSHCN Regional meetings, and Maternal and Child Health (MCH) Team meetings through September 30, 2011.

Amendment Purpose: The purpose of this amendment is: 1) to provide new master index coding effective July 1, 2011; 2) to amend the due date for the final deliverable report; and 3) to change the DOH Program Contact information.

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
MCHBG CSHCN-Outcomes Project	93.994	333.99.94	78450200	09/01/10	09/30/11	601	0	601
TOTALS						601	0	601

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	CSHCN Outcomes Project 1.a. Participate in state and regional planning sessions on Omaha System and CSHCN Outcomes (including CSHCN Fall Workshop September 30, 2010 through October 1, 2010, CSHCN regional meetings, iLinc conferences, conference calls, and other meetings as scheduled through September 30, 2011). 1.b. Submit data using Omaha System as requested by DOH CSHCN Nurse Consultant (listed below).		1.a. Include list of dates and locations of meetings attended in annual year-end report. 1.b. Unidentified client data as requested by DOH CSHCN Program	Due March 2011 for 2010 Due March 2012 December 2011 for 2011 Submit quarterly	Maximum Reimbursement: \$601

***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.

DOH Program Contact

Donna Compton, MCH Block Grant Coordinator, Department of Health, PO Box 47880, Olympia, WA 98504-7880, 360-236-3558, donna.compton@doh.wa.gov

Lissa Hunter-Dupler, Budget and Contracts Coordinator, Department of Health, PO Box 47880, Olympia, WA 98504-7880, 360-236-3539, lissa.hunter@doh.wa.gov

Linda Barnhart, Public Health Nurse Consultant, Department of Health, 360-236-3491, linda.barnhart@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2007-2011

DOH Program Name or Title: Family Planning & Reproductive Health -
Effective January 1, 2011

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

Contract Number: C14959

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

Funding Source	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> Reimbursement
<input checked="" 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 provide family planning and reproductive health (FPRH) services to Washington State residents. The LHJ shall provide the goods and services as described in Exhibit A.

Amendment Purpose: This amendment: (1) reduces State contract funds due to budget reduction, (2) increases TX Continuation funds due to budget adjustments and \$500 training credit, (3) eliminates TX RX Contraceptive placeholder due to budget reductions, and (4) transfers Jul-Dec budget balances to new master index coding due to DOH reorganization (internal purposes) effective July 1, 2011.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FPRH State Clinical-HP-Surg-Aud	N/A	334.04.91	72712111	01/01/11	06/30/11	12,056	0	12,056
FPRH State Clinical-HP-Surg-Aud (TBE)	N/A	334.04.91	72712112	07/01/11	12/30/11	19,095	-19,095	0
FPRH State Proviso	N/A	334.04.93	72716111	01/01/11	06/30/11	7,089	0	7,089
FFY11 FPRH TX Continuation-Training	93.217	333.92.17	72722210	01/01/11	06/30/11	13,736	-8,145	5,591
FFY11 FPRH TX SP RX Contraceptives	93.217	333.92.17	72728210	01/01/11	12/30/11	1,000	-1,000	0
FPRH State Contracts (TX Match) CY 11 (replaces TBE)	N/A	334.04.91	78351112	07/01/11	12/30/11	0	17,206	17,206
FFY11 FPRH TX Base Contracts	93.217	333.92.17	78351212	07/01/11	12/30/11	0	8,829	8,829
TOTALS						52,976	-2,205	50,771

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	FPRH State Funds (All funds within the 1. Task series are subject to the Special Funding Requirements. Any funds that have the designation of "placeholder" represent estimates that are likely to change.)		<u>Submit:</u> Reimbursement Workbook (a.k.a. R&E) that shows each state fund source	<u>For the Period:</u> 01/01/11 – 06/30/11 Due: 08/31/11 <u>For the Period:</u> 07/01/11 – 12/31/11 Due: 01/31/11	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	Scope of Services The LHJ must provide the following services to clients in accordance with all state, federal, and FPRH guidelines and as specified in this contract for: <ul style="list-style-type: none"> - medical - information and education - referrals - community education 		<u>Submit:</u> Clinic Visit Records (CVRs) to Region X Family Planning Reporting System	<u>Previous Month:</u> Due: 15th of the month	
1.2	Medical Services / Community Education (FPRH Manual, Chapters 2, 5-6, Title X Guidelines ,6.8-6.10, 7.0-10.0) The LHJ must provide medical, laboratory, and related services specified in the Title X Guidelines, the FPRH Manual, and state laws. The LHJ must provide a broad range of acceptable and medically approved family planning methods and services either on-site or by referral. The LHJ should make available to clients all methods of contraception approved by the Food and Drug Administration. The LHJ must provide community education services based on the needs of the community.		<u>Submit:</u> General A19-1A	<u>For the Period:</u> 01/01/11 – 06/30/11 <u>Final Billing:</u> Due: 07/29/11	<u>Clinical/HP:</u> \$12,056 <u>Proviso:</u> \$7,089
				<u>For the Period:</u> 07/01/11 – 12/31/11 Final Billing: Due: 01/31/12	{Placeholder} <u>Clinical/HP:</u> \$19,095 \$17,206
1.3	Non-Title X Client Data The LHJ must provide FPRH with client service data not included in the Title X project. The data must include: <ol style="list-style-type: none"> 1. Unduplicated clients served by race/ethnicity, sex, and age. 2. Unduplicated clients served by federal poverty level, sex, and age. 3. Visit data by initial exams, annual exams, and other selected services. 4. Unduplicated clients by initial exams, annual exams, sex, and age. 5. Unduplicated female clients by primary contraceptive methods used after visit and age. 6. Unduplicated clients by primary source of payment. 7. Visits by category. 8. Unduplicated clients who had limited English proficiency skills. 9. Unduplicated clients who were uninsured. 		<u>Submit:</u> Client Data	<u>Previous Quarter:</u> Due: 15th of the month Quarters are designated as: January-March April-June July-September October-December	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>The LHJ must submit data in the same structure as on the report forms provided by FPRH. Other report formats FPRH will accept are:</p> <ol style="list-style-type: none"> 1. Raw data files submitted to the FPRH data analyst. 2. Visit records submitted through the Region X Family Planning Reporting System (Ahlers). 3. Aggregate data submitted to FPRH on reports generated from the LHJ's in-house data system. <p>The LHJ must also respond to requests from FPRH for data that FPRH must provide to the Legislature or the DOH.</p>				
1.4	<p>Surgical Services (FPRH Manual 3210)</p> <p>The LHJ must provide surgical services as outlined below.</p> <p>The LHJ must set aside a minimum of 5 percent of State medical funds to provide surgical services and/or other ambulatory procedures to eligible clients.</p> <p>The LHJ's Title X project must comply with all federal regulations applying to pregnancy terminations and sterilization procedures, and with the FPRH Manual #3210.</p> <p>Exceptions may be applied for in writing for consideration on a case-by-case basis. The LHJ must notify FPRH in writing within 30 days of implementation of this contract if all surgical services and/or ambulatory procedures cannot be provided. In this event, FPRH reserves the right to reallocate a portion of the funds for provision of surgical services to another program within the same geographic area.</p> <p>The LHJ must inform all surgical service providers of applicable billing and reimbursement procedures.</p> <p>The LHJ must obtain formal subcontracts and/or provider agreements when feasible. When surgical service providers are unwilling to sign a subcontract or provider agreement. Documentation of the refusal must be kept on file.</p> <p>Payment for surgical services under this contract constitutes</p>		<p><u>Submit:</u> Surgical A19-1A and Attachment A with fee for services and Health Insurance Claim Form for each client.</p>	<p><u>For the Period:</u> 01/01/11 – 06/30/11</p> <p><u>Final Billing:</u> Due: 07/29/11</p>	<p><u>Surgical:</u> \$0</p>
				<p><u>For the Period:</u> 07/01/11 – 12/31/11</p> <p><u>Final Billing:</u> Due: 01/31/12</p>	<p><u>Surgical:</u> \$0</p>

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>full payment.</p> <p>The LHJ shall not seek additional payment from the client, physician, hospital or other provider. Surgical procedure reimbursement rates are based on HRSA Medicaid approved reimbursement amounts.</p> <p>The LHJ may request by email, if necessary, to their assigned FPRH site consultant, to use surgical funds for clinical services.</p>				
1.5	<p>Equipment (FPRH Manual 4300, 4310, 45CFR74, Subpart C)</p> <p>The LHJ must use the following procedures when using federal funds to purchase equipment with a unit cost of \$5,000 or more:</p> <ul style="list-style-type: none"> • Itemize the equipment in the budget. • Receive approval from FPRH prior to purchase. Approval of the budget will constitute prior approval for itemized items only. • Maintain property records and perform bi-annual property inventories for property purchased, in whole or part, with state funds. 		<p><u>Submit:</u> Annual Equipment Inventory</p>	<p><u>For the Period:</u> 01/01/11 – 12/31/11 Due: 01/31/12</p>	
1.6	<p>Annual Plan (a.k.a. annual grant application) (FPRH Manual 3310)</p> <p>The LHJ must submit a grant application that is equivalent to an annual plan to FPRH. (FPRH will provide the application forms and instructions.)</p>		<p><u>Submit:</u> FPRH 2011 Grant Application</p>	<p><u>For the Period:</u> 01/01/11 – 12/31/11 Due: 07/08/11</p>	
2.0	<p>Federal Title X Funds (All funds within the 2. task series are subject to the Special Funding Requirements)</p> <p>In addition to adhering to the terms of Section 1.1, State Funded Services, LHJs must also comply with the Title X Program Guidelines for Project Grants for Family Planning Services. (2001)</p>		<p><u>Submit:</u> Reimbursement Workbook (a.k.a. R&E) that shows each Federal funding source</p>	<p><u>For the Period:</u> 01/01/11 – 06/30/11 Due: 08/31/11</p> <p><u>For the Period:</u> 07/01/11 – 12/31/11 Due: 01/31/12</p>	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.1	<p>Scope of Services (FPRH Manual 3320, Title X Guidelines 5.1, 6.1)</p> <p>The LHJ must participate in the Region X Infertility Prevention Project, or use other funds to provide the equivalent or higher level of screening, treatment, and education.</p> <p>The LHJ's Title X project must comply with all Client Visit Record (CVR) and data reporting requirements specified in the CVR Manual. Clinics which keep CVR information as computerized data must keep hard copy CVRs in the client's medical record, as specified; or, if the LHJ elects to keep this information solely as computerized data, the computer system must be subject to normal safety precautions against the loss of information. Data entry personnel are subject to the rules of confidentiality as specified in this Contract and the Title X Program Guidelines, and all information must be capable of being retrieved and audited by monitor visits.</p> <p>The LHJ must not provide abortion as a method of family planning. (42CFR59.5(5))</p> <p>The LHJ must inform staff that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo abortion or sterilizations.</p> <p>The LHJ must have written policies regarding access to timely quality language assistance services to limited English proficient persons that are consistent with the Office of Civil Rights Policy Guidance on Prohibitions Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.</p>		<p><u>Submit:</u> General A19-1A</p> <p><u>Submit:</u> Clinic Visit Records (CVRs) to Region X Family Planning Reporting System</p>	<p><u>For the Period:</u> 01/01/11 - 12/31/11</p> <p><u>Final Billing:</u> Due: 01/31/12</p> <p><u>Previous month:</u> Due: 15th Of the month</p>	<p><u>Continuation:</u> \$12,436 \$12,820</p>
2.2	<p>Federal Title X Family Planning Annual Report (FPAR) (FPRH Manual 3330, Title X Guidelines 6.2, 6.6)</p> <p>The LHJ must complete and submit the Federal Title X Family Planning Annual Report to FPRH on an annual basis. The LHJ must use the forms provided by FPRH.</p>		<p><u>Submit:</u> Fiscal Data Client Data</p>	<p><u>For the Period:</u> 01/01/11 - 12/31/11 Due: 02/03/12</p> <p><u>For the Period:</u> 12/01/10 - 11/31/11 Due: 02/03/12</p>	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.3	Staff Training (FPRH Manual 3600 and Title X guideline 6.2) The LHJ must provide staff training as specified in the FPRH Manual. Funds provided for this purpose are in addition to service funds and may not be used to supplant local service or other training funds. Any portion of said funds not expended per the FPRH Manual may be moved to Continuation (task 2.1) with approval from FPRH assigned Site Consultant by e-mail.		<u>Submit:</u> General A19-1A <u>Submit:</u> Training Report Form to be provided by FPRH	<u>For the Period:</u> 01/01/11 - 12/31/11 <u>Final Billing:</u> Due: 01/31/12 <u>For the Period:</u> 01/01/11 - 12/31/11 <u>Final Billing:</u> Due: 01/31/12	<u>Training:</u> \$1,600
2.4	Annual Plan (also known as annual grant application) (FPRH Manual 3100-3310, Title X Guidelines 6.2) The LHJ must submit a grant application which is equivalent to an annual plan to FPRH annually. FPRH will provide the application forms and instructions.		<u>Submit:</u> FPRH Grant Application	<u>For the Period:</u> 01/01/11 - 12/31/11 Due: 07/08/11	
2.5	<i>2010 Special Project(s) — Carryover {PLACEHOLDER}</i>				
2.6	<i>Special Project(s)</i> <i>LHJ can only spend to the maximum allocation designated to each Special Project. Funds must be used as stated in the approved 2011 grant application submitted to FPRH.</i> <i>Contraceptive funds must be used to purchase high cost contraceptives (e.g.: Implanon, Mirena, ParaGard, Depo, etc.).</i>		<u>Submit:</u> General A19-L1 <u>Submit:</u> Report to FPRH detailing the use of funds, including type and volume of contraceptives purchased	<u>For the Period:</u> 01/01/11 — 12/31/11 <u>Final Billing:</u> Due: 01/31/12 <u>For the period:</u> 10/01/10 — 05/31/11 Due: 06/17/11	<i>{Placeholder}</i> <u>RY Contraceptives:</u> \$1,000

***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.

Program Specific Requirements/Narrative

Assurances / Certifications

Reference the 2011 Delegate Agency Grant Application, FORM E Assurances, signed and dated July 8, 2010 (copy inserted below).

**Pacific County Health and Human Services
2011 Delegate Agency Grant Application**

FORM E: Assurances

As the duly authorized representative of the applicant, I certify this delegate agency will:

- 1.) Comply with all requirements of Title X of the Public Health Services Act of 1970 (P.L. 91-572, Section 1001 (41 U.S.C. 300) Title 42, Subchapter LD, Part 59) and implementing guidelines and policies, including those that require the agency to:
 - a. Provide services without subjecting individuals to any coercion to accept services or coercion to use or not to use any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite for eligibility, or receipt of any other services.
 - b. Provide services in a manner which protects the dignity of the individuals.
 - c. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
 - d. Not provide abortions as a method of family planning.
 - e. Give priority in the provision of services to persons from low income families.
 - f. Encourage family participation in the decision of a minor seeking family planning services.
 - g. Provide counseling to minors on how to resist coercive attempts to engage them in sexual activities.
 - h. Inform staff that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo abortion or sterilizations.
 - i. Have written policies regarding access to timely quality language assistance services to limited English proficient persons that are consistent with the OCR Policy Guidance on Prohibitions Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.
- 2.) Comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:
 - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;
 - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
 - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps;
 - d. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;

e. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;

f. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism;

g. §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. a290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records.

h. Americans With Disabilities Act (42 U.S.C., Section 12101 et seq.), which prohibits discrimination on the basis of disability.

- 3.) Comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 4.) Comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limits the political activities of employees whose principal employment activities are funded in whole or in part by Federal funds.
- 5.) Comply with the provisions of the Drug-Free Workplace Act of 1988 (45 CFR Part 76, Subpart F) which requires agencies to provide a drug-free workplace.
- 6.) Comply with Section 1352 of P.L. 101-121 which prohibits use of any federal funds to lobby Congress or any Federal agency in connection with a particular contract, grant, cooperative agreement, or loan.
- 7.) Comply with Single Audit Act of 1984 requirements regarding financial and compliance audits.
- 8.) Comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Kathy Spoor
Signature

Director
Title

Kathy Spoor
Print Name

7-8-10
Date

This form must be printed, completed, signed, and delivered separately. An electronic submission will not suffice. Please mail to:

Family Planning and Reproductive Health
PO Box 47883
Olympia, WA 98504-7883

CBV/PCB
7/8/10
2008-05-01 10:11:00

2 of 2

Audits

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

Accessibility of Services

(FPRH Manual 5500, Title X Guidelines 6.4)

The LHJ must ensure that all services provided are accessible to target populations.

The community must be informed of available services by the LHJ.

Services must be provided solely on a voluntary basis. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, services in any non-family planning programs of the LHJ.

Services must be delivered without discrimination against people who have AIDS, are perceived to have AIDS, are related to or residing with someone with AIDS, have tested positive for the HIV antibody, or are perceived to be at high risk for contracting HIV.

Services should be available at times convenient to those seeking services.

Clients must be accepted upon referral from any source.

Adolescents and low-and marginal-income clients must receive priority in the provision of services.

Facilities must be geographically accessible to the populations served.

Clinic setting(s) must ensure respect for the privacy and the dignity of the individual.

Clinics must be handicapped-accessible in accordance with federal and state laws, policies, and procedures.

Facilities must meet applicable standards established by the Federal, State, and local governments. (e.g., local fire, building, and licensing codes)

The LHJ must have written plans and procedures for the management of emergencies.

Availability of Emergency Services

(FPRH Manual 6800)

The LHJ must have written plans and procedures management of on-site medical emergencies and emergencies requiring ambulance services and transport to a medical facility. The LHJ must inform clients of after-hours emergency procedures by means of the interview process, posters, or written instructions.

Billing Requirements

If family planning funds are awarded under this contract, the following will also apply:

The LHJ must bill Family Planning state funded eligible surgical services on a fee-for-service basis using the A-19-1A Surgical Summary Form accompanied by Attachment A (surgical summary form) for each client. Surgical procedure reimbursement rates are based on DSHS Medicaid approved reimbursement amounts.

Reimbursement report:

Enter revenue and corresponding expense (which are the same number) data by month for the Title X, State, and Other sections on the workbook.
(Data included in this report needs to be supported by your accounting system)

Client Referral List
(FPRH Manual 6600)

The LHJ must maintain an updated list of public and private social and health care providers and agencies to use in providing referrals.

Definitions

“FPRH” means Family Planning and Reproductive Health, a section in the Washington State Department of Health.

“State” means State funded services.

“Title X Project” means services funded by Title X federal funds plus grant generated income.

“Grant Generated Income” means all state dollars used in the Title X Project for clinical services, community education, training, and audits, and all client fees, insurance reimbursements, Take Charge reimbursements, other Medicaid reimbursements, and other sources of income generated through the provision of Title X Project-related services. Title X Project-related services do not include sterilizations, abortions, or any flat-rated services, (e.g., some STD, or HIV testing).

“Placeholder” is an estimated budget amount to provide enough contract authority to spend funds subject to Special Funding Requirements while the contract amendment is being processed to reflect actual amount awarded.

Financial Management

The LHJ must maintain a financial management system that is consistent with generally accepted accounting principles (GAAP) and meets the financial requirements outlined below and specified in federal and state laws.

In light of high client need, the LHJ agrees to maintain, to the best of its ability, its current level of revenue contributions, and will make best efforts to increase these contributions in the future.

LHJs using State medical funds in more than one clinic site must have a documented method of allocating funds to the sites.

The LHJ must maintain documentation of all revenues and expenditures.

The LHJ must revise the contract budget as outlined below:

- All changes in categories that exceed 10 percent of the category total require FPRH approval, a budget revision, a contract amendment and/or a letter of authority prior to the end of the contract.
- Budget changes in this contract may be made without DOH contracting officer’s approval, provided that DOH program staff and the LHJ approve a written Letter of Authority specifying the changes, AND, the total maximum consideration for the statement of work is not increased or decreased as a result of the change, and/or the change results in an offsetting transfer of funds between expenditure categories.

The LHJ must implement policies and procedures for charging, billing, and collecting fees for services provided.

The LHJ must establish fees for services based on the cost of the service provided (cost analysis). The LHJ must establish a discount schedule in accordance with Title X Guidelines and the FPRH Manual.

The LHJ must not deny services to potential clients who are unable to pay.

The LHJ must not charge clients with incomes at or below 100 percent of the most recent federal poverty level guidelines.

The LHJ must assess and document each prospective client's eligibility for third party reimbursement.

Surgical services provided under this agreement must be billed at the provider's usual and customary fee. The LHJ must inform all providers of the billing and reimbursement procedures.

In addition to complying with those terms defined in the "Treatment and Assets" clause of the General Terms and Conditions, the LHJ must:

- Maintain property records and perform bi-annual property inventories for property purchased, in whole or part, with state or federal funds.
- Maintain property control systems to prevent loss, damage, or theft of equipment purchased with state funds.
- Use the following procedures when using state or federal funds to purchase equipment with a unit cost of \$5,000 or more:
 - Itemize the equipment in the LHJ's budget.
 - Receive approval from FPRH prior to purchase.
 - Approval of the budget will constitute prior approval for itemized items only.
 - Include the equipment purchased with state or federal funds on the annual equipment inventory submitted to FPRH.

The LHJ may submit monthly, quarterly, or biannually the A19-1A (invoice voucher) so long as it meets the submission deadline listed by each funding source in the tasks. Failure to do so may result in non-payment.

Funding availability is limited by the period listed by each funding category. In most cases funds cannot be carried over, therefore funds should be used in the designated period.

The State of Washington, the DOH, and FPRH assumes no liability for complications resulting from a procedure paid for by funds awarded under this statement of work and performed for a client by the LHJ or other provider. FPRH has, however, established an emergency care fund to assist the LHJ, and/or other providers in providing services to clients in need of emergency follow-up care. FPRH may reimburse the LHJ for complications resulting from a specific procedure performed for a client of the LHJ and paid for by project funds, subject to the following conditions:

- Sufficient emergency care funds are available.
- The client is eligible for state subsidized services. If more than six (6) months have elapsed since the last eligibility determination, the LHJ must be re-determine client eligible to qualify for emergency care assistance.
- The need for follow-up care is identified and services are provided within the designated time period after the initial procedure is performed, as specified by the FPRH Manual.
- The clinician performing the procedure states to the LHJ in writing that the complications were related to the specific procedure and not to pre-existing conditions.
- A written second medical opinion is provided in advance if additional treatment or surgery is required after initial treatment of the complication. The client must provide to the LHJ a copy of the second opinion prior to additional treatment.

The LHJ's medical advisory committee must approve the physician providing the written second opinion as specified above.

Medical Director
(FPRH Manual 6100)

The medical care component of the project must operate under written protocols that are signed by the medical director who has special training and/or experience in family planning.

Monitoring Visits
LHJs are on a three-year monitoring cycle.

Personnel Policies
(FPRH Manual 3580)

The LHJ must establish and maintain written personnel policies that comply with federal and state requirements.

Program Manual, Handbook, Policy References
(Family Planning and Reproductive Health Manual, Title X Guidelines, Client Visit Record Manual)

The LHJ must comply with all federal Title X and Family Planning and Reproductive Health requirements, policies and regulations, as well as adhere to the requirements and provisions approved for this current statement of work period proposal sent to Family Planning and Reproductive Health in lieu of the annual application. This also applies to the approved annual application submitted to FPRH for this statement of work funding.

Also see the FPRH Manual, Chapter 1, Section 1400 and 1500 for a complete list of federal and state requirements.

Reports
(FPRH 3390; Title X Guidelines, 3.4)

The LHJ must submit all reports specified by the FPRH, using forms as indicated.

In accordance with the late report penalty policy issued by FPRH and subsequent revisions, when required reports or documents are submitted late, FPRH reserves the right to withhold payment until receipt of required report or document, and/or reduce the total amount awarded.

Restrictions on Funds
The LHJ must not use Federal Title X funds to provide or arrange for pregnancy terminations.

Review of Informational and Educational Materials
(Title X Guidelines 6.8)

The LHJ's Title X project must have a documented process for including community participation in the review and approval of informational and educational materials developed by, or made available under, the project. The review process must ensure that materials are suitable for the population or community for which they are intended, factually accurate, and appropriate for the purposes of Title X. The committee, which must consist of 5-9 members (Title X 6.8), may delegate responsibility for the review of factual, technical, and clinical accuracy to appropriate project staff.

The LHJ must comply with all federal Title X and Family Planning and Reproductive Health requirements, policies and regulations, as well as adhere to the requirements and provisions in the currently approved proposal submitted to FPRH for this statement of work period.

Special Funding Requirements

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

Special References

See FPRH Manual, Chapter 1, Section 1500

See Form E, Projected Expenditures for Title X Project.

Staffing Requirements

(Title X 6.5, 6.8, 6.9)

The Project must be administered by a qualified program director.

Structure and Responsibilities of Policy Board

The LHJ must have a policy setting board (Board) with a membership that is broadly representative of the community.

The Board must:

- Operate under bylaws, or policies (as appropriate), that include a statement of the purpose of the program, a definition of the relationship between the Board and executive director/program coordinator, criteria and methods for selecting members and officers, and the frequency of meetings.
- Hold regularly scheduled meeting, at least annually. The LHJ must record and provide documentation upon request.

DOH Program Contact

Gayla L. Gilmore

P.O. Box 47883

Olympia, WA 98504-7883

gayla.gilmore@doh.wa.gov

(360) 236-3454

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: C14955

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

Funding Source	Type of Payment
<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 task description, add a program manual requirement and link, update a funding restrictions document date, and update master index codes and the FA 317 chart of accounts title effective July 1, 2011.

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 OPS	93.268	333.92.68	74207210	01/01/11	12/31/11	2,573	0	2,573
FFY11 CHILD IMMUN ACTIVITIES FED	93.268	333.92.68	74207213	01/01/11	12/31/11	12,417	0	12,417
TOTALS						14,990	0	14,990

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 <i>as outlined in the Centers for Disease Control (CDC) VFC Operations Manual and as directed by the state administrators of the VFC program.</i> 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		1) Provider Request for Childhood Vaccine (DOH 348-015) and Provider	1) Monthly based on provider order schedule	Reimbursement for actual costs incurred, not to exceed total

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	approve provider vaccine orders. Monitor provider orders for appropriateness (including Economic Order Quantity standards - 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.		<p>Request for Childhood Seasonal Flu Vaccine (DOH 348-118)</p> <p>2) Monthly Vaccine Accountability Report (DOH 348-006)</p> <p>3) Private Provider's Monthly Report of Vaccine Usage (DOH 348--025)</p> <p>4) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action</p> <p>5) Report all cases (or suspected cases) of vaccine fraud or abuse</p>	<p>2) 15th of each month</p> <p>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</p> <p>4) Notify the DOH Immunization Program Within 7 days of incident</p> <p>5) Notify the DOH Immunization Program within 7 days of reported incident</p>	funding consideration amount.
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, the CDC VFC Operations Manual, and as directed by the state administrators of the VFC program, including but not limited to vaccine accountability, storage, and handling issues.		<p>1) VFC/AFIX Site Visit Selection Planning Form (DOH 348-158) identifying all providers who will receive a VFC site visit</p> <p>2) A copy of the following provider compliance site visit documents for each public and private provider site visit completed:</p> <ul style="list-style-type: none"> Site Visit Cover Sheet (DOH 348-151) 	<p>1) February 1, 2011</p> <p>2) Within thirty (30) days of when the site visit is conducted (no later than November 30, 2011)</p>	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
			<ul style="list-style-type: none"> • Questionnaire (DOH 348-156) 3) A copy of the VFC/AFIX Site Visit Progress Report Form (DOH 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 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.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or 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 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.		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 Household Contact (DOH 348-035) for each case identified	15 th of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

***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

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](#)
- <http://www.cdc.gov/vaccines/programs/vfc/operations-guide.htm> (Note: All site visit reviewers are required to take a copy of the most current CDC VFC Operations Guide to every VFC compliance site visit)

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 2011) 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

Tawney Harper
Program Administration Unit Manager
Department of Health
PO Box 47843
Olympia WA 98504-7843
tawney.harper@doh.wa.gov,
360-236-3525

Exhibit A
Statement of Work
Contract Term: 2007-2011

DOH Program Name or Title: Maternal & Child Health - 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

Funding Source	Type of Payment
<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 add Maternal and Child Health Block Grant (MCHBG) activities and funding for the contract year January 1, 2011 to December 31, 2011.

Amendment Purpose: The purpose of this amendment is to change the annual report requirement due date to December 31, 2011 to coincide with the end of the DOH 5-year contract period and change master index codes and chart of accounts titles effective July 1, 2011.

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 None	Total Consideration
FFY11 MCHBG MCH ConCon Federal	93.994	333.99.94	73921210	01/01/11 06/30/11	29,799	-9,933	19,866
FFY11 MCHBG HCO ConCon Federal	93.994	333.99.94	78131211	07/01/11 09/30/11	0	9,933	9,933
FFY12 MCHBG HCO ConCon Federal	93.994	333.99.94	78131221	10/01/11 12/31/11	9,933	0	9,933
TOTALS					39,732	0	39,732

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The MCHBG Activity Plans are operational documents which include further details of those LHJ contract activities listed in the Task/Activity column of this statement of work and may change over the course of this contract period.					
1.	Work with the local community to assure maternal-child health problems are identified and addressed and that women, children, adolescents and their families, including those with special health care needs, have access to comprehensive, quality systems of care and are linked to needed services.				
	INFRASTRUCTURE INF 3.2 Provide information and data to interested groups on health related issues INF 4.1 Convene, staff, or participate in coalitions (which could include oral health and/or anti-hunger coalitions)		Complete Mid-Year Review , via phone or email, with Maternal and Child Health (MCH) Team Lead, of progress on contract activities listed in your MCHBG 2011-2012 Activity Plan.	July 15, 2011	Reimbursement for actual costs, not to exceed total MCH program contract funding.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	ENABLING SERVICES EN 7.1 Care coordination for CSHCN EN 7.2 Provide public health nursing services for high risk or vulnerable populations. EN 7.4 Parenting education		Submit an Annual Report and Federal MCH Report on submitted and approved work activities listed on your MCHBG 2011-2012 Activity Plan to MCH ConCon Coordinator.	March 3, 2012 December 31, 2011	June and December invoice payments and subsequent contract payments for this program may be withheld pending DOH receipt and acceptance of deliverables.
2.	Administer allocated funds for diagnosis and treatment of infants and children according to Children with Special Health Care Needs (CSHCN) Program policies and procedures.				
2.1	Complete intake and renewal process into Child Health Intake Form (CHIF) Automated System on all infants and children receiving assistance and accessing services through the CSHCN Program. Submit CHIF client data on computer diskette for all children served, both new and renewals, according to CSHCN Program policies and procedures.		Client data on CD	Submit quarterly	NA
2.2	Complete a Health Services Authorization (HSA) form for purchased CSHCN services.		Completed HSA forms	Submit when generated	NA
2.3	Manage DX/TX allocation fund balance; track and report status of obligations according to CSHCN Program policies & procedures.		DX/TX Allocation fund report	Submit monthly	NA

***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

This section is for program specific information not included elsewhere.

Program Manual, Handbook, Policy References

See submitted MCHBG 2011-2012 Activity Plans for agency specific approved work activities.

Children with Special Health Care Needs Manual 2/93

“Washington State Dental Sealant and Fluoride Varnish Program Guidelines” <http://doh.wa.gov/cfh/oralhealth/docs/sealants/sealantguide.pdf>

Staffing Requirements: N/A

Exhibit A, Statements of Work

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)]. An exception process is available.
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 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)].

Special References (RCWs, WACs, etc)

"HRSA -Understanding Title V of the Social Security Act" http://ask.hrsa.gov/detail_materials.cfm?ProdID=687

"Social Security Act Title V Laws" http://www.ssa.gov/OP_Home/ssact/title05/0500.htm

Monitoring Visits (frequency, type)

1. Mid-year check-in - July
2. Review and Approve Program Reports for calendar year 2011

Definitions: N/A

Assurances/Certifications: N/A

Special Billing Requirements: N/A

Special Instructions: N/A

Other: N/A

DOH Program Contact (Name, Program Title, Mailing Address, Email Address, Phone & Fax Number)

Donna Compton, MCH ConCon Coordinator
Department of Health
PO Box 47835
Olympia, WA 98504-7835
donna.compton@doh.wa.gov
360-236-3558

Exhibit A
Statement of Work
Contract Term: 2007-2011

DOH Program Name or Title: Tobacco Prevention & Control Program -
Effective July 1, 2011

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

Contract Number: C14959

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (if applicable) <input type="checkbox"/> ARRA (Recovery Act) <input type="checkbox"/> FFATA (Transparency Act)	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2011 through December 31, 2011

Statement of Work Purpose: The purpose of this statement of work is to provide funding for youth tobacco prevention activities for the period of July 1, 2011 through December 31, 2011.

Amendment Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
Youth Tobacco Prevention	N/A	334.04.93	78710630	Start Date	End Date	0	2,375	2,375
TOTALS						0	2,375	2,375

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	Provide Tobacco Retailer Education Educate retailers about youth tobacco access laws (RCW 70.155 and 26.28.080) and assist retailers in complying with those laws. Educational activities should include multiple approaches and cover the maximum number of retailers in the community, especially near schools and other areas where youth congregate (i.e. skate parks, ball fields, recreation centers).	6.1S 6.1L 6.4S 6.4L	Provide retailers in the county with educational material. Report monthly activities electronically, using CATALYST.	To be entered into CATALYST no later than the 10 th day of the following month.	Reimbursement for actual expenditures, not to exceed total funding consideration. Reimbursements will be based on data in CATALYST.
2	Provide Tobacco Prevention Activities, including: <ul style="list-style-type: none"> - Community coalition meetings - Education to policy makers and general public - Press releases on tobacco issues - Enforcement of Smoking in Public Places 	4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues	Conduct community engagement activities to discourage youth tobacco use. Report monthly activities, electronically, using CATALYST.	To be entered into CATALYST no later than the 10 th day of the following month.	Reimbursement for actual expenditures, not to exceed total funding consideration. Reimbursements will be based on data in CATALYST.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Law				

***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

Program Manual, Handbook, Policy References

Staffing Requirements

It is understood that the LHJ will have a designated Tobacco Prevention and Control (TPC) coordinator who has access to email and the Internet.

CATALYST is a web based tool located at <https://fortress.wa.gov/doh/catalyst/home/default.asp>. The LHJ will report their activities using CATALYST. Information and instructions for using CATALYST can be found at http://www.doh.wa.gov/tobacco/data_evaluation/Assessment/CATALYST/Training_Materials.htm

Restrictions on Funds

Special References

Youth Tobacco Prevention Account: To coordinate and implement tobacco intervention strategies to prevent and reduce tobacco use by youth per RCW 70.155.120

Monitoring Visits

Special Billing Requirements

Upon review and approval of monthly activities as entered in CATALYST and receipt of an invoice voucher, DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Special Instructions

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors.
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of the consolidated contracts.

This requirement is consistent with existing statute RCW 9.96A.020.

DOH Program Contact Name, Address, Email Address, Phone Number

Chris Zipperer
Department of Health
PO Box 47848, Olympia WA 98504-7848
Chris.Zipperer@doh.wa.gov
(360) 236-3614

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				
				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	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 Base Contracts	Amend 34	333.92.17	93.217	12/31/10	12/30/11	\$8,829	\$8,829	\$8,829
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	12/30/11	\$12,736		
FPRH TX Continuation-Training	Amend 31	333.92.17	93.217	12/31/10	12/30/11	\$1,000		
FPRH TX Continuation-Training	Amend 34	333.92.17	93.217	12/31/10	12/30/11	(\$8,145)	\$5,591	\$17,819
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		
FPRH TX SP RX Contraceptives	Amend 34	333.92.17	93.217	12/31/10	12/30/11	(\$1,000)	\$0	\$1,000
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 Ops	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

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			
CDC Comprehensive Cancer YR3	Amend 20	333.92.83	93.283	06/30/09	06/29/10	\$9,600	\$9,600	\$9,600
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	
CDC Tobacco Prevention YR3	Amend 33	333.92.83	93.283	03/29/11	03/28/12	\$30,000	\$30,000	\$48,115
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 HCO ConCon Fed	Amend 29	333.99.94	93.994	10/01/10	09/30/11	\$29,799	\$29,799	
MCHBG HCO ConCon Fed	Amend 29	333.99.94	93.994	10/01/11	12/31/11	\$9,933	\$9,933	\$39,732
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	\$9,933	\$156,288
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

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				
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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	12/30/11	\$19,095		
FPRH State Clinical-HP-Surg-Aud	Amend 34	334.04.91	N/A	07/01/11	12/30/11	(\$19,095)	\$0	\$40,010
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 Contracts (TX Match)-CY11	Amend 34	334.04.91	N/A	07/01/11	12/30/11	\$17,206	\$17,206	\$17,206
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	
Rec Shellfish/Biotoxin (PSAA)	Amend 33	334.04.93	N/A	07/01/11	12/31/11	\$1,225	\$1,225	\$6,880

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				
				Start Date	End Date			
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	
Youth Tobacco Prevention	Amend 34	334.04.93	N/A	07/01/11	06/30/13	\$2,375	\$2,375	\$24,175
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
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						\$2,603,756	\$2,603,756	
						GRAND TOTAL		\$2,603,756
Total consideration prior to this amendment:		\$2,603,586						
Change in consideration in this amendment:		\$170				Total Federal		\$1,585,022
GRAND TOTAL:		\$2,603,756				Total State		\$1,018,734

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

**Catalog of Federal Domestic Assistance for federal funds.