

**SKAMANIA COUNTY BOARD OF HEALTH**

Agenda for March 10, 2020

1:30 PM

Skamania County Courthouse  
240 NW Vancouver Avenue, Room 18  
Stevenson, WA 98648

Call to Order  
Public Comment

**Consent Agenda** - Items will be considered and approved on a single motion. Any Commissioner may, by request, remove an item from the agenda prior to approval.

1. Minutes of February 11, 2020
2. Contract Amendment #12 with Department of Health to amend statement of work for Office of Drinking Water Group A Program, removing language in the Deliverables/Outcomes section for Task 1

**Community Health report** – Kirby Richards, Community Health Administrative Director

**Health Officer report** - Dr. Steven Krager, Deputy Health Officer

- Influenza update
- Coronavirus update

**Environmental Health report** - Tim Elsea, Public Works Director

Adjourn

**MINUTES OF SKAMANIA COUNTY BOARD OF HEALTH MEETING**

February 11, 2020  
Skamania County Courthouse  
240 NW Vancouver Avenue, Room 18  
Stevenson, WA 98648

The meeting was called to order at 1:33 p.m. on February 11, 2020 at the Skamania County Courthouse, 1<sup>st</sup> Floor Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Board of Health Commissioners, Richard Mahar, T.W. Lannen, and Robert Hamlin, Chair present.

There was no public comment.

Commissioner Lannen moved, seconded by Commissioner Mahar and motion carried to approve the Consent Agenda as follows:

1. Minutes of January 14, 2020
2. Contract renewal with Melody Acosta to perform services related to WIC, Registered Dietician and Lactation Education for Community Health. Health Education services related to Nutrition, Health and Obesity may also be provided

Kirby Richards, Community Health Director reported on a Primary Care Transformation Plan. A proposed partnership with Skyline Clinic to provide a doctor one day at week at Hegewald Center is funded by the State through the Southwest Washington Accountable Community of Health program. She reported the goal is to open by August provided the effort to secure personal health records of patients can be worked out.

Dr. Steven Krager, Deputy Health Officer gave an update on Influenza and the Coronavirus. He reported on statistics relating to influenza that included amount of deaths as a result of influenza in Washington State and the Country. He also reported on the quarantine time for those testing positive for the Coronavirus, known cases in Washington State, symptoms, and related travel restrictions.

Tim Elsea, County Engineer/Public Works Director did not have anything new to report on Environmental Health.

The meeting adjourned at 2:17 p.m.

**SKAMANIA COUNTY BOARD OF HEALTH**

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Clerk of the Board of Health

\_\_\_\_\_  
Commissioner

Aye \_\_\_\_\_  
Nay \_\_\_\_\_  
Abstain \_\_\_\_\_  
Absent \_\_\_\_\_

**COUNTY FACE SHEET FOR CONTRACTS/LEASES/AGREEMENTS**

1. Contract Number CLH18260  
2. Contract Status: (Check appropriate box)  Original  Renewal  Amendment #12

3. Contractor Information: Contractor: **Department of Health  
Office of Contracts & Procurement**  
Contact Person: **Brenda Henrikson**  
Title: **Contracts Specialist**  
Address: **PO Box 47905**  
Address: **Olympia WA 98504-7905**  
Phone: **360-236-3933**

4. Brief description of purpose of the contract and County's contracted duties:  
Amends statement of work for Office of Drinking Water Group A Program to remove language in the Deliverables/Outcomes section for Task 1.

5. Term of Contract: **From: January 1, 2018 To: December 31, 2020**

6. Contract Award Process: (Check appropriate box)  
General Purchase of materials, equipment or supplies - RCW 36.32.245 & 39.04.190

- Exempt (Purchase is \$2,500 or less upon order of the Board of Commissioners)
- Informal Bid Process (Formal Quotes between \$2,500 and \$25,000)
- Formal Sealed Bid Process (Purchase is over \$25,000)
- Other Exempt (explain and provide RCW) 39.29

Public Works Construction & Improvements Projects – RCW 36.32.250 & 39.04.155 (Public Works, B&G, Capital Improvements Only)

- Small Works Roster (PW projects up to \$200,000)
- Exempt (PW projects less than \$10,000 upon order of the Board of Commissioners)

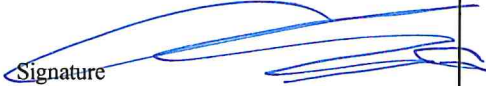
7. Original Contract Amount: \$157,058 Source: State DOH Consolidated Contract  
Previous Amendments #1-10 \$266,379 Source: State DOH Consolidated Contract  
Contract Amendment #11 \$ 20,784  
Total County Funds Committed: \$ 0  
**TOTAL FUNDS COMMITTED: \$444,221**

8. County Contact Person: Name: Kirby Richards, LICSW  
Title: Community Health Director

9. Department Approval:   
Department Head or Elected Official Signature

10. Special Comments:  
**Sign the Contract.** Mail 2 signed originals of the signature page to DOH at address above and email a signed copy to [brenda.henrikson@doh.wa.gov](mailto:brenda.henrikson@doh.wa.gov) DOH will return one fully signed original of the signature page.

**COMMISSIONER'S AGENDA ITEM COMMENTARY**

<b><u>SUBMITTED BY</u></b>	Community Health Department	 Signature
<b><u>AGENDA DATE</u></b>	BOH 3/10/2020	
<b><u>SUBJECT</u></b>	Dept of Health Consolidated Contract 2018-2020 Amendment #12	
<b><u>ACTION REQUESTED</u></b>	BOH Signature	

**SUMMARY/BACKGROUND**

Amends Department of Health (DOH) Consolidated Contract for Fiscal Period 2018-2020 by the following:

Amends statement of work for Office of Drinking Water Group A Program to remove language in the Deliverables/Outcomes section for Task 1.

**FISCAL IMPACT**

**REVENUE CONTRACT**

None

**RECOMMENDATION**

Sign Contract at next BOH meeting

**LIST ATTACHMENTS**

- Face Sheet
- Amendment #12
- Exhibit A: Statements of Work
- Exhibit B: Allocations

**SKAMANIA COUNTY PUBLIC HEALTH DEPARTMENT  
2018 – 2020 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH18260**

**AMENDMENT NUMBER: 12**

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

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

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:
  - Adds Statements of Work for the following programs:
  - Amends Statements of Work for the following programs:
    - Office of Drinking Water Group A Program - Effective January 1, 2018
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:
  - Increase of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \$444,221.  
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.

SKAMANIA COUNTY PUBLIC HEALTH  
DEPARTMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Robert Hamlin, Chair

Date

3/10/20

Date

APPROVED AS TO FORM:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Skamania County Prosecutor

**SKAMANIA COUNTY PUBLIC HEALTH DEPARTMENT  
2018 – 2020 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH18260**

**AMENDMENT NUMBER: 12**

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

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

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:
  - Adds Statements of Work for the following programs:
  - Amends Statements of Work for the following programs:
    - Office of Drinking Water Group A Program - Effective January 1, 2018
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:
  - Increase of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \$444,221.  
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.

SKAMANIA COUNTY PUBLIC HEALTH  
DEPARTMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Robert Hamlin, Chair      3/19/20  
Date

\_\_\_\_\_  
Date

APPROVED AS TO FORM

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Skamania County Prosecutor

**2018-2020 CONSOLIDATED CONTRACT  
EXHIBIT A  
STATEMENTS OF WORK  
TABLE OF CONTENTS**

**DOH Program Name or Title:** Office of Drinking Water Group A Program - Effective January 1, 2018 ..... 3

Exhibit A  
Statement of Work  
Contract Term: 2018-2020

DOH Program Name or Title: Office of Drinking Water Group A Program -  
Effective January 1, 2018

Local Health Jurisdiction Name: Skamania County Community Health  
Department  
Contract Number: CLH18260

SOW Type: Revision Revision # (for this SOW) 5

Period of Performance: January 1, 2018 through December 31, 2020

<input checked="" type="checkbox"/> Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<input type="checkbox"/> Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHI for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: The purpose of this revision is to remove language in the Deliverables/Outcomes section for Task 1.

Chart of Accounts	Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHI Use Only) Start Date End Date	Current Consideration	Change None	Total Consideration
Y+20 SRF - Local Asst (15%)	SS	N/A	346.26.64	24139220	01/01/18 12/31/18	0	0	0
Sanitary Survey Fees (FO-SW)	SS-State	N/A	346.26.65	24232522	01/01/18 12/31/20	5,200	0	5,200
Y+20 SRF - Local Asst (15%)	TA	N/A	346.26.66	24139220	01/01/18 12/31/18	0	0	0
Y+21 SRF - Local Asst (15%)	SS	N/A	346.26.64	24139221	01/01/18 06/30/19	3,000	0	3,000
Y+21 SRF - Local Asst (15%)	TA	N/A	346.26.66	24139221	01/01/18 06/30/19	0	0	0
Y+22 SRF - Local Asst (15%)	SS	N/A	346.26.64	24239222	01/01/19 12/31/20	2,200	0	2,200
Y+22 SRF - Local Asst (15%)	TA	N/A	346.26.66	24239222	01/01/19 12/31/20	2,000	0	2,000
<b>TOTALS</b>						<b>12,400</b>	<b>0</b>	<b>12,400</b>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHI staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.		Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHI shall be paid \$400 for each sanitary survey of a non-community system with three or fewer connections.  Upon ODW acceptance of the Final Sanitary Survey Report, the LHI shall be paid \$800 for each sanitary survey of a non-community system with four or more connections and each community system.



AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Trained LHI staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.		<p>referrals for further ODW follow-up.</p> <ol style="list-style-type: none"> <li>2. Completed Small Water System checklist.</li> <li>3. Updated Water Facilities Inventory (WFI).</li> <li>4. Photos of water system with text identifying features</li> <li>5. Any other supporting documents.</li> </ol> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p><i>The LHI surveyor will record at least two (2) GPS data points for each source into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.</i></p>	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	<p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p> <p>Upon acceptance of the completed SPI Report, the LHI shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>

AMENDMENT #12

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Trained LHI staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHI shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> <li>• Up to 3 hours of work: \$250</li> <li>• 3-6 hours of work: \$500</li> <li>• More than 6 hours of work: \$750</li> </ul> Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.  Late or incomplete reports may not be accepted for payment.
4	LHI staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training.  See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	LHI shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website  <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>

**\*For Information Only:**

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

**Program Specific Requirements/Narrative**

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

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHI to conduct sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHI staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

**Special Billing Requirements**

The LHI shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$10,400 for Task 1**, and **\$2,000 for Task 2, Task 3 and Task 4 combined** during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above. When invoicing for sanitary surveys, bill half to BARS Revenue Code 346.26.64 and half to BARS Revenue Code 346.26.65.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date that you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to the DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

**Special Instructions****Task 1**

Trained LHI staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHI may request ODW assistance.

- No more than **3** surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than **6** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.
- No more than **2** surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.
- No more than **1** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.
- No more than **1** surveys of non-community systems with three or fewer connections to be completed between January 1, 2020 and December 31, 2020.
- No more than **3** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2020 and December 31, 2020.

The process for assignment of surveys to the LHI, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHI are described in the Field Guide.

**Task 2**

Trained LHI staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHI staff.

**Task 3**

Trained LHI staff will conduct Technical assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHI to a water system.

**Task 4**

LHI staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHI staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHI staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHI Drinking Water Meetings.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

**Program Manual, Handbook, Policy References**

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

**DOH Program Contact**

Denise Miles  
DOH Office of Drinking Water  
243 Israel Rd SE  
Turnwater, WA 98501  
[Denise.Miles@doh.wa.gov](mailto:Denise.Miles@doh.wa.gov)  
(360) 236-3028

**DOH Fiscal Contact**

Karena McGovern  
DOH Office of Drinking Water  
243 Israel Rd SE  
Turnwater, WA 98501  
[Karena.McGovern@doh.wa.gov](mailto:Karena.McGovern@doh.wa.gov)  
(360) 236-3094

Indirect Rate as of January 2018 through December 2019: 11%

Contract Term: 2018-2020

Date:

January 15, 2020

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	Statement of Work		DOH Use Only		Amount	Funding		Chart of Accounts Total
				Revenue	Start Date End Date	Start Date End Date	Period		Sub Total		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	(\$135)	\$9,250	\$113,880
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20	\$9,385		
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	(\$540)	\$37,000	
FFY19 CSS USDA WIC Program Mgmt CSS	187WAWA7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$37,540		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	(\$4,155)	\$36,475	
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 5	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$3,090		
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19	\$37,540		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$3,000		
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18	\$28,155	\$31,155	
FFY20 USDA WIC Client Sys Contracts	NGA Not Received	Amd 11	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20	\$1,550	\$1,550	\$1,550
FFY19 CSS USDA FMNP Prog Mgmt	197WAWA7Y8604	Amd 8	10.572	333.10.57	01/01/19	09/30/19	10/01/18	09/30/19	\$166	\$166	\$332
FFY18 CSS USDA FMNP Prog Mgmt	187WAWA7Y8604	Amd 2	10.572	333.10.57	01/01/18	09/30/18	10/01/17	09/30/18	\$166	\$166	
FFY16 Cascades USDA WIC Prog Mgmt-MIS	16157WAWA6W522	Amd 6, 8	10.578	333.10.57	10/01/18	09/30/19	03/11/16	09/30/19	\$1,095	\$1,095	\$1,095
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$358	\$19,894	\$19,894
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$19,536		
FFY17 EBR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$371	\$8,401	\$8,401
FFY17 EBR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$8,030		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 9	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$19,894	\$19,894	\$19,894
FFY19 Family Planning Title X	FPHPA006462	Amd 8, 11	93.217	333.93.21	04/01/19	06/30/19	04/01/19	03/31/20	\$4,164	\$4,164	\$11,556
FFY18 Family Planning Title X	FPHPA006359	Amd 4	93.217	333.93.21	09/01/18	03/31/19	09/01/18	08/31/19	\$2,910	\$2,910	
FFY17 Family Planning Title X	FPHPA106286	Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	08/31/18	\$3,350	\$4,482	
FFY17 Family Planning Title X	FPHPA106286	N/A, Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	03/31/18	\$1,132		
FFY17 317 Ops	5NH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$144	\$144	\$144
FFY17 AFIK	5NH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$553	\$553	\$553
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 5	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	(\$5,600)	\$0	\$0
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$5,600		
FFY17 VFC Ops	5NH231P000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$186	\$186	\$186

Indirect Rate as of January 2018 through December 2019: 11%

Contract Term: 2018-2020

Date: January 15, 2020

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total	
				Revenue	Funding Period Start Date End Date	Chart of Accounts Funding Period Start Date End Date					
FFY20 MCHBG LHI Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$29,551	\$29,551	\$81,625
FFY19 MCHBG LHI Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$29,551	\$29,551	
FFY18 MCHBG LHI Contracts	B04MC31524	Amd 2	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$359	\$22,523	
FFY18 MCHBG LHI Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$22,164		
SFY20 Family Planning Cost Share		Amd 11	N/A	334.04.91	12/01/19	12/31/20	07/01/19	06/30/21	\$16,434	\$16,434	\$45,211
SFY20 Family Planning Cost Share		Amd 8, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$5,704	\$7,195	
SFY20 Family Planning Cost Share		Amd 4, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$1,491		
SFY19 Family Planning Cost Share		Amd 7	N/A	334.04.91	09/01/18	03/31/19	07/01/18	06/30/19	\$822	\$822	
SFY19 Family Planning Cost Share		Amd 8	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$219	\$7,675	
SFY19 Family Planning Cost Share		Amd 4	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$7,456		
SFY19 Family Planning Cost Share		Amd 3	N/A	334.04.91	07/01/18	08/31/18	07/01/18	06/30/19	\$4,018	\$4,018	
SFY18 Family Planning Cost Share		Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$6,038	\$9,067	
SFY18 Family Planning Cost Share		N/A, Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$3,029		
SFY22 Lead Environments of Children		Amd 8	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$1,500)	\$0	\$1,500
SFY22 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$1,500		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$1,500	\$1,500	
PPHS Funding for LHUs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$42,000	\$42,000	\$126,000
PPHS Funding for LHUs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$42,000	\$42,000	
PPHS Funding for LHUs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$42,000	\$42,000	
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$3,600)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$3,600		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,400)	\$3,000	\$3,000
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$800		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$3,600		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$1,400	\$2,200	\$2,200
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 11	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$800		
Sanitary Survey Fees (FO-SW) SS State		Amd 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$1,400	\$5,200	\$5,200
Sanitary Survey Fees (FO-SW) SS State		Amd 10	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	(\$600)		
Sanitary Survey Fees (FO-SW) SS State		Amd 6, 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	\$800		
Sanitary Survey Fees (FO-SW) SS-State		Amd 3, 6, 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	\$3,600		

Indirect Rate as of January 2018 through December 2019: 11%

Contract Term: 2018-2020

Date: January 15, 2020

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	BARS Revenue	Statement of Work		DOH Use Only		Amount	Funding Period		Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		Sub Total	Period Total	
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)		\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$2,000			
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$4,000)		\$0	\$0
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000			
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000			
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 11	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$2,000		\$2,000	\$2,000
<b>TOTAL</b>									\$444,221		\$444,221	\$444,221
Total consideration:									\$444,221			\$444,221
									\$0			\$259,110
<b>GRAND TOTAL</b>									\$444,221			\$185,111

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