KITSAP PUBLIC HEALTH DISTRICT

MEETING AGENDA

KITSAP PUBLIC HEALTH BOARD
AGENDA

January 6, 2015
1:45 to 2:45 p.m.
Norm Dicks Government Center, Bremerton, WA

1:45 p.m.	1.	Election of 2015 Board Chair and Vice Chair
1:47 p.m.	2.	Assignments to the 2015 Board Finance and Operations Committee, Policy Committee, and Personnel Committee
1:50 p.m.	3.	Minutes, December 2, 2014
1:51 p.m.	4.	Consent Items and Contract Updates: See Consent Agenda Agreement Summary (includes Administrator's Employment Agreement), Warrant and EFT Registers, and Contracts Signed Report
1:53 p.m.	5.	Public Comment
1:58 p.m.	6.	Health Officer's Report / Administrator's Report *Susan Turner, Health Officer / Scott Daniels, Administrator*

ACTION ITEMS:

2:00 p.m.	7.	Resolution 2015-01: Approving the Kitsap Public Health District Legislative Priorities for the 2015 State Legislative Session *Scott Daniels, Administrator*
2:10 p.m.	8.	Port Gamble Large Onsite Sewage System Operation & Maintenance Authorization *Keith Grellner, Environmental Health Division Director*
2:20 p.m.	9.	Laboratory Services Request for Proposals *Keith Grellner, Environmental Health Division Director*

DISCUSSION ITEMS:

2:25 p.m.	10.	KCHP Working Group and 1422 Grant Updates *Katie Eilers, Community Health Division Assistant Director*
2:35 p.m.	11.	In-Person Assister Program Update *Kerry Dobbelaere, Clinical Services Program Manager*

ADJOURN:

2:45 p.m.	12.	Adjourn

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

MEMO

To: Kitsap Public Health Board

From: Scott Daniels, Administrator

Date: December 23, 2014

Re: Election of 2015 Board Chair and Vice-Chair and Assignments to 2015 Board Committees

The Kitsap Public Health Board Bylaws state that the Board shall elect a Chair and Vice-Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar year. City and County Board members alternate the terms of Chair and Vice-Chair. Mayor Patty Lent's term as Chair and Commissioner Rob Gelder's term as Vice-Chair will end this year and a new Chair and Vice-Chair need to be elected by the Board at its January 2015 meeting.

Also, the Board will need to review and agree on 2015 Board committee assignments at its January meeting. Currently, the Board's standing committees are the 1) Finance and Operations Committee, 2) Personnel Committee, and 3) Policy Committee. Each committee consists of a maximum of three Board members. The Bylaws state that the Board Chair shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year. A list of the Board's current (2014) committee members is attached.

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

2014 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair – Mayor Patty Lent
Vice Chair – Commissioner Rob Gelder

2014 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

Finance & Operations	Mayor Becky Erickson Commissioner Charlotte Garrido Mayor Patty Lent
Personnel	Councilperson Sarah Blossom Commissioner Linda Streissguth
Policy	Mayor Becky Erickson Commissioner Rob Gelder Mayor Tim Matthes

KITSAP PUBLIC HEALTH BOARD
Regular Meeting
December 2, 2014

The meeting was called to order by the Board Chair, Mayor Patty Lent, at 11:25 a.m.

MINUTES

Commissioner Rob Gelder moved and Mayor Tim Matthes seconded the motion to approve the minutes for the November 4, 2014, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The contracts on the consent agenda included:

- 1308, Washington State University, *Public Education and Outreach*
- 1305,Washington State Association of Local Public Health Officers
- 1233, Amendment 1, Clallam County, *Assessment Services*

Commissioner Garrido moved and Commissioner Gelder seconded the motion to approve the consent agenda, including the contracts update and warrant and Electronic Funds Transfer register. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

ADMINISTRATOR'S REPORT

Mr. Scott Daniels, Administrator, brought to the attention of the Board that the Bylaws require the dates, times and locations of meetings to be established for the following year at the last meeting of the calendar year. Also, the Bylaws require the Board to elect the Chair and Vice-Chair no later than the first meeting of the year. Daniels stated that election of the Chair, Vice-Chair and Board committee members will be on the January agenda. Mayor Matthes moved and Commissioner Garrido seconded the motion to approve the 2015 Kitsap Public Health Board meeting schedule for the first Tuesday of each month from 1:45 p.m. to 2:45 p.m. The motion was approved unanimously.

Mr. Daniels informed the Board that the District is in discussion with Kitsap Regional Coordinating Council (KRCC) staff who have been in discussion with their Board on moving the affordable housing and homeless funding programs out of KRCC to another agency. One option that KRCC discussed was moving these programs to the Health District. He stated that the District would be meeting with KRCC and Kitsap County to assist them with their review of this matter. Mr. Daniels said he would provide an update to the Board after that meeting.

Mr. Daniels invited the Board to the Community Health Partner Forum on Tuesday, December 16, 2014, at United Way from 1:30 p.m. to 4:30 p.m. The topic of discussion will be Adverse Child Experiences (ACEs) in Kitsap County. He explained that this is one of the four top priorities selected during the 2014 Kitsap Community Health Priorities (KCHP) process. RSVPs should be directed to Katie Eilers, the District's Assistant Director of Community Health.

DRAFT

Mr. Daniels acknowledged that Commissioner Linda Streissguth's term had ended and thanked her for her service on the Kitsap Public Health Board.

EXECUTIVE SESSION: PERSUANT TO RCW 42.30.110(1)(g) TO EVALUATE THE QUALIFICATIONS OF AN APPLICANT FOR PUBLIC EMPLOYMENT AND REVIEW OF PERFORMANCE OF PUBLIC EMPLOYEE

At 11:34 a.m., Mayor Lent announced that the Board would be adjourning to Executive Session for 10 minutes pursuant to RCW 42.30.110(1)(g) to evaluate the qualifications of an applicant for public employment and review the performance of a public employee. At 11:44 a.m., Mayor Lent returned the Board to open session and explained that the Executive Session was to discuss the Kitsap Public Health District Administrator employment contract and that no decisions had been made. Mayor Lent then announced that the Board will request action at the January regular Board meeting.

RESOLUTION 2014-06: RESCINDING RESOLUTION 2007-01 AND APPOINTING AGENTS TO RECEIVE CLAIMS FOR DAMAGES

Mr. Daniels explained that the District is required under RCW 4.96 to appoint agents to receive any claim for damages, and requires that the identity of the agent, and address where he or she may be reached during normal business hours, be identified in public record and recorded with the County Auditor. Previously, in Board Resolution 2007-01, Scott Lindquist, MD, Director of Health, and Scott Daniels, Administrator, were appointed by the Board as the agents to receive claims for damages for the District. Due to staffing changes, the District is now requesting the Board to appoint the District's Administrator as the primary position and the District's Health Officer to serve as the alternate when the Administrator is not available to receive claims for damages. Commissioner Charlotte Garrido moved and Commissioner Robert Gelder seconded the motion to approve Resolution 2014-06. The motion was approved unanimously.

RESOLUTION 2014-07: APPROVING THE 2015 KITSAP PUBLIC HEALTH DISTRICT BUDGET

Mr. Daniels requested Board approval of the District's 2015 Budget. Daniels reminded the Board that the budget had been reviewed at the November Board meeting and offered to provide additional information and answer questions. He explained that the most significant change made to the Budget since the last Board meeting was the addition of two new grant-funded revenue streams, and a slight increase in revenue needed to support Juvenile Detention Adolescent Health services to Kitsap County. Overall, the amount of unrestricted/undesignated fund balance needed to balance the final 2015 budget was reduced by $103,226 (from $506,943 to $403,717). He stated that the Finance and Operations Committee had reviewed the District's 2015 Budget and recommended approval. Mayor Tim Matthes moved and Commissioner Charlotte Garrido seconded the motion to approve the Kitsap Public Health District's 2015 Budget. The motion was approved unanimously.

ORDINANCE 2014-01: FOOD SERVICE REGULATIONS

Mr. Keith Grellner, Environmental Health Division Director, requested Board approval of the proposed revisions to the District's current Food Services Regulations, Ordinance 2013-02. He explained that if adopted, new Ordinance 2014-01 would replace the current local food service rules in Ordinance 2013-02, and would add civil infraction penalties for enforcement. He explained that the current regulations limit enforcement options to misdemeanor, or criminal, penalties only, and the District believes that criminal penalties alone are too harsh for most types of food service violations the District encounters.

Proposed Ordinance 2014-01 also includes new language to clarify the permitting requirements for temporary food service establishments. Temporary food establishments are increasing in popularity, and the District wants to clarify the permit requirements for food vendors to make it easier to understand and comply with the regulations. Lastly, the revision includes new language that clarifies that a food service permit may be revoked for failure to submit the required permit fees.

Mr. Grellner reported that a public notice was posted in the local newspaper to announce the Board hearing for Ordinance 2014-01, and a public meeting was conducted in late October. He mentioned that the proposed changes had also been distributed to the local food industry through a District email list serve, and notice of the proposed regulations has been posted on the District's website since September. The District has not received any comments opposed to the recommended changes.

Mr. Grellner clarified that these rules do not pertain to "tailgate type" private events, but only to those events when food is being prepared and sold to the public. Commissioner Garrido remarked that she would have liked for the fee schedule to have been attached to the regulation revision proposal. Grellner confirmed that fees have not changed in the last two years, and that fees are posted on the District's website. He assured the Board that District will work with its Public Information Officer to provide the updated Ordinance in an easily accessible location on the District's website with a more direct link to the District's fee schedule. Grellner concluded that if approved, Ordinance 2014-01 would be effective immediately. Commissioner Gelder moved approval of Ordinance 2014-01, and Commissioner Garrido seconded the motion to approve Ordinance 2014-01. The motion was approved unanimously.

BANNER ROAD HEALTH IMPACT ASSESSMENT

Mr. Daniels stated that the District had received a small grant from the Centers for Disease Control (CDC) for a Health Impact Assessment (HIA) on a built environment project in our community. He then introduced Ms. Danielle Schaeffner, MPH, Environmental Health Specialist, Healthy Communities Program, who spoke to the Board about the project. Ms. Schaeffner explained the HIA is a process that helps evaluate the potential health effects of a plan, project or policy before it is built or implemented. She stated that this process helps bring awareness of potential public health impacts that fall outside of traditional public health concentrations such as transportation and land use. This HIA was conducted in partnership with Kitsap County's Departments of Public Works and Community Development and was focused

on potential shoulder widening of each side of lower Banner Road, to the north and south of South Colby Elementary School in South Kitsap. This project would benefit the community with safe routes to and from school and a safe place for residents to walk and ride bikes. The next steps are to survey members of the community to identify current health conditions and potential health impacts. The survey is scheduled to be sent out in the next few weeks. Ms. Schaeffner confirmed that Kitsap County was one of three counties that received grant funds for this project.

After some discussion, Mr. Daniels clarified that the contract for the grant was not previously brought before the Board because contracts that fall beneath the $50,000 threshold do not require Board approval. There were no further questions. Mayor Lent thanked Ms. Schaeffner for her presentation.

ADJOURN

There was no further business; the meeting was adjourned at 12:23 p.m.

Commissioner Robert Gelder, Chair	**Scott Daniels**
Kitsap Public Health Board	**Administrator**

Board Members Present: *Commissioner* Charlotte Garrido; *Commissioner* Rob Gelder; *Mayor* Patty Lent; *Mayor* Tim Matthes

Board Members Absent: *Council Member* Sarah Blossom; *Mayor* Becky Erickson; *Commissioner* Ed Wolfe

Staff Present: Karen Bevers, *Communications Coordinator / Public Information Officer;* Karen Boysen-Knapp, *Healthy Communities Specialist, Chronic Disease Prevention Program; S*cott Daniels, *Administrator;* Kerry Dobbelaere, *Program Manager 2, Clinical Services Program;* Katie Eilers, *Assistant Director, Community Health Division*; Yolanda Fong, *Public Health Nurse Supervisor, Chronic Disease Prevention;* Kathy Greco, *Confidential Secretary, Administration;* Keith Grellner, *Director, Environmental Health Division;* Karen Holt, *Provisional Human Resources Manager, Administration;* Leslie Hopkins, *Program Coordinator 2, Administration;* Hugh *(*Aaron) Houghton, *Intern, Administration;* Tracey Kellogg, *Finance Manager, Administration;* Nicola Marsden-Haug, *Epidemiologist 2, Administration;* Suzanne Plemmons, *Director, Community Health Division;* Shelley Rose, *Public Health Educator, In-Person Assister Program;* Danielle Schaeffner, *Environmental Health Specialist, Healthy Communities,* Shawn Ultican, *Sr. Environmental Health Specialist, Pollution Identification and Correction Program,* and Jim Zimny, *Program Manager, Food and Living Environment.*

Public Present: Monte Levine, *self;* Cal Bodeutsch, *Kitsap Transit*

Kitsap Public Health District
Consent Agenda Agreement Summary
January 2015

KPHD Contract Number	Their Contract Number	Name	Type of Agreement	Term of Agreement	Amount
1330	____	Jefferson County *Nurse Family Partnership Supervision*	Agreement	01/01/2015-12/31/2016	$75,755.46
1316	C17113	Washington Department of Health *Consolidated Contract*	Consolidated Contract	01/01/2015-12/31/2017	$639,103
1301	___	Kitsap Public Health Board *Employment Agreement –Scott Daniels*	Employment Agreement	01/01/2015-12/31/2016	$264,840
1188 Amendment 1	___	Jefferson County *Nurse Family Partnership, Thrive by Five*	Agreement	07/01/2013-06/30/2017	Reduces compensation from $88,370 to $87,500 annually
1135 Amendment 2	HBE-077	Washington Health Benefit Exchange *In-Person Assister Program*	Contract	Extends term to 02/28/2015	This amendment adds $5,625.20; Total agreement = $213,757.40

CONTRACT AGREEMENT
By and Between
Kitsap Public Health District and Jefferson County Public Health

For provision of one (1) Public Health Nurse for Nurse Family Partnership (NFP) Supervisor Role

Section 1: **PURPOSE:**
THIS AGREEMENT for Professional Services is entered into between the Kitsap Public Health District (KPHD), hereinafter referred to as "District" and Jefferson County Public Health (JCPH), hereinafter referred to as "Contractor" to provide services as a Nurse Family Partnership Supervisor.

Section 2: **TERMS:**
This Agreement shall commence on January 1, 2015 and continue through December 31, 2016, unless terminated as provided herein. The agreement may be extended beyond December 31, 2016, upon mutual written consent of the District and the Contractor.

Section 3: **SCOPE OF AGREEMENT:**
Contractor will provide Public Health Nurse services for NFP Supervisor Role and will meet obligations as contained in Exhibit A, Statement of Work.

.
Section 4: **CONTRACT REPRESENTATIVES:**
District and Contractor will each have a contract representative who will have responsibility to administer the contract for that party. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows:

Kitsap Public Health District Contract Representative
Suzanne Plemmons, Community Health Director
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 337-5263

Contractor's Contract Representative
Jean Baldwin, Director
Jefferson County Public Health
615 Sheridan St.
Port Townsend, WA 98368
(360) 385-9400

Section 5: **COMPENSATION:**
District agrees to provide the following:

A. Pay Contractor an annual fee for regular supervision of $37,877.73 for services to District for NFP supervisory role, which may be billed monthly at the rate of $3,156.48 or quarterly at the rate of $9,469.43, whichever is agreed upon by the District and the Contractor.

B. In addition, District will provide reimbursement for travel and mileage incurred in connection with provision of stated services at the current year's GSA reimbursement rate. The District will be billed quarterly for travel and mileage.

C. Any additional fees required by NFP for training will be split between the District, Port Gamble S'Klallam Tribe, and the Contractor.

D. In the case approved program supplies required by NFP are unavailable for direct purchase, Contractor will purchase supplies and bill District for incurred cost.

E. The District may request additional nursing supervisory hours at an hourly rate commensurate to Contractor's employee's hourly rate. In the case of emergency nursing supervisory needs, District will be charged and hourly rate.

F. Contractor records and accounts pertaining to this agreement are to be kept available for inspection by representatives of the Health District and state for a period of six (6) years after final payments. Copies shall be made available upon request.

Section 6: **INDEMNIFICATION:**
The Contractor shall indemnify, defend, and hold harmless the District, its officers, agents, and employees from and against any and all claims, lawsuits, demands for money damages, losses, or liability, or any portion thereof, including attorney's fees and costs arising from any injury to a person or persons (including the death or injury of the Contractor or damage to personal property) if said injury or damage was caused by the negligent acts or omissions of the Contractor or its employees or representatives.

Section 7: **INSURANCE:**
Each party shall obtain and keep in force during the terms of this Agreement, or as otherwise required.

A. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non-owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than $300,000 each occurrence.

B. Professional Liability Insurance providing $2,000,000 per incident; $4,000,000 aggregate.

C. Each party shall participate in the Worker's Compensation and Employer's Liability Insurance Program as may be required by the State of Washington.

D. The Contractor will maintain its membership in the Washington Counties Risk Pool.

Section 8: **CONFIDENTIALITY:**
All parties to this Agreement and their employees or representatives and their subcontractors and their employees will maintain the confidentiality of all information provided by Contractor or

District or acquired in performance of this Agreement as required by the HIPPA and other privacy laws. This Contract, once executed by the parties, is and remains a Public Record subject to the provision of Ch. 42.56 RCW, the Public Records Act.

Section 9: **OWNERSHIP AND USE OF DOCUMENTS**
The Contractor acknowledges and agrees that any and all work product directly connected to and/or associated with the services rendered hereunder, including but not limited to all documents, drawings, reports, and the like which the Contractor in the performance of the service hereunder, either solely and/or jointly with the District shall be the sole and exclusive property of the District. Other materials produced by the Contractor in connection with the services rendered under this agreement shall be the property of the District whether the projects for which they are made are executed or not. Each party may, with no further permission required from the other party, publish to the web, disclose, distribute, reproduce, or otherwise copy or use, in whole or in part, such items produced during the course of the Project to the extent disclosure is allowed by HIPAA.

Section 10: **INDEPENDENCE**
Nothing in this agreement shall be considered to create the relationship of employer and employee between the parties hereto. The Contractor shall not be entitled to any benefits accorded District employees by virtue of the services provided under this agreement. The District shall not be responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the state industrial insurance program, otherwise assuming the duties of an employer with respect to employee.

Section 11: **REPORTING**
The Contractor will provide a report to the District, whichever is agreed upon by the District and the Contractor, for payment for services rendered. The report shall contain a brief summary of the work performed, relationship to the tasks identified in **Exhibit A,** and the total lines generated.

Section 12: **DISPUTE RESOLUTION**
The Parties agree to work cooperatively to accomplish all of the terms of this Agreement, however, acknowledge that there may be instances in which either the District or the Contractor has not complied with the conditions of this Agreement or that clarification is necessary to interpret provisions of this Agreement. In such an instance, the District and the Contractor shall attempt to resolve the matter through discussion. If unsuccessful, the District and the Contractor agree to refer the matter to non-binding mediation.

If the mediator cannot resolve the conflict or dispute, then the issue shall be brought before a Dispute Panel. The Dispute Panel shall review all issues, concerns, and conflicts with a goal to determine acceptable solutions for both Parties. The decisions of the Dispute Panel shall be final and binding on both Parties.

DISPUTE PANEL: The Parties may voluntarily submit any contractual dispute to a dispute panel as follows: each party will appoint one member to the panel and those two members in turn will appoint a third member. The dispute panel will review the facts, contract provisions, and

applicable law, and then decide the matter. This provision does not affect the right of either party to seek a legal recourse in a court of competent jurisdiction.

Section 13: **TERMINATION**
The District and the Contractor reserve the right to terminate this contract in whole or in part with 30 days notice. In the event of termination under this clause, District shall be liable only for payment for services rendered prior to the effective date of termination.

Section 14: **INTEGRATED AGREEMENT**
This Agreement together with attachments or addenda represents the entire and integrated agreement between the District and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral between the parties. This agreement may be amended or modified only by a written instrument signed by both District and Contractor.

Section 15: **PROGRAM MODEL ELEMENTS**
District and the Contractor understand and agree that Program implementation by District and Contractor must be based on key parameters-Model Elements identified through research and refined based upon the Program's experience since 1997 and attached to this agreement as **Exhibit B**, Nurse-Family Partnership Model Elements.

Section 16: **PROPRIETARY PROPERTY**
The District and the Contractor understand and agree that NFP grants to the District and the Contractor a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out the obligations of this contract. Further, the NFP reserves the right to modify the Proprietary Property from time to time in accordance with the data, research, and current modalities of deliveries program. NFP shall retain ownership and all the rights to any Proprietary Property, whether modified or not by the District and/or the Contractor. In any event, all software, Nurse-Family Partnership Community and Efforts to Outcomes Website content, excluding the District's and Contractor's data, shall remain the sole property of Nurse-Family Partnership.

Approved this _____ day of _____, 2012.

_____
Scott Lindquist, MD, MPH, Director, Kitsap Public Health District

_____
John Austin, Chair, Jefferson Board of County Commissioners

_____

Approved as to form only
11/26/14
Jefferson Co. Prosecutor's Office
David Alvarez, Chief Civil DPA

Approved as to form

Exhibit A
Statement of Work

	JCPH	KPHD	PGST
Nurse Home visitors #	2	3	1

Model Elements implemented through facilitation by Nurse Supervisor—applies to all sites:

Model element and description	JCPH	KPHD	PGST
#10, Work with NHVs to increase knowledge, practice, and individualization of NFP visit to visit guidelines with families across all domains.	X	X	X
#11, Work with NHVs to review and reflect on theoretical bases of NFP as related to clinical practice.	X	X	X
#12, Work with NHVs and team to maintain required number of clients. Includes caseload management, outreach, referrals and maintaining community relationships.	X	X	X
#13, Nurse supervisor provides supervision to 6 NHVs at this time, appropriate for .875FTE Nurse supervisor	X	X	X
#14, Nurse supervisor provides: 1. Weekly 1:1 clinical supervision 2. Case conferences	X In person weekly X at least 2 x month	X In person at least 2x month X at least 2 x month	X In person at least 3x month & prn meetings with Comm. Health worker X at least 2 x month

3. Team meetings 4. Field Supervision	X at least 2 x month X at least 3x year	X at least 2 x month X at least 3x year	X at least 2 x month X at least 3x year
#15 Data is collected and used to guide practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.	X	X	X
#17, Regional CAB convened and will meet at least 3x year	X	X	X
#18, Nurse supervisor will help support and facilitate regional communication to assure accurate data entry and implementation of program	X	X	X

Other related program implementation areas:

Other areas related to program implementation	JCPH	KPHD	PGST
NFP Tribal Community of Practice	0	0	Quarterly phone calls or in-person meetings with NFP Tribal Nurse consultant, quarterly Tribal COP calls or in-person meetings. Additional communication with NFP Nurse consultant as needed.
Washington State NFP Consortium: 1. Monthly calls with WA State Nurse consultant 2. Monthly calls with WA State Nurse supervisors 3. Quarterly meetings with WA State nurse supervisors 4. On-site visits with WA state nurse consultant at least once/year.	X	X	X
Coordination of team meetings, case conferences, and reflective supervision times based on regional composition, including associated travel.	X	X	X
Thrive by Five Funding: application,	X	X	0

Monthly and quarterly reports.			
NFP required Education and training, such as DANCE education and annual NFP National Symposium	X	X	X

Exhibit B

Nurse-Family Partnership Model Elements

CLIENTS

Element 1 Client participates voluntarily in the Nurse-Family Partnership program.

Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal system that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any other pressure to enroll.

Element 2 Client is a first-time mother.

First-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change a woman is feeling vulnerable and more open to support.

Element 3 Client meets low-income criteria at intake.

The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher-income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it's better to focus the program on low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office, establish a threshold for low-income clients in the context of their own community for their target population.

Element 4 Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.

A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. It is recommended that only one pre-enrollment visit be provided. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child, and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.

© Copyright 2011 Nurse-Family Partnership. All rights reserved.

INTERVENTION CONTEXT

Element 5 Client is visited one-to-one: one nurse home visitor to one first-time mother/family.

Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship. Some agencies have found it useful to have other nurses on their team at times to accompany the primary nurse home visitor for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care. The addition of group activities to enhance the program is allowed, but can not take the place of the individual visits and can not be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

Element 6 Client is visited in her home.

The program is delivered in the client's home, which is defined as the place where she is currently residing. Her home can be a shelter or a situation in which she is temporarily living with family or friends for the majority of the time (i.e., she sleeps there at least four nights a week). It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in their home and the visit needs to take place in other settings. But whenever possible, visiting the client and child in their home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges.

Element 7 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.

Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may adjust the frequency of visits and visit in the evening or on weekends. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

© Copyright 2011 Nurse-Family Partnership. All rights reserved.

EXPECTATIONS OF THE NURSES AND SUPERVISORS

Element 8 Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.

When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' experience and education. The BSN degree is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire BSN-prepared nurses or may find well prepared nurses that do not have a BSN. In making this decision, agencies need to consider each individual nurses' qualifications, and as needed, provide additional professional development to meet the expectations of the role. Non-BSN nurses should be encouraged and provided support to complete their BSN. Agencies and supervisors can seek consultation on this issue from their nurse consultant.

Element 9 Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.

It is the policy of Nurse-Family Partnership National Service Office (NFP NSO) that all nurses employed to provide NFP services will attend and participate in all core NFP education sessions in a timely manner, as is defined by NFP NSO policy and the NFP NSO contract. Nurse home visitors and nurse supervisors will deliver the program with fidelity to the model. Fidelity is the extent to which implementing agencies adhere to the model elements when implementing the program. Implementing these components provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials.

APPLICATION OF THE INTERVENTION

Element 10 Nurse home visitors, using professional knowledge, judgment and skill, apply the Nurse-Family Partnership Visit-to-Visit Guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.

The NFP Visit-to-Visit Guidelines are tools that guide nurse home visitors in the delivery of program content. Nurse home visitors use strength-based approaches to working with families and individualize the guidelines to meet the client's needs. The domains include:

1) Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
2) Environmental Health (home; work; school and neighborhood)
3) Life Course (family planning; education and livelihood)
4) Maternal Role (mothering role; physical care; behavioral and emotional care of child)
5) Friends and Family (personal network relationships; assistance with childcare)
6) Health and Human Services (linking families with needed referrals and services)

© Copyright 2011 Nurse-Family Partnership. All rights reserved.

Element 11 Nurse home visitors apply the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.

The underlying theories are the basis for the Nurse-Family Partnership Program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Core Education Sessions. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice.

Element 12 A full-time nurse home visitor carries a caseload of no more than 25 active clients.

Full time is considered a 40-hour work week. Agencies may have a different definition for full time, and should pro-rate the nurse's caseload accordingly. At least half-time employment (20-hour work week) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that already are in place but do not meet these expectations should consult with their nurse consultant. Active clients are those who are receiving visits in accordance with the NFP Visit-to-Visit Guidelines and the plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits. Agencies can establish their own policies regarding a timeframe for discharging missing clients. It is expected that supervisors will work with their nurse home visitors to monitor caseloads and utilize the program to serve the number of families they are funded to serve. The contract between the NFP National Service Office and the Implementing Agency states that the Agency will:

1) Ensure enrollment of 23 to 25 first-time mothers per full-time nurse home visitor within nine months of beginning implementation; and
2) Ensure that each nurse home visitor carries a caseload of not more than 25 active families; and
3) Maintain the appropriate visit schedule.

REFLECTION AND CLINICAL SUPERVISION

Element 13 A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.

Full time is considered a 40-hour work week. It is expected that a full-time nurse supervisor can supervise up to eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management and other administrative tasks. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional

© Copyright 2011 Nurse-Family Partnership. All rights reserved.

administrative, clerical and interpreter staff. Refer to the sample supervisor job description found in the *Implementing Agency Orientation Packet.* The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual nurse home visitors. Though NFP discourages smaller teams, even teams with less than four nurse home visitors still require at least a half-time supervisor. Existing teams that are already in place but do not meet these expectations should consult with their nurse consultant.

Element 14 Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.

To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:

1) One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse's work including management of her caseload and quality assurance. Supervisors use the principles of reflection as outlined in NFP supervisor training. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.

2) Case conferences: Meetings with the team dedicated to joint review of cases, Efforts to Outcomes (ETO™) data reports and charts using reflection for the purposes of solution finding, problem solving and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours per case conference.

3) Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or as needed for team meetings. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.

4) Field supervision: Joint home visits with supervisor and nurse. Every four months the supervisor makes a visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day as well as her home visit, time and case management skills and charting. After joint home visits with a supervisor and nurse, a Visit Implementation Scale is completed and discussed.

© Copyright 2011 Nurse-Family Partnership. All rights reserved.

PROGRAM MONITORING AND USE OF DATA

Element 15 Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.

Data are collected, entered into the ETO software and subsequently used to address practice. Data are utilized to guide improvements in program implementation and demonstrate fidelity. The ETO reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program operations and inform reflective supervision of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize their data.

AGENCY

Element 16 A Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.

An Implementing Agency is an organization committed to providing internal and external advocacy and support for the NFP program. This agency also will provide visible leadership and passion for the program in their community and assure that NFP staff members are provided with all tools necessary to assure program fidelity.

Element 17 A Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program and to promote program quality and sustainability.

A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources. If an agency can not create a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group. It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.

Element 18 Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.

Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. Further, this includes employing a person primarily responsible for key administrative support tasks for

© Copyright 2011 Nurse-Family Partnership. All rights reserved.

NFP staff, as well as entering data and maintaining accuracy of ETO reports. This resource is critical to ensuring administrative support and accuracy of data entry, allowing nurse home visitors time to focus on their primary role of providing services to clients. NFP Implementing Agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office ETO database on a timely basis.

References

Korfmacher, J., Kitzman, H., & Olds, D. (1998) Intervention processes as predictors of outcomes in a preventive home-visitation program. *Journal of Community Psychology, 26,* 49-64.

Olds, D. (2006) The nurse-family partnership: An evidence-based preventive intervention. *Infant Mental Health Journal, 27,* 5-25.

Olds, D., Hill, P., O'Brien, R., Racine, D., & Moritz, P. (2003) Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice, 10,* 278-290.

Olds, D., Racine, D., Glazner, J., & Kitzman, H. (1998) Increasing the policy and program relevance of results from randomized trials of home visitation. *Journal of Community Psychology, 26,* 85-100.

2015 - 2017

WASHINGTON STATE
DEPARTMENT OF HEALTH

CONSOLIDATED CONTRACT

Table of Contents

1. Purpose 3
2. Statements of Work 3
3. Exhibits 3
4. Definitions 3
5. Funding and Billing 4
6. Contract Management 5
7. Access to Records 5
8. All Writings Contained Herein 5
9. Assignment 5
10. Assurances 5
11. Confidential Information 6
12. Ethics 6
13. Debarment Certification 6
14. Disputes 6
15. Equipment Purchases 6
16. Governing Law and Venue 7
17. Independent Capacity 7
18. Insurance 7
19. Licensing, Accreditation and Registration 7
20. Maintenance of Records 7
21. Modifications and Waivers 7
22. No Third-Party Rights Created 7
23. Nondiscrimination 7
24. Order of Precedence 8
25. Ownership of Material/Rights in Data 8
26. Publications 8
27. Responsibility for Actions 8
28. Loss or Reduction of Funding 8
29. Severability 8
30. Subcontracts 8
31. Subrecipient 9
32. Survivability 9
33. Term 9
34. Termination for Convenience 9
35. Termination for Default 9
36. Termination Procedure 9
Standard Federal Certifications and Assurances 11
Assurances – Non Construction Programs 16

CONSOLIDATED CONTRACT
between
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
(Referred to as "DOH")
and
KITSAP COUNTY HEALTH DISTRICT
(Referred to as "LHJ")
for

THE DELIVERY OF PUBLIC HEALTH SERVICES
FOR THE PERIOD OF

January 1, 2015 through December 31, 2017

1. Purpose

This Contract is entered into in accordance with RCW 43.70.520, RCW 43.70.580, the general statutory powers of the Secretary of the Department of Health, including at RCW 43.70.040, the general statutory powers of local health jurisdictions, including at RCW 70.05.060, RCW 70.08.020, and RCW 70.46.060, and the authority for joint or cooperative action provided for under chapter 39.34 RCW. The purpose of this Contract is to define the parties' joint and cooperative relationship. The contract and all statements of work adopted under its provisions are intended to implement applicable objectives under the Public Health Improvement Plan and to facilitate the delivery of public health services to the people in Washington State. This Contract is the result of cooperative planning efforts between the LHJ and DOH.

2. Statements of Work

The individual program activities, requirements, and outcomes/deliverables to be achieved by the parties under this Contract are described in Exhibit A, Statements of Work. Each statement of work shall comply with the performance-based criteria under RCW 43.70.580(2)(b).

The LHJ shall furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work as set forth in Exhibit A, Statements of Work.

3. Exhibits

This Contract incorporates by reference the following Exhibits:

- Exhibit A - Statements of Work
- Exhibit B – Allocations
- Exhibit C – Schedule of Federal Awards

4. Definitions

As used throughout this Contract and unless amended for a particular Statement of Work, the following terms shall have the meanings set forth below:

"Budget, Accounting, and Reporting System (BARS)": The system designed by the State Auditor's office for collecting, consolidating, and reporting financial budgeting and accounting information from all local governmental units.

"Client": An agency, firm, organization, individual or other entity applying for or receiving services provided by the LHJ under this Contract.

"Catalog of Federal Domestic Assistance (CFDA)": The unique identifying code assigned to a federal assistance program which identifies the awarding agency.

"Confidential Information": Information protected from disclosure under federal or state law.

"Contract Coordinator": Each party's designated contact for all notices required or permitted under this Contract.

"Contracting Officer": Individual(s) of the Contracts Office of DOH and his/her delegates within that office authorized to execute this agreement on behalf of DOH.

"Contractor": An entity that provides goods or services to DOH and others. A contractor normally operates its business in a competitive environment, provides its goods and/or services to many different purchasers during normal business hours, and is not subject to the compliance requirements of the federal program.

"Equipment": When used in this Contract is defined as an article of non-expendable, tangible property other than land, buildings, or fixtures which is used in operations and having a useful life of more than one year and an acquisition cost of $5,000 or more or as otherwise provided in the Statements of Work, Exhibit A.

"Federal Assistance": Assistance provided by a federal agency in the form of grants, contracts, loans, loan guarantees, property, cooperative agreements, interest subsidies, insurance, or direct appropriations, but does not include direct federal cash assistance to individuals.

"Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act)": A federal act to make information available online so the public can see how federal funds are spent.

"Fixed Assets": Fixed assets are property and/or equipment obtained through donation, gift, purchase, capital lease, or construction with a service life of more than one year.

"Program Contact": Each party's designated contact for those purposes identified in the Statements of Work, Exhibit A.

"Subcontractor": Any individual or group contracted with the LHJ to perform all or part of the services included in this Contract. This term will also apply to situations where an LHJ's subcontractor contracts with another individual or group to perform all or part of the services included in its agreement with the LHJ.

"Subrecipient" or "Subgrantee": A non-federal entity that receives a subaward of federal grant money or goods directly or indirectly from DOH and makes decisions regarding who can receive what federal assistance; has its performance measured against the objectives contained in the DOH agreement with the federal government; makes decisions on how to operate the program to accomplish the program goals; has the obligation to comply with federal subrecipient requirements; and/or use federal funds to carry out a program for the public purpose specified in the authorizing statute.

5. Funding and Billing

A. DOH shall pay the LHJ for services as set forth in the Statements of Work, Exhibit A, not to exceed funding amounts as detailed in the Contract Allocations, Exhibit B, for those services provided herein.

The LHJ will advise the Program Contact identified in the applicable Statement of Work in writing 90 calendar days prior to the end of the funded period, or as soon as practicable thereafter, if the LHJ anticipates not using all Contract funding.

B. If the Exhibit A, Statement of Work, is supported by federal funds that require compliance with FFATA (the Transparency Act), the corresponding checkbox on the statement of work will be checked.

C. Total consideration for this Contract is **$639,103**, or as amended.

The LHJ will submit accurate and timely billings which, for clarity and consistency, will be prepared using the form provided and following the instructions located on the DOH website, www.doh.wa.gov
DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget.

D. The LHJ will submit a BARS A financial report by March 15 for the prior calendar year.

6. Contract Management

Unless otherwise specified in the Contract, the following individuals are each party's designated contact ("Contract Coordinator") for all notices required or permitted under this Contract.

LHJ Contract Coordinator:		**DOH Contract Coordinator:**	
Name: Scott Daniels		**Name:** Brenda Henrikson	
		Title: Contracts Specialist	
Mailing Address:		**Mailing Address:**	
345 - 6th Street, Suite 300, Bremerton WA 98337		PO Box 47905, Olympia WA 98504-7905	
Physical Address:		**Physical Address:**	
Same as above		101 Israel Rd. SE, Tumwater WA 98501-5570	
Phone: 360-337-5235	**Fax:** 360-337-5269	**Phone:** 360-236-3933	**Fax:** 360-586-2655
Email Address:		**Email Address:**	
danies@health.co.kitsap.wa.us		brenda.henrikson@doh.wa.gov	

A party may change its Contract Coordinator or its Program Contact by providing written notice to the other party. DOH Program Contacts can be found in the Statements of Work, Exhibit A, and on the DOH website, www.doh.wa.gov.

7. Access to Records

To the extent authorized by applicable federal and state law, the parties shall provide access to records relevant to this Contract to each other, the Joint Legislative Audit and Review Committee, the State Auditor, and authorized federal officials, at no additional cost. Inspections shall occur at reasonable times and upon reasonable notice.

8. All Writings Contained Herein

This Contract contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto. The individuals signing this Contract certify by their signatures that they are authorized to sign this Contract on behalf of their respective entity.

9. Assignment

Except for subcontracting as authorized in this Contract, the LHJ shall not assign or delegate, in whole or in part, this Contract or any of its rights, duties, obligations, or responsibilities, without the prior written consent of DOH's Contracting Officer, which consent shall not be unreasonably withheld.

10. Assurances

The parties agree that all activity pursuant to this Contract shall be in accordance with all applicable current federal, state and local laws, rules, and regulations.

The LHJ acknowledges its agreement to comply with federal certifications and assurances by signing and returning the following:

1. Standard Federal Certifications
2. Standard Federal Assurances for Non-Construction Programs

11. Confidential Information

The parties agree to comply with all state and federal statutes and regulations relating to Confidential Information. DOH and LHJ will limit access to the Confidential Information to the fewest number of people necessary to complete the work. Everyone having access to Confidential Information covered by this Contract must agree to protect the confidentiality of the information.

Either party to this Contract may designate certain Confidential Information as "Confidential Information/Notice Requested." The designation shall be made by clearly stamping, watermarking, or otherwise marking each page of the Confidential Information. If a third party requestor seeks information that has been marked "Confidential Information/Notice Requested," notice shall be given to the marking party prior to release of the information. Such notice shall be provided to the program contact no less than five business days prior to the date of disclosure, to allow the party objecting to disclosure to seek a protective order from the proper tribunal.

DOH and LHJ agree to establish, document and maintain security practices and safeguards consistent with state and federal laws, regulations, standards, and guidelines to prevent unauthorized access, use, or disclosure of Confidential Information in any form. In accordance with federal and state contracting requirements, DOH may monitor, audit, or investigate LHJ management of Confidential Information relating to this Contract. Working together, the LHJ and DOH may use any and all tools available to track Contract related Confidential Information.

If one of the parties becomes aware of an actual or suspected breach of confidentiality, that party will promptly notify the Contract Coordinator for the other party of the facts. The parties will work within their respective organizations to take any steps necessary to determine the scope of the breach and to restore reasonable security to the Confidential Information. Both parties agree to mitigate any known harmful effects of a breach in confidentiality, including notifying affected individuals to the extent required by law. The parties will also reasonably cooperate with law enforcement as appropriate.

12. Ethics

Both parties and their officers shall comply with all ethics laws applicable to their activities under this Contract, including Chapters 42.23 and 42.52 RCW. If a violation occurs and is not cured within a reasonable time after notice, the other party shall have the right to terminate this Contract. This section is expressly subject to the Disputes section of this Contract.

13. Debarment Certification

The LHJ, by signing this Contract, certifies that the LHJ is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any federal department or agency. The LHJ also agrees to include the above requirement in all subcontracts into which it enters. The LHJ will notify DOH of any such events that may occur during the term of the Contract.

14. Disputes

Except as otherwise provided in this contract, when a dispute arises between the parties and it cannot be resolved by direct negotiation, the parties agree to participate in good faith in non-binding mediation. The mediator shall be chosen by agreement of the parties. If the parties cannot agree on a mediator, the parties shall use a mediation service located in Washington State that selects a qualified mediator for the parties. Each party shall bear its own costs for mediation and each party shall contribute equally to the mediator's fee, if any. The parties agree that mediation shall precede any action in a judicial tribunal.

Nothing in this contract shall be construed to limit the parties' choice of a mutually acceptable alternate dispute resolution method in addition to the dispute resolution procedure outlined above.

15. Equipment Purchases

Equipment purchased by the LHJ for use by the LHJ or its subcontractors during the term of this Contract using federal funds, in whole or in part, shall be the property of the LHJ. The use, management and disposal of the equipment must comply with federal requirements. These requirements are found in the OMB Circular A-102 or are included in the federal funding agency's regulations.

16. Governing Law and Venue

The laws of the state of Washington govern this Contract. In the event of a lawsuit by the LHJ against DOH arising under this Contract, venue shall be proper only in Thurston County, Washington. In the event of a lawsuit by DOH against the LHJ arising under this Contract, venue shall be proper only in the county in which the LHJ is located or in either of the two nearest judicial districts within the meaning of RCW 36.01.050.

17. Independent Capacity

The employees or agents of each party who are engaged in the performance of this Contract shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

18. Insurance

The LHJ certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverage as required by this Contract. Each party shall pay for losses for which it is found liable. The LHJ agrees to require all subcontractors to maintain insurance in types and with limits as may be determined by the LHJ and/or its risk manager, unless the LHJ and DOH agree otherwise.

19. Licensing, Accreditation and Registration

The LHJ shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements and standards, necessary for the performance of this Contract.

20. Maintenance of Records

Each party to this Contract shall maintain books, records, documents and other evidence that sufficiently and properly reflect all direct and indirect costs expended by it. All books, records, documents, and other material relevant to this Contract will be retained for six years after expiration. If any litigation, claim or audit is started before the expiration of the six (6) year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties. Both parties agree to continue protecting records until such time as the information is destroyed in accordance with applicable state and federal records retention laws.

21. Modifications and Waivers

This Contract, or any term or condition, may be modified only by a written amendment signed by the DOH Contracting Officer and the authorized representative for the LHJ. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege or remedy provided under this Contract shall not constitute a waiver. No provision of this Contract may be waived by either party except in a writing signed by the DOH Contracting Officer or the authorized representative of the LHJ.

22. No Third-Party Rights Created

This Contract, or any program hereunder, is entered into solely for the benefit of the two parties thereto and shall not be construed as giving rise to any right, remedy or expectancy of any kind or nature on the part of any third party.

23. Nondiscrimination

During the performance of this Contract, the LHJ and DOH shall comply with all federal and state nondiscrimination laws, regulations and policies. In the event of the LHJ's noncompliance or refusal to comply with any nondiscrimination law, regulation or policy, this Contract may be rescinded, canceled or terminated in whole or in part, and the LHJ may be declared ineligible for further contracts with DOH. The LHJ shall, however, be given a reasonable time in which to cure this noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

24. Order of Precedence

In the event of an inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable state and federal statutes, and local laws, rules and regulations.
- Terms and conditions of this Contract.
- Statements of Work.
- Any other provisions of this Contract, including other materials incorporated by reference.

25. Ownership of Material/Rights in Data

Records and other documents relevant to this Contract, in any medium, furnished by one party to this Contract to the other party, will remain the property of the furnishing party, unless otherwise agreed. Data which is delivered under the Contract shall be transferred to DOH with a nonexclusive, royalty-free, perpetual, irrevocable license to publish, translate, reproduce, modify, deliver, perform, dispose of, and to authorize others to do so; provided that such license shall be limited to the extent which the LHJ has a right to grant such a license. The LHJ shall exert all reasonable effort to advise DOH, at the time of delivery of data furnished under this Contract, of all known or potential invasions of privacy contained therein and of any portion of such document which was not produced in the performance of this Contract. DOH shall receive prompt written notice of each notice or claim or copyright infringement received by the LHJ with respect to any data delivered under this Contract. DOH shall have the right to modify or remove any restrictive markings placed upon the data by the LHJ, provided that if DOH modifies or removes such markings without the LHJ's approval, it assumes all liability for doing so.

26. Publications

Any program reports, articles, and publications that result from information gathered through use of state and federal funds must acknowledge receiving support from DOH and/or the appropriate federal agencies. Correspondingly, such documents resulting from information gathered through use of local funds must acknowledge receipt of such local support.

27. Responsibility for Actions

Each party to this Contract shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Contract. Neither party to this Contract will be responsible for the acts and omissions of entities or individuals not party to this Contract. DOH and the LHJ shall cooperate in the defense of tort lawsuits, when possible.

28. Loss or Reduction of Funding

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this contract and prior to normal completion, DOH may elect to suspend or terminate the contract, in whole or in part, under the "Termination for Convenience" clause with a ten (10) business day notice to LHJ, to the extent possible, subject to renegotiation at DOH's discretion under those new funding limitations and conditions.

29. Severability

If any term or condition of this Contract is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Contract, provided, however, that the remaining terms and conditions can still fairly be given effect.

30. Subcontracts

The LHJ may subcontract any or all of the services or other obligations specified in this Contract. The LHJ will require the subcontractor to comply with all the applicable terms and conditions of this Contract, including all terms, conditions, assurances and certifications. The LHJ agrees it is responsible for assuring adequate performance on the part of the subcontractor.

The parties agree that all subcontractors must be responsible for any liabilities created by their actions or omissions. In the event DOH, LHJ, and subcontractor are found by a jury or trier of fact to be jointly and severally liable for

personal injury damages arising from any act or omission, then each entity shall be responsible for its proportionate share.

31. Subrecipient

For those activities designated as "subrecipient" on Exhibit A, Statements of Work, the LHJ must comply with applicable federal requirements, including but not limited to OMB Circular A-87, A-102, A-133, and program specific federal regulations. If the LHJ expends $500,000 or more in federal awards from all sources, it is responsible for obtaining appropriate audits. For fiscal years starting after December 26, 2014, if the LHJ expends $750,000 or more in federal grants or awards from all sources, it is responsible for obtaining the required single audit.

32. Survivability

The terms and conditions contained in this Contract which by their sense and context, are intended to survive the expiration of the Contract shall survive. Surviving terms include, but are not limited to: Access to Records, Confidential Information, Disputes, Responsibility for Actions, Maintenance of Records, Ownership of Material/Rights in Data, Subcontracts, Termination for Convenience, Termination for Default, and Termination Procedure.

33. Term

This Contract will be in effect following execution by the parties from January 1, 2015 through December 31, 2017, unless terminated earlier as provided herein.

34. Termination for Convenience

Except as otherwise provided in this Contract, either party may terminate or suspend this Contract, or any program hereunder, for convenience by providing at least 30 days' advance written notice to the other party.

If DOH elects to suspend the Contract, in whole or in part, LHJ shall stop work as of the effective date of DOH's written notice of suspension. During suspension, each Party will reasonably notify the other of any conditions that may affect resumption of performance. Upon DOH's written notice to resume performance, LHJ shall resume work unless the LHJ provides notice to DOH that services cannot be resumed. If LHJ cannot resume performance, the Contract or affected Exhibit A Statement of Work will be deemed terminated upon the date the LHJ received notice to suspend performance.

35. Termination for Default

(a) In the event of a default by either party under this Contract, the nondefaulting party may give written notice to the defaulting party that it intends to terminate this Contract, or any program hereunder, if the default is not cured within 30 days of the date of the notice, or such longer period of time as may be reasonable under the circumstances. If the default is not cured within that time, the nondefaulting party may then notify the defaulting party in writing that this Contract is terminated. In the event of such termination, the nondefaulting party shall have all rights and remedies available to it under general law.

(b) A disputed termination for default is expressly subject to the Disputes section of this Contract.

36. Termination Procedure

Upon termination DOH may require the LHJ to deliver to DOH any non-LHJ-owned equipment, data, or other property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

DOH shall pay to the LHJ the agreed upon price, if separately stated, for completed work and services accepted by DOH. In addition DOH shall pay the amount determined by DOH's Contracting Officer for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services which are accepted by DOH, and (d) the protection and preservation of the property. Disagreement by the LHJ with the determination of DOH's Contracting Officer that relates to the obligations or amounts due to the LHJ shall be considered a dispute within the meaning of the "Disputes" clause of this Contract.

DOH may withhold from any amounts due the LHJ for such completed work or services such sum as DOH's Contracting Officer reasonably determines to be necessary to protect DOH against potential loss or liability.

The rights and remedies of DOH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

After receipt of a written notice of termination, the LHJ shall:

- Stop work under the Contract on the date and to the extent specified in the notice;
- Place no further orders or subcontracts for materials, services, or facilities, except as necessary to complete such portion of the work not terminated;
- Assign to DOH, to the extent reasonably directed by DOH's Contracting Officer and to the extent that the LHJ has the legal right to do so, all of the right, title, and interest of the LHJ under the orders and subcontracts in which case DOH has the right, at its reasonable discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- Settle all outstanding liabilities and all claims arising out of orders or subcontracts, with the approval or ratification of DOH's Contracting Officer to the extent he/she may reasonably require, which approval or ratification shall be final for all the purposes of this clause;
- Transfer title to DOH and deliver, as reasonably directed by DOH's Contracting Officer, any property which, if the Contract had been completed, would have been required to be furnished to DOH;
- Complete performance of such part of the work not terminated by DOH's Contracting Officer; and,
- Take such action as may be necessary, or as DOH's Contracting Officer may reasonably direct, for the protection and preservation of the property related to this Contract which is in the possession of the LHJ, or its subcontractors, and in which DOH has or may acquire an interest.

IN WITNESS WHEREOF, the parties have executed this Contract

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
_____	_____
Signature	Signature
Title: _____	Title: _____
Print Name:	Print Name:
_____	_____
Date: _____	Date: _____

Standard Federal Certifications and Assurances

Following are the Assurances, Certifications, and Special Conditions that apply to all federally funded (in whole or in part) agreements administered by the Washington State Department of Health.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

b) have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

d) have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the contractor not be able to provide this certification, an explanation as to why should be placed after the assurances page in the contract.

The contractor agrees by signing this contract that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the contracting organization) certifies that the contractor will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

b) Establishing an ongoing drug-free awareness program to inform employees about
(1) The dangers of drug abuse in the workplace;
(2) The contractor's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) above;

d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the contract, the employee will—
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted—
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, DOH has designated the following central point for receipt of such notices:

Compliance and Internal Control Officer
Office of Grants Management
WA State Department of Health
PO Box 47905
Olympia, WA 98504-7905

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (nonappropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the contracting organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the contracting organization will comply with the Public Health Service terms and conditions of award if a contract is awarded.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the contracting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The contracting organization agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS INSTRUCTIONS FOR CERTIFICATION

1) By signing and submitting this proposal, the prospective contractor is providing the certification set out below.
2) The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3) The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
4) The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5) The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
6) The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DOH.
7) The prospective contractor further agrees by submitting this contract that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction," provided by HHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10) Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DOH may terminate this transaction for cause or default.

7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS

1) The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
   a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
   b) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
   c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
   d) Have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.

2) Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this proposal.

CONTRACTOR SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Please also print or type name:	
ORGANIZATION NAME: (if applicable)	DATE

Assurances – Non Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the contractor, I certify that the contractor:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. ээ4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will 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. э794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. ээ 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) ээ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. ээ 290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. э 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. □□1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. ээ276a to 276a-7), the Copeland Act (40 U.S.C. э276c and 18 U.S.C. ээ874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. ээ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. □□1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. □□7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12 Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. □□1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. □470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. □□469a-1 et seq.).

14. Will 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.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. □□2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. □□4801 et seq.) which prohibits the use of lead- based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, Audits of States, Local Governments, and Non-Profit Organizations.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

CONTRACTOR SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Please also print or type name:	
ORGANIZATION NAME: (if applicable)	DATE

KITSAP PUBLIC HEALTH DISTRICT
2015-2017 CONSOLIDATED CONTRACT #C17113
EXHIBIT A - STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Emergency Preparedness & Response - Effective January 1, 2015 2
DOH Program Name or Title: Family Planning - Effective January 1, 2015 6
DOH Program Name or Title: HIV Client Services - Effective January 1, 2015..... 13
DOH Program Name or Title: Maternal & Child Health Block Grant - Effective January 1, 2015 22
DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1,2015 26
DOH Program Name or Title: Office of Immunization & Child Profile - Effective January 1, 2015 31
DOH Program Name or Title: OSS LMP Implementation - Effective January 1, 2015 37
DOH Program Name or Title: Recreational Shellfish Activities - Effective January 1, 2015 39

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Emergency Preparedness & Response - Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2015 through June 30, 2015

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

Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2015 grant period through June 30, 2015.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY14 EPR LHJ FUNDING	93.069	333.93.06	18101630	01/01/15	06/30/15	0	123,232	123,232
FFY14 EPR HPP BP3-PREP	93.889	333.93.88	18101640	01/01/15	06/30/15	0	33,047	33,047
TOTALS						**0**	**156,279**	**156,279**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Admin 1	Complete reporting templates to comply with federal grant requirements (e.g., performance measures, gap analysis, etc.). Assist Clallam County Health and Human Services and Jefferson County Public Health with completing their reporting templates		Submit reporting templates for Kitsap, Clallam, and Jefferson.	As required	Reimbursement for costs, not to exceed total funding consideration amount.
Admin 2	Complete end-of-year reporting. Assist Clallam County Health and Human Services and Jefferson County Public Health with completing their reports.		Submit end-of-year reporting templates for Kitsap, Clallam, and Jefferson Counties.	June 30, 2015	
Admin 3	Attend emergency preparedness events (monthly program update calls, quarterly workshops, etc.) hosted by DOH.		Submit end-of-year reporting template.	June 30, 2015	
Admin 4	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs). Provide consultation to DOH on behalf of Region 2 as requested.		Submit end-of-year reporting template.	June 30, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	Participate in healthcare coalition and other preparedness mutual aid partnerships.		Submit end-of-year reporting template.	June 30, 2015	
1.2	Conduct outreach strategies to at-risk populations to foster community resilience, such as providing information on individual health preparedness and how to get emergency health information.		Submit end-of-year reporting template.	June 30, 2015	
3.1	Participate in and/or provide preparedness, response, and surveillance training/educational opportunities to public health staff and partners as appropriate.		Submit end-of-year reporting template.	June 30, 2015	
3.2	Conduct and/or participate in local or regional emergency exercise(s).		Submit end-of-year reporting template.	June 30, 2015	
3.3	Work with Region 2 LERCs and Kitsap Public Health District (KPHD) staff on updating regional emergency response plan.		Submit end-of-year reporting template.	June 30, 2015	
3.4	Conduct quarterly communications test.		Submit end-of-year reporting template.	June 30, 2015	
3.5	Update shelter-in-place procedures.		Submit end-of-year reporting template.	June 30, 2015	
4.1	Maintain local system to provide information and warnings to community and response partners.		Submit end-of-year reporting template.	June 30, 2015	
5.1	Work with Region 2 Healthcare Preparedness Network and/or local responders in reviewing local mass fatality plans.		Submit end-of-year reporting template.	June 30, 2015	
8.1	Participate in statewide Medical Countermeasures Coordinator Network and other regional medical countermeasures activities.		Submit end-of-year reporting template.	June 30, 2015	
8/9	Complete the Centers for Disease Control and Prevention (CDC) Operational Readiness Review (ORR) self-assessment tool.		Submit ORR	May 15, 2015	
9.1	Review medical countermeasure/materiel management plan(s) with local emergency management partners and identify any updates that need to be made.		Submit end-of-year reporting template.	June 30, 2015	
13.1	Be available 24/7 for urgent or emergency issues, and participate in regular state-initiated testing. Participate in regional duty officer program.		Submit end-of-year reporting template.	June 30, 2015	
13.2	Compile regional data on Notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap,		Submit end-of-year reporting template.	June 30, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Clallam, and Jefferson local health jurisdiction websites.				
14.1	Participate in public health responder safety training to enhance awareness of best practices.		Submit end-of-year reporting template.	June 30, 2015	
FFY14 PHEPR HC SYSTEMS – PREP (HPP)					
1	Complete reporting templates to comply with federal grant requirements. (Examples: Performance Measures, Gap Analysis, Healthcare Coalition Membership, etc.)		Submit completed templates.	As required	Reimbursement for costs, not to exceed total funding consideration amount.
2	Ensure regional healthcare system partners are aware of requirements for National Incident Management System (NIMS) compliance, end-of-year HPP reporting, and other Assistant Secretary for Preparedness and Response (ASPR) related deliverables.		Submit end-of-year reporting template.	June 30, 2015	
3	Coordinate and participate in national, statewide, local and regional healthcare coalition (partnership) and other related planning meetings.		Submit end-of-year reporting template.	June 30, 2015	
4	Develop Work Plan for the 2015/2016 grant period		2014-15 Work Plan	March 15, 2015	
5	Attend emergency preparedness events (monthly program update calls, quarterly workshops, etc.) hosted by DOH.		Submit end-of-year reporting template.	June 30, 2015	
6	Participate in applicable WATrac activities		Submit end-of-year reporting template.	June 30, 2015	
7	Via the Region 2 Healthcare Preparedness Network, conduct a regional discussion on the status of local mass fatality plans and identify potential areas for improvement.		Submit end-of-year reporting template.	June 30, 2015	
8	Via the Region 2 Healthcare Preparedness Network, review the responder and safety plans/practices of Network members and identify potential areas for improvement.		Submit end-of-year reporting template.	June 30, 2015	
9	Develop emergency response guide/checklist for clinics		Submit end-of-year reporting template.	June 30, 2015	
10	Create and/or locate a sample spontaneous volunteers policy, procedure, or guidance to share with Region 2 healthcare facilities.		Submit end-of-year reporting template.	June 30, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11	Create and share a set of slides and handouts for an Emergency Support Function 8 (ESF-8) and medical surge "road show" for our coalitions to use.		Submit end-of-year reporting template.	June 30, 2015	
12	Create a comparison document of various healthcare situational assessment tools that can be shared with local County EOCs.		Submit end-of-year reporting template.	June 30, 2015	
13	Create a regional exercise and training opportunities list.		Submit end-of-year reporting template.	June 30, 2015	
14	Continue work on the Region 2 Triage and Treatment Center (TTC) project. • Recruit clinics to receive the TTC training. • Research and document ways to enhance the TTC training modules, such as the Disaster Mental Health module.		Submit end-of-year reporting template.	June 30, 2015	
15	Coordinate and facilitate the participation of coalition members to attend disaster mental health training.		Submit the training rosters, course materials and evaluations of the courses.	June 30, 2015	

***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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number. Information about the LHJ and this statement of work will be made available on http://USASpending.gov by DOH as required by P.L. 109-282.

Special Requirements
For purchases of individual equipment in which the aggregate unit price of the equipment (including shipping, handling and associated costs) is $5,000 or more, the LHJ shall obtain written prior approval from the Washington State Department of Health and adhere to all federal requirements as referenced in OMB Circular A-87 (State, Local and Indian Tribal governments) at: http://www.whitehouse.gov/omb/circulars_a087_2004/

DOH Program Contact
Rachel McKinlay, Contract & Finance Specialist, Department of Health, PO Box 47960, Olympia, WA 98504-7960, 360-236-4056, rachel.mckinlay@doh.wa.gov
PHEPR Deliverable Submission: concondeliverables@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Family Planning - Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: C17113

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide family planning services to Washington State residents. These services will comply with all federal, state requirements and with the guidelines in the DOH Family Planning Manual. This statement of work highlights specific requirements and guidelines, but all must be complied with.

Due dates in 2016 are for reporting only. LHJ may not bill under this statement of work for work done in 2016

Revision 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**
				Start Date	**End Date**			
FY15 Title X State (2015 Cost Share)	NA	334.04.91	78353151	01/01/15	06/30/15	0	74,162	74,162
TBD [FY16 Title X State (2015 Cost Share)]	NA	334.04.91	TBD	07/01/15	12/31/15	0	72,478	72,478
YR4 Title X Fed (2012-2016)	93.217	333.93.21	78353250	01/01/15	12/30/15	0	54,832	54,832
TOTALS						**0**	**201,472**	**201,472**

Task Number	**Task/Activity/Description**	***May Support PHAB Standards/ Measures**	**Deliverables/Outcomes**	**Due Date/Time Frame**	**Payment Information and/or Amount**
1.	**Overarching requirements** A. Comply with federal Title X requirements. B. Keep DOH informed of LHJ staff contact information and notify DOH contract manager of any key staff changes, clinic site additions, or clinic site closures. C. Provide medical services and community education consistent with state and federal Title X requirements: 1. Provide medical, laboratory, and related services specified in the Title X Guidelines, the DOH Family Planning Manual, and state laws. 2. Provide a broad range of acceptable and medically approved family planning methods and services either onsite or by referral.		Signed Title X Assurance of Compliance. Signed Form A: Agency Information (provided by DOH) • Documentation that medical component is conducted as required. • Documentation that Client Referral List is maintained and updated regularly • Other documentation as requested by DOH	01-31-15 01-31-15 and as needed As requested	**DOH reserves the right to withhold payment if compliance issues are not corrected; until acceptable data have been submitted; or until deliverables are met.** Up to the maximum funds available for each funding source in the funding table above, DOH will reimburse for: • Actual allowable costs incurred through direct association or through an

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3. Make all methods of contraception approved by the Food and Drug Administration available to clients. 4. Provide community education services based on the needs of the community. D. Conduct medical component of contract under written protocols that are signed by the medical director. Medical director must have special training and/or experience in family planning. (DOH Family Planning Manual 6100) E. Maintain a Client Referral List: a list of public and private social and health care providers and agencies to use when providing referrals. This list must be updated regularly (DOH Family Planning Manual 6600) F. Maintain an Information and Education committee (I&E) with membership that is broadly representative of the community. This committee must: 1. Have 5-9 members. 2. Meet at least once a year. 3. Follow the Title X guidelines and regulations. 4. Review and approve informational or educational materials developed by, or made available under, the Title X project, using a process that makes sure that: a. There is community participation in both review and approval b. Materials are suitable for the population or community that they are intended for, factually accurate, and appropriate for the purposes of Title X. The committee may delegate responsibility for the review of factual, technical, and clinical accuracy to appropriate project staff. (Title X 6.8) G. Facilitate DOH site-visits by making sure that appropriate staff and documentation are readily available prior and during review. (DOH performs Administrative and Clinical site visits on a three-year cycle) H. Provide information as requested to DOH family planning staff in a timely manner.		• Requested data in requested format.		approved cost allocation rate/method or • The amount remaining in the contract divided by the number of months remaining, plus one, whichever is less. (DOH Family Planning Manual 4600) All services 01-01-15 through 06-30-15 must be billed by 07-15-15. All services 07-01-15 through 12-31-15 must be billed by 01-15-16.

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	**Services in the Title X Project** In addition the other requirements of this contract, Title X Project activities must also comply with the Title X Program Guidelines for Project Grants for Family Planning Services.		Completed reimbursement workbook (template provided by DOH) for time period that shows all sources of revenue that support Title X Project activities: • Jan-Mar 2015 • Apr-Jun 2015 • Jul-Sep 2015 • Oct-Dec 2015	 04-15-15 07-15-15 10-15-15 01-15-16	
A.	Title X Project must be administered by a qualified program director as defined in Title X requirements. (Title X 6.5, 6.8, 6.9).				
B.	Do not provide abortion as a method of family planning within the Title X Project. (42CFR59.5(5)).				
C.	Clinics designation (inside or outside Title X Project) must remain unchanged for the entire contract period.				
D.	Inform staff that individuals may be subject to prosecution under federal law if they coerce or endeavor to coerce any person to undergo abortion or sterilization.		Documentation that all staff have been informed about prosecution for coercion.	As requested	
E.	Have written policies about access to timely quality language assistance services for limited English proficient persons. These policies must be consistent with the Office of Civil Rights Policy: Guidance on Prohibitions Against National Origin Discrimination As It Affects Persons with Limited English Proficiency.		Documentation that policies are in place.	As requested	
F.	Collect, maintain, provide client visit and agency level data for the Title X project.		CVR data for the previous month submitted to DOH data contractor. Data must be submitted: • Electronically • In format compatible with contractor's software.	The 15th of each month	
1.	Client Visit Record (CVR) data:				
a.	Collect all data items for client visits as specified in CVR Manual provided by DOH;				
b.	Submit CVR data to DOH data contractor (Ahlers & Associates)				
c.	Respond to notification of data errors and omissions from the data contractor or DOH family planning data manager.		Corrected CVR data submitted to DOH data contractor as specified above.	Within 30 days of receiving error/ rejection report	
2.	Agency level data: Collect the following agency level data items required for the federal family planning annual report. (FPAR)		Email agency level data to DOH family planning data manager for period 01-01-14 to 12-31-14	 01-15-15	

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Number of: a. Pap tests with an ASC or higher result; b. Pap tests with an HSIL or higher result; c. HIV Positive confidential tests; d. HIV Anonymous tests; e. FTE Physicians; f. FTE Physician assistants/nurse practitioners/certified nurse midwives; g. FTE registered nurses with an expanded scope of practice who are trained and permitted by Washington regulations to perform all aspects of the user physical measures. 3. Data security: a. Clinics that keep CVR information as computerized data must also keep hard copy CVRs in the client's medical record, or maintain a computer system that includes normal safety precautions against the loss of information; b. Data entry personnel are subject to the rules of confidentiality as specified in this contract and the Title X program guidelines. 4. LHJ must be able to retrieve all information for auditing and monitoring by DOH or its designee.		01-01-15 to 12-31-15	01-15-16	
	G. Annual audit that meets state and federal requirements 1. Audits must be conducted by an outside source 2. Financial and program audits or reviews conducted by other entities must be made available to DOH or its designee.		Copies of program and financial audits and reviews including summaries	As requested	
	H. Equipment (items that cost more than $5,000 per unit): 1. Obtain prior approval from DOH contract manager before purchasing equipment: a. LHJ must submit budget that itemizes planned equipment purchase b. DOH approval of this budget approves the itemized items only. 2. Maintain property control system to prevent loss, damage, or theft.		Budget itemizing equipment	As needed	
			Annual equipment inventory showing all equipment:		

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3. Maintain records that show the purchase and disposition of all equipment purchased, in whole or part, with state or federal funds. 4. Perform equipment inventories each year for equipment purchased, in whole or part, with state funds. (DOH Family Planning Manual 4300, 4310, 45CFR74, Subpart C)		• Costing over $5,000 per unit • Purchased, in whole or in part, with state or federal funds • Purchased from 01-01-14 to 12-31-14 01-01-15 to 12-31-15	01-31-15 01-31-16	
	I. Submit the Annual Plan by requested due date. Develop plan for next year using forms and instructions provided by DOH. (DOH Family Planning Manual 3310)		Annual Plan for 01-01-16 to 12-31-16	07-15-15	
3.	**Services outside Title X project** A. Surgical and medical procedures and ambulatory procedures to eligible clients. (DOH Family Planning Manual 3210): 1. Make sure funding is available, from this contract or another funding source, to provide this throughout the contract period. 2. Comply with all federal and state regulations that apply to pregnancy terminations and sterilization procedures. 3. The LHJ may provide these services and procedures through service providers in the same geographical area. The LHJ must: a. Obtain formal subcontracts or provider agreements when feasible. If service providers are unwilling to sign a formal agreement, keep documentation of the refusal on file b. Inform all such providers of applicable billing and reimbursement procedures. c. Be responsible for making sure that the service providers comply with the terms of this contract.		Documentation that access to surgical services and ambulatory procedures is available to eligible clients.	As requested	This statement of work does not provide funding for these services.

Task Number	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	4. DOH will base surgical and medical procedure reimbursement rates on the current HCA Medicaid approved reimbursement amounts. 5. Payment for surgical and medical procedures under this contract constitutes full payment. LHJ will not seek additional payment from the client, physician, hospital or other provider.				

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

Program Specific Requirements/Narrative

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

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

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

Program Manual, Handbook, Policy References
LHJ must comply with all federal Title X, state, and DOH Family Planning requirements, policies, and regulations. If the LHJ changes the scope of project outlined in their current DOH approved Annual Plan they must resubmit those parts of the plan that have changed to their site consultant for approval.

See the DOH Family Planning Manual, Chapter 1, Section 1400 and 1500 for a complete list of federal and state requirements.

Reference documents include:
- DOH Family Planning Manual (DOH publication 930-122). See especially section 1500. Some provisions of this manual are highlighted in this (Program Specific Requirements) section, but all provisions of the manual must be complied with.
- Title X Guidelines
- Client Visit Record Manual
- LHJ's approved Annual Plan (grant application) for this time period (submitted during the previous contract period).

Definitions

- DOH contract manager is the same as DOH program contact. Changes to the DOH contract manager will be emailed to LHJ (no contract amendment will be executed for DOH contract manager changes).
- Title X Project means services that have been designated by contractor as in-project. These must be services that are allowed under federal Title X requirements. This includes all funds used to pay for Title X project tasks and services (not just funds received through this contract): client fees, insurance reimbursements, Take Charge reimbursements, other Medicaid reimbursements, and other income or revenue generated through providing Title X project services. The Title X Project must not include sterilizations, abortions, or any flat rated service (for instance some STD or HIV testing); or income/revenue generated from them.

Special Billing Requirements

LHJ may bill no more than monthly and no less than quarterly.

Accessibility of Services

(DOH Family Planning Manual 5500, Title X Guidelines 6.4)

- Adolescents and low-and marginal-income clients must receive priority in the provision of services.
- LHJ must make sure that the community is informed of the services available through the LHJ.
- LHJ must make sure that all services provided are accessible to target populations.
  - Facilities must be geographically accessible to the populations served.
  - As much as possible, services will be available at times convenient to those seeking services.
  - 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. (including local fire, building, and licensing codes).
  - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- 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 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.

Availability of Emergency Services

(DOH Family Planning Manual 6800)

The LHJ must have written plans and procedures for the 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 through the interview process, posters, or written instructions.

DOH Program Contact
Carol Oakes
PO Box 47880
Olympia, WA 98504-7880
carol.oakes@doh.wa.gov
(360) 236-3588

DOH Fiscal Contact
Mary Kellington
PO Box 47880
Olympia, WA 98504-7880
mary.kellington@doh.wa.gov
360-236-3547

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: HIV Client Services - Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: C17113

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

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

Period of Performance: January 1, 2015 through March 31, 2015

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for core medical services and support services for HIV-positive persons in accordance with the Health Resources and Services Administration (HRSA) 2015 Ryan White Part B HIV-related Service Categories, which are available by contacting the contract manager at karen.robinson@doh.wa,gov.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY14 RW BASE CONTRACTS	93.917	333.93.91	12612243	01/01/15	03/31/15	0	44,999	44,999
ADAP STATE (REBATE) 11-13	N/A	334.04.98	12617520	01/01/15	03/31/15	0	3,364	3,364
TOTALS						**0**	**48,363**	**48,363**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Medical Case Management ($36,095)** **Personnel Salaries and Fringe Benefits** Medical Case Managers to provide medical case management services as defined in Statewide Standards for HIV Medical Case Management, for persons residing in the LHJ's service area. The counties regularly serviced by LHJ include: • Kitsap County While DOH bases funding for this statement of work on the counties regularly served by the LHJ, the LHJ must be able to provide services to any eligible resident of Washington State **Training** Training expenses for personnel providing RW Part B medical case management services.	3	**See Program Specific Requirements/Narrative below.**	**See Program Specific Requirements/ Narrative below.**	**Salaries:** All duties relate to the Ryan White Part B funded work. $26,643 **Fringe Benefits:** $9,452 **Training:** $0

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH requires that LHJ staff attend the following trainings: • Annual HIV Update (Spring 2015) • One Medical Case Management Training as determined by DOH • Medical case managers who are new to the contracting agency **must** attend the New Medical Case Manager & EIP/EHIP training within six (6) months of hire **Planned Objective (Annual):** Medical Case Management LHJ will serve 125 HIV positive persons.				Reimbursement made upon receipt and acceptance of deliverables.
2	**Medical Transportation ($785)** **Gas Card or Voucher** Gas card or vouchers provided to clients to attend medical visits. **Planned Objective (Annual):** Medical Transportation 35 clients will receive assistance.	3	**See Program Specific Requirements/Narrative below.**	**See Program Specific Requirements/ Narrative below.**	**Gas Cards or Vouchers:** $785 Reimbursement made upon receipt and acceptance of deliverables
3	**Food Bank/Home-delivered Meals ($3,618)** **Food Bags** Provided to RW Part B HIV-Positive persons living in LHJ's service area. **Planned Objective (Annual):** Food Bank/Home-delivered Meals LHJ will provide food bags to 85 HIV-positive persons.	3	**See Program Specific Requirements/Narrative below.**	**See Program Specific Requirements/ Narrative below.**	**Food Bags:** $3,618 Reimbursement made upon receipt and acceptance of deliverables.
4	**Administrative Costs ($4,501)** **Salaries** Salary expenses apportioned to Part B direct service delivery, based on actual cost. **Benefits** Benefit expenses apportioned to Part B direct service deliver, based on actual cost.	3	**See Program Specific Requirements/Narrative below.**	**See Program Specific Requirements/ Narrative below.**	**Salaries:** $2,329 **Benefits:** $582 **Overhead:** $1,590 Reimbursement made upon receipt and acceptance of

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Overhead Operating expenses apportioned to Part B direct service delivery, based on actual cost.				deliverables.
5	**Additional Funding ($3,364)** Please note that in order to access these funds, 95% of your Fiscal Year 2013 contract funds must have been spent by March 31, 2014. **Salaries – Clinical Nurse** Salary expenses apportioned to Part B direct service delivery, based on actual cost. **Benefits – Clinical Nurse** Benefit expenses apportioned to Part B direct service delivery, based on actual cost. **Overhead** Overhead expenses apportioned to Part B direct service delivery, based on actual cost.	3	**See Program Specific Requirements/Narrative below.**	**See Program Specific Requirements/ Narrative below.**	**Salaries:** $2,357 **Benefits:** $707 **Overhead:** $300 Reimbursement made upon receipt and acceptance of deliverables.

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

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

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

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

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. **Definitions and Responsibilities**
   a. **Grantee** – The grantee is the Washington State Department of Health (DOH), the direct recipient of Ryan White HIV/AIDS (Acquired Immunodeficiency Syndrome)Treatment Extension Act of 2009 (Ryan White Program), Part B, funds from the federal Health Resources and Services Administration (HRSA).
   b. **Subrecipient** – Subrecipients are those entities receiving Ryan White Part B funds directly from the grantee, DOH. Subrecipients shall:
      i) Maintain written documentation that each client receiving Ryan White Program Part B services is HIV positive.

ii) Implement a recertification process, at a minimum of every six months to ensure that the program only services eligible clients. Recertification includes reassessment of client:

(1) Income
(2) Insurance status
(3) Washington State residency

iii) Monitor expenditures of Ryan White Program Part B funds to assure confidentiality, client equity, compliance with federal and state guidelines, and to remain within annual budget.

iv) The grantee/subrecipient agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of Office of Management and Budget (OMB) Circular A-122 (Cost Principles for Non-Profit Organizations); and which the state is later required to reimburse the federal grantor.

v) Subrecipients providing HIV medical case management shall:

(1) Have a signed contract with the Health Care Authority (HCA) to provide Title XIX HIV Medical Case Management for eligible clients, ensuring Ryan White funds are the funds of last resort.

(2) Adhere to the Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions.

(3) Adhere to the following system for meeting Medicaid match:

(a) Providers will bill HCA for Title XIX case management services
(b) HCA will pay providers for services rendered
(c) HCA will bill DOH for the state match
(d) DOH will pay the state match to HCA

This system will remain in place as long as the department has sufficient state general funds to meet Medicaid match.

(4) Adhere to the Statewide Standards for Medical HIV Case Management

(5) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes.

vi) Engage in Quality Management/Improvement activities.
Quality Management/Improvement Programs must include quality assurance activities to measure performance against established standards of care, quality improvement activities to improve on services, and involve consumers. Required Quality Management/Improvement activities:

(1) Subrecipient must identify a Quality Management/Improvement Program lead.

(2) Subrecipient must develop and submit their Quality Management/Improvement Plan. DOH must approve all Quality Management/Improvement Plans. Subrecipient must use the Quality Management/Improvement plan template provided by DOH or submit a Quality Management/Improvement Plan of their own choosing that addresses all components listed in the Template.

(3) Subrecipient must conduct at least one Plan, Do, Study, Act (PDSA) project annually.

(4) Subrecipient must participate in DOH on-site visits that will include Quality Management/Improvement components including the review of progress in implementing their annual Quality Management/Improvement Plan.

(5) The subrecipient's Quality Management/Improvement Program Lead must participate in the Quality Management/Improvement training provided by DOH.

2. Reporting Requirements

a. The subrecipient shall use DOH CAREWare system to collect client level data. **Data is required to be entered into CAREWare no later than the last working day of the following month of service.**

b. The subrecipient shall provide the following reports by electronic mail (preferred), U.S. E-mail or fax no later than the close of business on the dates indicated. Subrecipient shall submit reports to:

Abby Gilliland, Washington State Department of Health
P.O. Box 47840
Olympia, WA 98504-7841
Phone: (360) 236-3351
Fax: (360) 664-2216
Email: Abby.gilliland@doh.wa.gov

Receipt of timely program reports by DOH is imperative. Failure to comply with reporting requirements may result in the withholding of funds.

c. **Quarterly Reports**

Reporting Time Period	Report due date
January 1, 2015 – March 31, 2015	April 30, 2015

Quarterly reports shall include the following components:

i) **Unduplicated Client Demographics** – Using a DOH-approved Client Demographics Form; subrecipient shall indicate the demographics of cumulative unduplicated clients served.

NOTE: Subrecipient may submit quarterly CAREWare generated RDR instead of the Client Demographics Form.

ii) **Fiscal** – Using a DOH-approved Fiscal Reporting Form; subrecipient shall indicate Ryan White Program Part B funds expended to date.

iii) **Quality Management/Improvement Reporting** – HRSA mandates that Ryan White Funding recipients develop Quality Management/Improvement Programs to measure, monitor, and improve the quality of their services and the Ryan White Care system. The subrecipient must complete and submit quarterly:

(1) Quality Management/Improvement Plan Template or Quality Management Plan Update
(2) Statewide Case Management Performance Data

Templates are available from DOH

d. **Semi-annual Reports**

Reporting Time Period	Report due date
October 1, 2014 – March 31, 2015	April 30, 2015

Unduplicated Client Demographics – Using a DOH-approved Demographics Form; subrecipient shall indicate the demographics of cumulative unduplicated clients served.

NOTE: Subrecipient may submit bi-annual RDR instead of the Demographic Form.

e. **Annual Reports**

Ryan White Services Report (RSR)

Data Collecting Period	Report due date
January 1, 2014 – December 31, 2014	March 3, 2015

i) Ryan White Program service providers must use a client-level data collection and reporting system.

ii) Acceptance of this statement of work indicates the subrecipient's assurance that it will comply with the annual Ryan White Services Report (RSR) requirements.

(1) Each service provider will submit a client report online as an electronic file upload.
(2) Each upload file will contain one record per client.
(3) Each client report will include information on demographic status, HIV core medical and support services received, and the client's encrypted, Unique Client Identifier (UCI)

f. **Additional Reporting Requirements**
Within 30 days of written notification, the subrecipient shall comply with any additional reporting requirements mandated by state or federal directive during the contract period.

Subrecipient may contact Abby Gilliland at abby.gilliland@doh.wa.gov for electronic reporting forms or with reporting questions.

3. Contract Management

a. **Fiscal Guidance**

i) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2015 – March 31, 2015. The subrecipient shall submit all claims for payment for costs due and payable under this statement of work incurred during this period by **April 30, 2015**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

ii) The grantee/subrecipient agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of Office of Management and Budget (OMB) Circular A-122 (Cost Principles for Non-Profit Organizations); and which the state is later required to reimburse the federal grantor.

iii) **Submission of Invoice Vouchers** – On a monthly basis, the subrecipient shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work.

(1) The subrecipient shall use the budget categories as the expense categories on the A19-1A or shall attach a detailed summary sheet using the budget categories to each invoice voucher.

(2) On a monthly basis, the subrecipient shall submit back up documentation for all services billed. Back up documentation must include all receipts for services billed and timesheets for all employees whose time was charged to Ryan White Part B for that month.

iv) **Advance Payments Prohibited** – Ryan White funds are "cost reimbursement" funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of "one-twelfth" of the current fiscal year's funding.

v) **Payer of Last Resort –** No Ryan White Program, Part B, funds shall be used to provide items or services for which payment has been made or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, the Early Intervention Program (EIP) and/or State or local entitlement programs, prepaid health plans or private insurance. Therefore, subrecipients providing case management services shall expeditiously enroll eligible clients in Medicaid. Subrecipients **will not** use Ryan White Program funds to pay for any Medicaid-covered services for Medicaid enrollees.

vi) **Cost of Services –** The subrecipient will not charge more for HIV services than allowed by Sec. 2617 (c) of Ryan White legislation (Public Law 101-381; 42 USC 300ff-27).

vii) **Emergency Financial Assistance –** Subrecipients shall only use Ryan White Program Part B emergency financial assistance funds for the provision of **medication assistance** (including medication co-pays and deductibles). The subrecipient shall not use Ryan White Part B dollars to provide a parallel medication service to EIP. Subrecipients providing case management services shall make every effort to enroll clients in EIP.

viii) **Payment of Cash or Checks to Clients Not Allowed –** Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. Subrecipients shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.

ix) **Funds for Needle Exchange Programs Not Allowed** – Subrecipients shall not expend Ryan White Program funds to support needle exchange programs.

x) **Billing for Direct Services** – A Supervisor or executive director can bill for direct medical case management services if:

(1) The supervisor or executive director is managing the case
(2) The supervisor is covering the case manager's case load while the case manager is out of the office
(3) The supervisor participates in case consultation and decision-making that directly affects a client. The client may or may not be present during the case consolation

The supervisor must document any of the above listed services. Documentation is accomplished by the supervisor completing and signing a progress note that goes into the client's chart. The agency must make client charts available to DOH staff during fiscal monitoring visits.

xii) **Billing for Administrative Services –** The supervisor or executive director must bill their time to administrative or indirect services for the following activities:

(1) Chart reviews
(2) Supervision
(3) Quality assurance activities
(4) Data entry
(5) Reporting
(6) Program evaluation
(7) Program coordination
(8) Clerical, financial, and management not related to client care

b. **Contract Modifications**

i) **Notice of Change in Services** – The subrecipient shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the subrecipient will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

ii) **Contract Amendments** – Effective Date – The subrecipient shall not begin providing the services authorized by a contract amendment until the contactor has received a signed, fully executed copy of the contract amendment from DOH.

c. **Subcontracting**
This statement of work does not allow a subrecipient to subcontract for services.

d. **Coordination with Comprehensive Risk Counseling Services (CRCS)**
If requested by a CRCS provider, subrecipients shall execute written agreements with CRCS providers to document how CRCS services and activities will be coordinated with Ryan White-funded medical HIV case management services and activities, to avoid duplication of effort and resources. Technical assistance is available through DOH.

e. **Written Agreements**
Subrecipient shall execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with Ryan White-funded Medical HIV Case Management services and activities:

(1) Partner Counseling and Referral Services (PCRS)
(2) Counseling Testing and Referral Services (CTR)
(3) Medical Providers providing services to agency's medical case management clients
(4) Local Health Jurisdictions in the counties regularly served by the subrecipient
(5) Other agencies that provide services to persons living with HIV in the counties regularly served by the subrecipient

Technical assistance is available through DOH.

f. **Confidentiality Requirements**
The subrecipient must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Please see below to identify the category your agency best fits. Failure to maintain client confidentially could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: Agencies that keep confidential and identifiable records including medical diagnosis and lab slips.

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records. During site visits or audits, DOH may request proof that the subrecipient meets confidentiality requirements. To meet the requirements the subrecipient must have the following in place:

i) Clearly written agency policies regarding confidentiality and security of records.
ii) Appropriate physical and electronic security measures to prevent unauthorized disclosures.
iii) Signed statements of confidentiality and security for all staff members who have access to sensitive information, either through access to files or through direct contact with clients.
iv) Signed confidentiality statements on file at the subrecipient's office and updated yearly.
v) Appropriate confidentiality training provided to employees with records of attendance.

Category Two: Agencies that have access to HIV/STD (Sexually Transmitted Disease) information (through contact with clients or target populations), but do not maintain client records.

If your agency fits this definition, you are required to have the following in place:

(i) Signed confidentiality statements from each employee
(ii) Signed confidentiality statements are on file at the subrecipient's office and updated yearly
(iii) Appropriate confidentiality training provided to employees with records of attendance

Technical assistance is available through the DOH.

g. **Whistleblower**
Whistleblower statue, 41 U.S.C. & 4712, applies to all employees working for subrecipients and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an "employee of a subrecipient, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.

The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Sub recipient Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subrecipients to:

1. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
2. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
3. Subrecipient and grantees will include such requirements in any agreement made with a subrecipient or subgrantee.

*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that sub recipients fit under the definition of "health care providers" and "individuals with knowledge of a person with a reportable disease or condition" in the WAC and RCW.

This is a subrecipient statement of work. All expenditures incurred and reimbursements made for performance under this contract shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this contract.

For information in determining allowable costs, please reference OMB Circulars:

A-87 (State, Local and Indian Tribal governments) at:
http://www.whitehouse.gov/omb/circulars_a087_2004/
OMB Circular A-122 (Non-profit organizations) at:
http://www.whitehouse.gov/omb/circulars_a122_2004/
HIV/AIDS Bureau, National Monitoring Standards for Ryan White Grantees: Program – Part B
http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf
HIV/AIDS Bureau, National Monitoring Standards for Ryan White Grantees: Fiscal – Part B
http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf
HIV/AIDS Bureau, National Monitoring Standards for Ryan White Grantees: Universal – Part B
http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf
HIV/AIDS Bureau, National Monitoring Standards for Ryan White Grantees: FAQ
http://hab.hrsa.gov/manageyourgrant/files/programmonitoringfaq.pdf

DOH Program Contact:
Karen Robinson
Washington State Department of Health
P.O. Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3437/Fax: (360) 664-2216
Email: Karen.Robinson@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2015-2017

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2015 through September 30, 2015

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

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

Revision Purpose: 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**
				Start Date	**End Date**			
FFY15 MCHBG CBP ConCon	93.994	333.93.99	78734250	01/01/15	09/30/15	0	119,891	119,891
TOTALS						**0**	**119,891**	**119,891**

Task Number	**Task/Activity/Description**	***May Support PHAB Standards/Measures**	**Deliverables/Outcomes**	**Due Date/Time Frame**	**Payment Information and/or Amount**
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every other month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ.		Designated LHJ staff will participate in contract management calls.	September 30, 2015	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
1b	Participate in DOH sponsored MCHBG-related quarterly conference calls and/or webinars, including up to two (2) in-person meetings.		Designated LHJ staff will participate in calls, webinars, and meetings.	September 30, 2015	
1c	Complete 2015-2016 MCHBG Budget Workbook for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit completed MCHBG Budget Workbook to DOH contract manager.	September 4, 2015	
1d	Report actual expenditures for October 1, 2014 – December 31, 2014.		Submit actual expenditures using the MCHBG Budget Workbook (Sections A and B only) to contract manager.	February 18, 2015	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
MCHBG Assessment and Evaluation					
2a	Participate in statewide capacity and needs assessment activities in preparation for next statewide 5 year plan, as requested.		Documentation using report template provided by DOH.	May 1, 2015	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements and Special Billing Requirements.
2b	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH.	September 30, 2015	
MCHBG Implementation					
3a	Develop 2015-2016 MCHBG Action Plan for October 1, 2015 through September 30, 2016 using DOH provided template.		Submit MCHBG Action Plan to DOH contract manager.	Draft - August 21, 2015 Final - September 4, 2015	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Report activities and outcomes of 2014-2015 MCHBG Action Plan using DOH provided template.		Submit Action Plan quarterly reports to DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015 If LHJ chooses to bill on a monthly basis, reports are due on or before the 15th of the following month.	
Children with Special Health Care Needs (CSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CSHCN Program as referenced in CSHCN Program Manual.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	January 15, 2015 April 15, 2015 July 15, 2015	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for
4b	Administer allocated DOH Diagnostic and Treatment funds for infants and children per CSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CSHCN Program as needed.	30 days after forms are completed.	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4c	Participate in the CSHCN Regional System and quarterly meetings as described in the CSHCN Program Manual.		Submit Action Plan quarterly reports including number of regional meetings attended to the DOH contract manager.	January 15, 2015 April 15, 2015 July 15, 2015	the specified funding period. See Program Specific Requirements and Special Billing Requirements.

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

Program Specific Requirements/Narrative

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

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

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

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

Staffing Requirements

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].

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

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

Monitoring Visits (frequency, type)
Telephone calls with contract manager at least one every other month.

Special Billing Requirements
Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted at least quarterly and must be based on actual allowable program costs. Billing for services on a monthly or quarterly fraction of the "Total Consideration" will not be accepted or approved. Monthly invoices on actual allowable program costs will be accepted but an updated Action Plan Progress Report must also be submitted.

DOH Program Contact
Chris Zipperer
Healthy Communities Consultant
Office of Healthy Communities
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-3614/ Fax: 360-236-3646
Email: chris.zipperer@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1,2015

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision 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**
				Start Date	**End Date**			
Drinking Water Group A - SS	N/A	346.26.64	2421921C	01/01/15	12/31/15	0	8,500	8,500
Drinking Water Group A - TA	N/A	346.26.66	2421921D	01/01/15	12/31/15	0	4,000	4,000
TOTALS						**0**	**12,500**	**12,500**

Task Number	**Task/Activity/Description**	***May Support PHAB Standards/Measures**	**Deliverables/Outcomes**	**Due Date/Time Frame**	**Payment Information and/or Amount**
1	Trained LHJ 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. See Special Instructions for task activity.		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 referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents.	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 LHJ shall be paid **$250** for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid **$500** for each sanitary survey of a non-community system with four or more connections and each community system.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			*****Final Reports have been reviewed and accepted by the ODW Regional Office.		Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ 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.		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within **2 working days** of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid **$800** for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ 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 LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: **$250**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					• 3-6 hours of work: **$500** • More than 6 hours of work: **$750** 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	LHJ 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	LHJ shall be paid mileage, per diem, and lodging costs in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

***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 LHJ 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.

LHJ 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 LHJ 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 **$8,500** for **Task 1,** and **$4,000** 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 **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 Consolidated Contracts Office, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

Special Instructions
Task 1
Trained LHJ 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 LHJ may request ODW assistance.

- No more than **20** surveys of non-community systems with three or fewer connections to be completed between January 1, 2015 and December 31, 2015.
- No more than **7** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2015 and December 31, 2015.

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

Task 2
Trained LHJ staff will perform Special Purpose Investigations (SPI) 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 LHJ staff.

Task 3
Trained LHJ 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 LHJ to a water system.

Task 4
LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ 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. LHJ 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 LHJ 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
Tumwater, WA 98501
Denise.Miles@doh.wa.gov
(360) 236-3028

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Office of Immunization & Child Profile - Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to define required immunization tasks, deliverables, and funding.

Revision 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**
				Start Date	**End Date**			
FFY15 VFC Ops	93.268	333.93.26	74203250	01/01/15	12/31/15	0	8,088	8,088
FFY15 VFC Ordering	93.268	333.93.26	74204250	01/01/15	12/31/15	0	8,268	8,268
FFY15 317 Ops	93.268	333.93.26	74201250	01/01/15	12/31/15	0	10,218	10,218
FFY15 AFIX	93.268	333.93.26	74205250	01/01/15	12/31/15	0	37,024	37,024
TOTALS						**0**	**63,598**	**63,598**

Task Number	**Task/Activity/Description**	***May Support PHAB Standards/Measures**	**Deliverables/Outcomes**	**Due Date/Time Frame**	**Payment Information and/or Amount**
Perform accountability activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control and Prevention (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program. Accountability requirements include, but are not limited to: provider education, provider site visits and required corrective action, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, new provider enrollment visits, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.					
1	Facilitate annual renewal of the Provider Agreement for Receipt of State Supplied Vaccine for all health care providers receiving state-supplied childhood vaccines, per instructions at this link		Provider Agreements for Receipt of State Supplied Vaccine received online via the Washington Immunization Information System.	Annually, per Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 AFIX, 74205250

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					*See Restrictions on Funds below
2	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment, per instructions at this link		a) Provider Agreement for Receipt of State Supplied Vaccine with original signature (NOTE: a photocopy will not be accepted) b) Provider Agreement (DOH 348-022) c) IIS Information Sharing Agreement d) Account Application e) User Account Worksheet	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 AFIX, 74205250 *See Restrictions on Funds below
3	Use and facilitate provider use of the Washington Immunization Information System to place and approve provider vaccine orders. Monitor provider orders for appropriateness (including: accuracy of shipping information, order frequency, timing, quantity and type) and approve vaccine order online after assuring the appropriateness of the order.		Electronic submission of provider vaccine orders via the Washington Immunization Information System	Based on provider order schedules	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 VFC Vaccine Ordering 74204250 FFY15 VFC Ops 74203250 FFY 317 Ops 74201250 *See Restrictions on Funds below

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	Monitor and assure electronic or paper submission of vaccine accountability reports for compliance with Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns).		a) Monthly Vaccine Accountability Report (DOH 348-006), submitted by e-mail or online in the IIS b) Inclusion in the online ordering system of doses used in the last month and inventory on hand. c) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action as needed. d) Report all cases (or suspected cases) of vaccine fraud or abuse.	a) By the 15th of each month b) based on provider order schedules c) within seven (7) days of the incident d) within seven (7) days of the incident	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 AFIX, 74205250 *See Restrictions on Funds below
5	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		Summary of LHJ Technical Assistance Form (DOH 348-257)	December 31st	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 VFC Ops 74203250 FFY 317 Ops 74201250 *See Restrictions on Funds below
6	Conduct VFC site visits at sixteen (16) private provider site(s) within your jurisdiction. Site visits should address all requirements outlined in the Provider Agreement, the CDC Vaccines for Children (VFC) Operations Guide, and as directed by the state administrators of the Vaccines for Children program. All VFC site visits must be conducted by September 30th.		a) VFC Site Visit Selection Planning tool (will be supplied by DOH) b) Enter responses from the VFC Provider Compliance Site Visit questionnaire into the VFC Provider Education,	a) January 15th b) At the time of the VFC Compliance Site Visit or within ten (10) business	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*:

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Conduct VFC Compliance Site Visit Follow-Up to assure providers resolve all corrective actions identified during the initial VFC compliance site visit. Follow-up may include another physical site visit or verification by email, phone, fax, or mail that corrective actions were completed. Documentation that all VFC Site Visit corrective actions have been completed must be available to DOH upon request. Participate in all DOH/CDC trainings required for site visit reviewers and supervisors (a list of required trainings will be provided by DOH).		Assessment, and Reporting (VFC-PEAR) on-line system for each provider site visit. Follow all corrective action and follow-up guidance provided by VFC-PEAR for each incorrect response. c) Submit copy of signed Acknowledgement of Receipt d) Document completion of each required training	days of the site visit. c) upon completion of each training	FFY15 AFIX, 74205250 *See Restrictions on Funds below
7	a) Conduct AFIX (Assessment, Feedback, Incentive, and Exchange) visits with six (6) provider sites in your jurisdiction per instructions at this link. Visits can be conducted in-person, by telephone, or by webinar. All AFIX visits must be conducted by September 30th. b) Conduct AFIX follow-up visits with provider sites that choose to implement quality improvement strategies during their initial AFIX visit. Continue following up with provider sites until they fully implement their selected quality improvement activities. Follow-up visits can be conducted in-person, by telephone, or by webinar.		a) Enter the following data in the AFIX Online Tool: • General Site Visit Information. • Questionnaire responses. • Coverage assessment results (from CoCASA reports). • Feedback visit information. b) Enter the following data in the **Exchange tab** of the AFIX Online Tool for follow-up visits: • Clinic progress on implementing quality improvement strategies. • Follow-up coverage assessment results (from CoCASA reports).	a) At the time of the AFIX visit or within ten (10) business days of the AFIX visit. b) At the time of the AFIX follow-up visit or within ten (10) business days of the AFIX follow-up visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY15 AFIX, 74205250 *See Restrictions on Funds below
8	a) In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: 1) identification of HBsAg-positive pregnant women, and pregnant women with unknown HBsAg status		Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System Annual Perinatal Hepatitis B Outreach Summary (DOH 348 268)	By the 15th of each month December 15th	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*:

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	2) reporting of HBsAg-positive women and their infants 3) case management for infants born to HBsAg-positive women to ensure administration of HBIG and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post-vaccination serologic testing. b) Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with ACIP recommendations. c). Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.				FFY 317 Ops 74201250 *See Restrictions on Funds below

***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

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC and AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new LHJ site visit reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every other year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References
Office of Immunization and Child Profile References and Resources for vaccine management, VFC compliance site visits, AFIX visits, and Perinatal Hepatitis B activities can be found at this link to our website.

VFC Operations Guide - A copy will be provided by the Office of Immunization and Child Profile. (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

Staffing Requirements
Provide notification via email to **oicpcontracts@doh.wa.gov** within fifteen (15) days of any changes to staffing for those who conduct work outlined in this statement of work.

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
Allowable expenses with 317 and VFC FA Operations Funds (dated September 7, 2011) document is posted on the DOH Consolidated Contract website at this link. In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY13 317 Ops funding may be used for any activity in this statement of work, per funding availability.

These federal funds may not be used for expenses related to travel or attendance at any CDC-sponsored conference, training, or event without prior written approval from the Office of Immunization and Child Profile.

DOH Program Contact
Tawney Harper, MPA
Budget and Operations Manager
Office of Immunization and Child Profile
Department of Health
PO Box 47843, Olympia WA 98504-7843
tawney.harper@doh.wa.gov, 360-236-3525

Deliverables may be sent electronically via email at oicpcontracts@doh.wa.gov,
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

DOH Fiscal Contact
Sheri Spezze
Budget Coordinator
Office of Immunization and Child Profile
PO Box 47843, Olympia WA 98504-7843
Sheri.spezze@doh.wa.gov, 360-236-3495

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: OSS LMP Implementation - Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: C17113

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

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

Period of Performance: January 1, 2015 through June 30, 2015

Statement of Work Purpose: The purpose of this statement of work isto fund implementation of the on-site sewage system (OSS) local management plan (LMP) for the last 6 months of the 2013-2015 biennium.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
Puget Sound OSS LMP Implementation	N/A	334.04.93	2670000C	01/01/15	06/30/15	0	30,000	30,000
TOTALS						**0**	**30,000**	**30,000**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**LMP Implementation** • Database Enhancement • Enforcement for system deficiencies found during maintenance and monitoring (M&M) inspections • M&M program administration • On-site sewage complaint response • M&M data reports about deficiencies		Electronic copy of progress report and mapping data to include: • Number of systems with known system type • Number of septic systems with current inspections • Number of septic failures	Report due date: June 30, 2015 Task is ongoing throughout the project period.	$30,000

***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

Program Manual, Handbook, Policy References
Kitsap County Health District – Local Management Plan for Onsite Sewage (May 19, 2008)

Special References (RCWs, WACs, etc)
WAC 246-272A and RCW 70.118A

State funds from the Aquatic Lands Enhancement Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)
These funds can NOT be used for local match to federal grants.

Definitions
Failure: A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

Maintenance and Monitoring: The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

Special Instructions
Progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to laura.homan@doh.wa.gov and lynn.schneider@doh.wa.gov on June 30, 2015. The progress report format and data reporting requirements will be provided by DOH.

DOH Program Contact: Laura Homan, Office of Shellfish and Water Protection, PO Box 47824, Olympia WA 98504-7824; 360.236.3380; Laura.Homan@doh.wa.gov
DOH Fiscal Contact: Connie Dunn, Environmental Public Health, PO Box 47820, Olympia WA 98504-7820, 360-236-3013, Connie.Dunn@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2015-2017

DOH Program Name or Title: Recreational Shellfish Activities - Effective January 1, 2015

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: C17113

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

Period of Performance: January 1, 2015 through June 30, 2015

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

Statement of Work Purpose: The purpose of this statement of work is to provide funds for shellfish harvesting safety for the last six months of the 2013-2015 biennium.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	Funding Period (LHJ Use Only) End Date	Current Consideration	Change Increase (+)	Total Consideration
Rec Shellfish / Biotoxin (PSAA)	N/A	334.04.93	26403600	01/01/15	06/30/15	0	7,000	7,000
TOTALS						**0**	**7,000**	**7,000**

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**Biotoxin Monitoring** • Collect samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. • Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. • This may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring.		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: 02/20/2015	$6,600
2	**Outreach** • Staff educational booths at local events. • Distribute safe shellfish harvesting information.		Submit report including the number of events staffed, and amount of educational materials distributed.	Email Report to DOH by: 02/20/2015	$300

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	**Other** • Maintain a 24 hour toll free recreational shellfish hotline.		Report the number of phone calls received.	Email Report to DOH by: 02/20/2015	$100

***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 Manual, Handbook, Policy References
Department of Health's Biotoxin Monitoring Plan

Special References (RCWs, WACs, etc)
Chapter 246-280 WAC
http://www.doh.wa.gov/CommunityandEnvironment/Shellfish/RecreationalShellfish.aspx
http://www.doh.wa.gov/AboutUs/ProgramsandServices/EnvironmentalPublicHealth/ShellfishandWaterProtection/ShellfishProgram/Biotoxins.aspx

Special Instructions
Report for work done the previous year must be submitted via email to Liz Maier by February 20, 2015.
The report format will be provided by DOH and may be modified throughout the contract period via email announcement.

DOH Program Contact (Name, Program Title, Mailing Address, Email Address, Phone & Fax Number)
Liz Maier, Office of Shellfish and Water Protection, PO Box 47824, Olympia WA 98504-7824; 360.236.3308; Liz.Maier@doh.wa.gov

Kitsap Public Health District

EXHIBIT B
ALLOCATIONS
Contract Term: 2015-2017

Contract Number: **C17113**
Date: **October 17, 2014**

Chart of Accounts Program Title	Federal Grant Award Number	Amend #	CFDA*	BARS Revenue Code*	Statement of Work Funding Period Start Date	Statement of Work Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
FFY14 EPR LHJ Funding	U90TP000559	N/A	93.069	333.93.06	01/01/15	06/30/15	07/04/14	06/30/15	$123,232	$123,232	$123,232
YR4 Title X Fed (2012-2016)	NGA not received	N/A	93.217	333.93.21	01/01/15	12/30/15	12/31/14	12/30/15	$54,832	$54,832	$54,832
FFY15 317 Ops	NGA not received	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$10,218	$10,218	$10,218
FFY15 AFIX	NGA not received	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$37,024	$37,024	$37,024
FFY15 VFC Ops	NGA not received	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$8,088	$8,088	$8,088
FFY15 VFC Ordering	NGA not received	N/A	93.268	333.93.26	01/01/15	12/31/15	01/01/15	12/31/15	$8,268	$8,268	$8,268
FFY14 EPR HPP BP3-Prep	U90TP000559	N/A	93.889	333.93.88	01/01/15	06/30/15	07/01/14	06/30/15	$33,047	$33,047	$33,047
FFY14 RW Base Contracts	No FAIN	N/A	93.917	333.93.91	01/01/15	03/31/15	04/01/14	03/31/15	$44,999	$44,999	$44,999
FFY15 MCHBG CBP ConCon	B04MC28134	N/A	93.994	333.93.99	01/01/15	09/30/15	10/01/14	09/30/15	$119,891	$119,891	$119,891
FY15 Title X State (2015 Cost Share)		N/A	N/A	334.04.91	01/01/15	06/30/15	01/01/15	06/30/15	$74,162	$74,162	$74,162
TBD [FY16 Title X State (2015 Cost Share)]		N/A	N/A	334.04.91	07/01/15	12/31/15	07/01/15	12/31/15	$72,478	$72,478	$72,478
Puget Sound OSS LMP Implementation		N/A	N/A	334.04.93	01/01/15	06/30/15	07/01/13	06/30/15	$30,000	$30,000	$30,000
Rec Shellfish / Biotoxin (PSAA)		N/A	N/A	334.04.93	01/01/15	06/30/15	07/01/13	06/30/15	$7,000	$7,000	$7,000
ADAP State (Rebate) 11-13		N/A	N/A	334.04.98	01/01/15	03/31/15	07/01/13	06/30/15	$3,364	$3,364	$3,364
Drinking Water Group A - SS		N/A	N/A	346.26.64	01/01/15	12/31/15	07/01/13	06/30/15	$8,500	$8,500	$8,500
Drinking Water Group A - TA		N/A	N/A	346.26.66	01/01/15	12/31/15	07/01/13	06/30/15	$4,000	$4,000	$4,000
TOTAL									**$639,103**	**$639,103**	

Total consideration: **$639,103**

GRAND TOTAL **$639,103**

GRAND TOTAL **$639,103**

Total Fed **$439,599**
Total State **$199,504**

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

Exhibit C Schedule of Federal Awards

AFRS Through Bien 2013 Fiscal Month 19

Date: October 17, 2014

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT C17113-Kitsap Public Health District

CONTRACT PERIOD 1/1/2015-12/31/2017

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY14 EPR LHJ FUNDING	333.93.06	06/30/14	$12,663,227	01/01/15	06/30/15	$123,232	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
YR4 TITLE X FED (2012-2016)	333.93.21	NGA Not Received	NGA Not Received	01/01/15	12/30/15	$54,832	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	NGA not received	NGA Not Received
FFY15 317 OPS	333.93.26	NGA Not Received	NGA Not Received	01/01/15	12/31/15	$10,218	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY15 AFIX	333.93.26	NGA Not Received	NGA Not Received	01/01/15	12/31/15	$37,024	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY14 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	01/01/15	12/31/15	$8,088	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY15 VFC ORDERING	333.93.26	NGA Not Received	NGA Not Received	01/01/15	12/31/15	$8,268	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY14 EPR HPP BP3-PREP	333.93.88	06/30/14	$12,663,227	01/01/15	06/30/15	$33,047	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	U90TP000559	TP12-1201 HPP AND PHEP COOPERATIVE AGREEMENTS
FFY14 RW BASE CONTRACTS	333.93.91	03/20/14	$13,394,710	01/01/15	03/31/15	$44,999	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	NO FAIN	RYAN WHITE CARE ACT TITLE II
FFY15 MCHBG CBP CONCON	333.93.99	10/21/14	$1,734,378	01/01/15	09/30/15	$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC28134	MATERNAL AND CHILD HEALTH SERVICES
					TOTAL	**$439,599**					

Federal Funding Accountability and Transparency Act Data Collection Form (2-23-2011)

This contract is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act. The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent. To comply with the act and be eligible to enter into this contract, your organization must have a Data Universal Numbering System (DUNS®) number. If you do not already have one, you may receive a DUNS® number free of charge by contacting Dun and Bradstreet at www.dnb.com. The Department of Health (DOH) also encourages registration with the Central Contractor Registry (CCR) to reduce data entry by both DOH and your organization. You may register with CCR free of charge at www.ccr.gov. Information about your organization and this contract will be reported by DOH to the federal government as required by P.L. 109-282. This information will then be made available to the public by the federal government on USASpending.gov.

CONTRACTOR

1. Legal Name	2. DUNS Number
3. Principle Place of Performance	
3a. City	3b. State
3c. Zip+4	3d. Country

4. Are you registered in CCR? ☐YES (skip to signature block. Sign, date and return) ☐NO

5. In the preceding fiscal year did your organization:
   a. Receive 80% or more of annual gross revenue from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and**
   b. $25,000,000 or more in annual gross revenues from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and**
   c. The public does not have access to this information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986.

☐NO (skip to signature block. Sign, date and return)
☐YES (You must report the names and total compensation of the top 5 highly compensated officials of your organization).

Name Of Official	Total Compensation
1.	
2.	
3.	
4.	
5.	

Note: "Total compensation" for purposes of this requirement generally means the cash and non-cash value earned by the executive during the past fiscal year and includes salary and bonus; awards of stock, stock options and stock appreciation rights; and other compensation such as severance and termination payments, and value of life insurance paid on behalf of the employee, and as otherwise provided by FFATA and applicable OMB guidance.

By signing this document, the Authorized Representative attests to the information.

Signature of Authorized Representative	Print Name	Date

The Department of Health will not endorse your subaward until this form is completed and returned.

Federal Funding Accountability and Transparency Act Data Collection Form (2-23-2011)

FOR DEPARTMENT OF HEALTH USE ONLY

DOH Contract Number **C17113**
Sub-award Project Description (see instructions and example below)

Instructions for Sub-award Project Description:
In the first line of the description provide a title for the sub-award that captures the main purpose of the subrecipients work. Then, indicate the name of the subrecipient and provide a brief description that captures the overall purpose of the sub-award, how the funds will be used, and what will be accomplished.

Example of a Sub-award Project Description:
Increase Healthy Behaviors: Educational Services District XYZ will provide training and technical assistance to chemical dependency centers to assist the centers to integrate tobacco use into their existing addiction treatment programs. Funds will also be used to assist centers in creating tobacco free treatment environments.

EMPLOYMENT AGREEMENT
Between
KITSAP PUBLIC HEALTH BOARD
And
SCOTT DANIELS, MS, RS

The Kitsap Public Health Board (hereinafter referred to as the "Board") and Scott Daniels, MS, RS, (hereinafter referred to as the "Employee") agree as follows regarding the terms and conditions of the Employee's employment:

1. Scope of Employment

The Board will employ the Employee as the Administrator of the Kitsap Public Health District (hereinafter referred to as the "District"). The Employee's duties are more fully described in Attachment A to this Agreement (the District's Job Classification for Administrator) and in RCW 70.05. The Employee will use his best efforts, skill, and abilities in performing the duties of such employment.

2. Term of Employment

The Employee will serve in the position of Administrator until his position is modified or terminated in accordance with Section 8 or 9 of this Agreement and the Board's Bylaws. This Agreement is in effect from January 1, 2015, until December 31, 2016.

3. Compensation of Employee

(a) Wages. The Employee will be paid at a salary rate of $11,035 per month effective January 1, 2015, until December 31, 2016. Such salary will be paid subject to applicable deductions and withholdings, and on the District's regular payroll schedule. Additional adjustments to the Employee's salary are at the discretion of the Board and will be based on evaluations of performance.

(b) Workweek. The basic workweek is 40 hours.

(c) Expenses. The Board will reimburse the Employee for all other work-related expenses incurred during the term of his employment as allowed by and pursuant to the District's general expense reimbursement policies.

(d) Health Benefits. The Board will provide health care coverage for the Employee in the same manner as provided for the District's other non-union exempt-status employees.

(e) Leave. The Employee will receive the same leave benefits as outlined in the District's Personnel Manual for the District's other non-union exempt-status employees. The Employee may carry over a maximum of three-hundred sixty (360) hours of general leave from one calendar year to the next. The Employee will receive compensation for a maximum of two hundred and forty (240) hours of accrued, but unused, general leave at the termination of his employment with the District.

(f) Holidays. The Board provides paid leave on the following holidays: New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas, and one floating holiday of the Employee's choice.

(g) Retirement Benefits. The Employee will contribute to and receive retirement benefits pursuant to the Washington Public Employees' Retirement System (PERS).

(h) Other Benefits. For the duration of his employment with the District, the Employee will receive other benefits that are provided either currently or in the future to the District's other non-union, exempt-status employees.

4. Professional Development

The Board will reimburse the Employee for the costs associated with attending job-related professional and continuing education training programs.

5. Performance Review

The Employee will receive a formal performance review on a biennial basis.

6. Nondiscrimination

The Employee will comply with all federal, state, and local laws that prohibit discrimination or harassment in employment.

7. Integration

This Agreement contains the entire agreement concerning the employment of Employee, and supersedes all previous communications, representations, or agreements, either verbal or written, between the parties. The parties stipulate that there are no promises, terms, conditions, representations, or obligations other than those specifically set forth in this document.

8. Termination

The Board will provide the Employee with written notice of any disciplinary action that may include termination as a sanction. Prior to terminating the Employee, the Board will also provide the Employee with a hearing and an opportunity to be heard regarding any alleged disciplinary infractions or performance issues that may result in termination.

9. Notice of Employee's Intention to Terminate

In the event that the Employee terminates his or her employment with the District for any reason, the Employee agrees to provide the Board with sixty (60) days advance written notice. If the Employee fails to provide the Board with sixty (60) days advance written notice, the Board will not compensate the Employee for the value of any accrued but unused leave in accordance with Paragraph 3(e) of this Agreement.

10. Notice of Employer's Intention to Terminate

In the event that the Board terminates the Employee for convenience (as opposed to termination for "just cause"), the Board will provide ninety (90) days advance written notice to the Employee. At the Board's option, the Board may pay the Employee three (3) months of severance pay in lieu of ninety (90) days notice. For the purposes of this Agreement, "just cause" is any reason for which any other District non-union non-exempt employee may be discharged, as more fully described in the District's Personnel Manual in effect at the time of the termination. Employee will not be entitled to severance pay should the Employee be terminated for "just cause" or resign.

11. Modification

This Agreement may be amended or modified only in writing by the Board and signed by the current chair of the Board.

12. Severability

If any provision of this Agreement is held invalid, the remainder of the Agreement, and the remaining rights and obligations of the parties, shall be construed and enforced as if the Agreement did not contain the invalid part.

13. Venue

This Agreement shall be governed by the laws of the State of Washington, both as to interpretation and performance, and any action at law, suit in equity, or other proceeding for the enforcement of this Agreement or any provision thereof shall be instituted only in the courts of the State of Washington, County of Kitsap.

14. Extraneous Representations

The Employee has read and understands the whole of the above Agreement and states that no representation, promise, or agreement not expressed in this document has been made to induce the Employee to enter into it.

Dated this ___ day of _____, 2015.

EMPLOYEE

_____

Scott Daniels, MS, RS

Dated this ___ day of _____, 2015.

KITSAP PUBLIC HEALTH BOARD

_____

Commissioner Robert Gelder, Chair

This Amendment ("Amendment') to Professional Services Agreement Contract KPHD 1188 for Nurse Family Partnership staff, training, and supervision through the Thrive by Five Partnership Grant, ("Contract") is entered into between Jefferson County Public Health ("CONTRACTOR") and Kitsap Public Health District ("DISTRICT").

RECITALS

WHEREAS, the parties entered into the Agreement effective July 1, 2013; and

WHEREAS, it is necessary to amend the compensation language in the Agreement;

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

Amendment of the Contract Section 4. The first paragraph shall be struck in its entirety and replaced with "The CONTRACTOR will be reimbursed for all work performed under the terms of this contract. The total amount payable under this Contract by DISTRICT to CONTRACTOR for this Contract period shall not exceed $87,500.00 annually in the completion of this project without express written amendment signed by both parties to this Agreement.

Other Provisions Unchanged. The other provisions of the Agreement remain unchanged.

Effective Date. This Amendment is effective retroactive to July 1, 2014.

IN WITNESS WHEREOF, the parties have subscribed their names hereto.

Dated this ____ day of _____, 2014.

KITSAP PUBLIC HEALTH DISTRICT

_____

Scott Daniels,
Administrator

Dated this _____ day of _____, 2014.

JEFFERSON COUNTY PUBLIC HEALTH

_____

John Austin, Chair
Jefferson Board of County Commissioners

Approved as to form only: 11/26/14

David Alvarez, Chief Civil DPA
Jefferson County Prosecutor's Office

Washington Health Benefit Exchange
CONTRACT AMENDMENT

1A. NAME OF CONTRACTOR **Kitsap Public Health District**	2A. CONTRACT NUMBER **HBE-077**
1B. ADDRESS OF CONTRACTOR **345 6th St Suite 300**	2B. AMENDMENT **#2**
1C. CITY, STATE, ZIP CODE **Bremerton WA 98337**	

3. ☒ THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS
The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in item 5 below by mutual consent of all parties hereto.

4. ☐ THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS
The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in item 5 below pursuant to the changes and modifications clause as contained therein.

5. DESCRIPTION OF AMENDMENT:

Kitsap Public Health District and the Health Benefits Exchange (HBE) have entered into the Agreement executed by HBE and **Kitsap Public Health District** on July 17, 2013. All terms and conditions set forth in that Agreement remain in full force and effect, except to the extent that such terms and conditions are modified or in conflict with the provisions of this Amendment, in which case this Amendment shall prevail.

The purpose of this amendment is to revise the following:

i. Extend the period of performance from December 31, 2014 to February 28, 2015 as allowed in Section 2.2 – Subsequent Terms to continue providing In-Person Assistance Service Operations; and

ii. Increase the Maximum Not-to-Exceed Compensation in Section 3.1 - Pricing to **$213,757.40**.

   a. This increase is to cover monthly performance compensation for January and February, 2015 in the amount established in Schedule 1 of the contractor's original agreement with HBE, prior to any subsequent amendments.

   b. The contractor will be paid **$5,625.20** as monthly performance compensation.

   c. Outcome-based enrollment targets will not be established for this period and outcome-based performance payments will not be awarded.

iii. Affirm the stipulation in Section 8 – Funding that this project is dependent on the availability of Federal/or state funding. All other terms in this section remain in effect.

iv. Require contractor's continued provision of Monthly Progress Reports according to Section 10.1 (elements b., c., d., and e.) using HBE's standardized Lead Organization monthly progress report template.

v. This Amendment's Effective Date shall be the date of the last party's signature.

6. ☐ This is a unilateral amendment. Signature of contractor is not required below.
☒ Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.

IN WITNESS WHEREOF, HBE and the contractor have signed this agreement.

CONTRACTOR SIGNATURE	DATE
HBE ADMINISTRATOR/DESIGNEE SIGNATURE	DATE

New or Renewed Contracts for the Period of 11/01/2014 through 11/30/2014

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	Payment Schedule	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (4 contracts)									
Hood Canal Coordinating Council									
ID: 1294	PIC, Stuart Whitford	Agreement	Closed	Monthly	$125,000.00	11/06/14	08/15/14	04/30/17	
Description: Hood Canal PIC Program, Phase II									
Kitsap Public Health Board									
ID: 1292	Administration, Scott Daniels	Agreement	Closed	Monthly	$365,896.00	11/04/14	11/04/16	12/31/16	
Description: Employment Agreement - Susan Turner									
Olympic Educational Service District									
ID: 1299	Administration, Suzanne Plemmons	Agreement	Closed		$265.00	11/04/14	10/24/14	10/24/14	
Description: Workshop Presentation-Hanssen-Keller/Phillips									
Washington State DOH									
ID: 1298	Administration, Scott Daniels	Amendment	Closed	Monthly	$876,227.00	11/12/14	01/01/12	12/31/14	C16888
Description: Amendment 17: Consolidated Contract									

Kitsap Public Health Board Meeting
Date: January 6, 2015

CONSENT AGENDA ITEM: Warrant and EFT Registers

Approvals:

	Signature	Date
Administrator		12-22-14
Finance Manager		12/22/14

Recommended Motion: Approval

Items:

Type	Warrant/Electronic Fund Transfer Date	Beginning Warrant Number	Ending Warrant Number	Total Amount
Accounts Payable	11/24/2014	3631617	3631646	$42,251.56
Accounts Payable	11/24/2014	DD27605	DD27619	$3,070.30
Accounts Payable	11/17/2014	3630905	3630929	$52,844.58
Accounts Payable	11/17/2014	DD27483	DD27501	$11,703.32
Accounts Payable	11/10/2014	3630285	3630303	$12,059.32
Accounts Payable	11/10/2014	3629992	-	$285.85
Accounts Payable	11/10/2014	DD27376	DD27381	$6,741.95
Accounts Payable	11/4/2014	DD27220	DD27236	$5,557.18
Accounts Payable	11/3/2014	3629526	3629546	$41,320.69
Accounts Payable	11/3/2014	3629368	-	$266.84
Accounts Payable Total				$176,101.59
Payroll Benefits	11/26/2014	3631756	3631775	$100,978.48
Payroll Benefits	11/26/2014	DD27629	DD27629	$8,895.90
Payroll Benefits Total				$109,874.38
Payroll	11/26/2014	N/A	N/A	$346,665.33
Payroll	11/26/2014	N/A	N/A	$10,875.99
Payroll Total				$357,541.32
			Grand Total	**$643,517.29**

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	326977	A&E IMAGING		1303946	001	3631617	PK	11/24/14	342.00
Warrant 3631617 total									342.00
	16671	AHLERS & ASSOCIATES		1304463	001	3631618	PK	11/24/14	1,263.50
Warrant 3631618 total									1,263.50
	359327	CENTURYLINK (PO BOX 52187		1304166	001	3631619	PK	11/24/14	6.55
Warrant 3631619 total									6.55
	20078	CITY OF BREMERTON (WTR PA		1303877	001	3631620	PK	11/24/14	990.00
Warrant 3631620 total									990.00
	327621	COMCAST		1304167	001	3631621	PK	11/24/14	123.19
Warrant 3631621 total									123.19
	366503	CYTOCHECK LABORATORY, LLC		1303878	001	3631622	PK	11/24/14	346.45
Warrant 3631622 total									346.45
	277555	FOWLER, ANNE M		1303906	001	3631623	PK	11/24/14	251.60
Warrant 3631623 total									251.60
	396930	GARDA CL NORTHWEST-LOCKBO		1303880	001	3631624	PK	11/24/14	360.90
Warrant 3631624 total									360.90
	314732	GE CAPITAL		1303879	001	3631625	PK	11/24/14	345.67
Warrant 3631625 total									345.67

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	376779	GOOGLE INC.		1304392	001	3631626	PK	11/24/14	8.25
Warrant 3631626 total									8.25
	17577	GRESHAM PUMP AND DRILLING		1303881	001	3631627	PK	11/24/14	410.00
Warrant 3631627 total									410.00
	252336	KIESS, JOHN F.		1304461	001	3631628	PK	11/24/14	22.81
Warrant 3631628 total									22.81
	7674	KITSAP SUN (SUBSCRIPTION		1304032	001	3631629	PK	11/24/14	263.28
Warrant 3631629 total									263.28
	228170	KRUSE, CHARLES		1304338	001	3631630	PK	11/24/14	30.00
Warrant 3631630 total									30.00
	368947	MAILFINANCE INC		1303884	001	3631631	PK	11/24/14	1,213.82
Warrant 3631631 total									1,213.82
	222931	OFFICE DEPOT (POB 70049)		1303883	001	3631632	PK	11/24/14	133.42
Warrant 3631632 total									133.42
	264199	OFFICE OF THE ADMININSTRA		1304465	001	3631633	PK	11/24/14	6.00
Warrant 3631633 total									6.00
	393428	OXFORD DIAGNOSTIC LABORAT		1303885	001	3631634	PK	11/24/14	52.00
Warrant 3631634									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									52.00
	195219	OZARK UNDERGROUND LABORAT		1303886	001	3631635	PK	11/24/14	1,027.00
Warrant 3631635 total									1,027.00
	379778	PRINT NW		1304361	001	3631636	PK	11/24/14	221.25
Warrant 3631636 total									221.25
	209367	SILVERDALE SELF STORAGE		1304467	001	3631637	PK	11/24/14	6,720.00
Warrant 3631637 total									6,720.00
	364774	STAPLES ADVANTAGE -(DEPT		1304468	001	3631638	PK	11/24/14	59.73
Warrant 3631638 total									59.73
	293092	TOTAL ACCESS GROUP, INC.		1304223	001	3631639	PK	11/24/14	619.25
Warrant 3631639 total									619.25
TURNER, SUSAN MD									
	369036	ONE TIME PAYMENT		1304919	001	3631640	PK	11/24/14	10,000.00
Warrant 3631640 total									10,000.00
	12382	UNITED BUSINESS MACHINES		1303890	001	3631641	PK	11/24/14	495.49
Warrant 3631641 total									495.49
	233543	UPTOWN AUTO BODY		1304695	001	3631642	PK	11/24/14	81.00
Warrant 3631642 total									81.00
	382431	WELLS FARGO FINANCIAL LEA		1304176	001	3631643	PK	11/24/14	2,378.21

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Warrant 3631643 total									2,378.21
	244803	WEX BANK		1303891	001	3631644	PK	11/24/14	715.27
Warrant 3631644 total									715.27
	387936	WINCO FOODS LLC		1303892	001	3631645	PK	11/24/14	5,000.00
Warrant 3631645 total									5,000.00
	251241	WSALPHO		1304470	001	3631646	PK	11/24/14	8,764.92
Warrant 3631646 total									8,764.92
Department 95969 total									42,251.56

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	216294	BANIGAN, LESLIE		1303871	001	27605	PT	11/24/14	124.32
Warrant 27605 total									124.32
	10476	FEDEX (PO BOX 371461)		1304168	001	27606	PT	11/24/14	17.09
Warrant 27606 total									17.09
	356354	GUIDRY, JESSICA		1303945	001	27607	PT	11/24/14	152.12
Warrant 27607 total									152.12
	9147	KITSAP MENTAL HEALTH SERV		1303882	001	27608	PT	11/24/14	473.00
Warrant 27608 total									473.00
	17216	KNOOP, MELINA		1303872	001	27609	PT	11/24/14	251.44
Warrant 27609 total									251.44
	398573	MCKAY BEVERS, KAREN L.		1303894	001	27610	PT	11/24/14	202.00
Warrant 27610 total									202.00
	295081	NGUYEN, LOAN		1304175	001	27611	PT	11/24/14	68.32
Warrant 27611 total									68.32
	328673	OUTHWAITE, MINDI		1303873	001	27612	PT	11/24/14	197.68
Warrant 27612 total									197.68
	10979	QUAYLE, TIM		1303874	001	27613	PT	11/24/14	113.12
Warrant 27613 total									113.12

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	24869	STERICYCLE, INC.		1303887	001	27614	PT	11/24/14	272.73
Warrant 27614 total									272.73
	227445	STICKNEY, CHRISTINA		1303875	001	27615	PT	11/24/14	360.64
Warrant 27615 total									360.64
	289067	TELELANGUAGE, INC		1303889	001	27616	PT	11/24/14	51.15
Warrant 27616 total									51.15
	339412	TOURIGNY, LINDA L		1303876	001	27617	PT	11/24/14	129.94
Warrant 27617 total									129.94
	397857	TWISS ANALYTICAL, INC		1303888	001	27618	PT	11/24/14	147.15
Warrant 27618 total									147.15
	218935	ZOLLWEG, DAVID A		1304359	001	27619	PT	11/24/14	509.60
Warrant 27619 total									509.60
Department 95969 total									3,070.30

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969									
Kitsap Public Health Di	389139	ACRANET CBS BRANCH		1302724	001	3630905	PK	11/17/14	112.00
Warrant 3630905 total									112.00
	301358	ADVANCED MEDICAL IMAGING		1302963	001	3630906	PK	11/17/14	50.00
Warrant 3630906 total									50.00
	15023	ANALYTICAL RESOURCES, INC		1303063	001	3630907	PK	11/17/14	1,005.00
Warrant 3630907 total									1,005.00
	11716	B & B AUTO REPAIR		1302726	001	3630908	PK	11/17/14	45.54
Warrant 3630908 total									45.54
	323752	BREMERTON GOVERNMENT CENT		1302727	001	3630909	PK	11/17/14	22,937.31
Warrant 3630909 total									22,937.31
	365071	COASTWIDE LABORATORIES		1302728	001	3630910	PK	11/17/14	558.34
Warrant 3630910 total									558.34
	20963	CULTURALLY SPEAKING LLC		1302729	001	3630911	PK	11/17/14	2,811.25
Warrant 3630911 total									2,811.25
	280934	DREW, MICHAEL		1303058	001	3630912	PK	11/17/14	250.88
Warrant 3630912 total									250.88
	391025	ENTERPRISE FM TRUST		1302838	001	3630913	PK	11/17/14	769.73
Warrant 3630913 total									769.73

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	21555	ESRI, INC.		1302730	001	3630914	PK	11/17/14	3,967.55
Warrant 3630914 total									3,967.55
	11325	FARRELL'S HOME HEALTH (WH		1302965	001	3630915	PK	11/17/14	57.61
Warrant 3630915 total									57.61
	339396	GIUNTOLI, PAUL		1302709	001	3630916	PK	11/17/14	103.04
Warrant 3630916 total									103.04
	194989	GUSTAFSON, CANDYCE		1303060	001	3630917	PK	11/17/14	40.19
Warrant 3630917 total									40.19
	10943	HANSSEN-KELLER, JOHANNA		1302711	001	3630918	PK	11/17/14	35.95
Warrant 3630918 total									35.95
	252336	KIESS, JOHN F.		1303061	001	3630919	PK	11/17/14	22.03
Warrant 3630919 total									22.03
	231611	MICROSOFT SERVICES		1302733	001	3630920	PK	11/17/14	2,189.28
Warrant 3630920 total									2,189.28
	14845	NPELRA		1302734	001	3630921	PK	11/17/14	200.00
Warrant 3630921 total									200.00
	279396	POINT DEFIANCE AIDS PROJE		1302737	001	3630922	PK	11/17/14	5,678.15
Warrant 3630922									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									5,678.15
	349356	SPOK, INC		1302959	001	3630923	PK	11/17/14	136.24
Warrant 3630923 total									136.24
	249055	STATE OF WA HEALTH CARE A		1302762	001	3630924	PK	11/17/14	751.39
Warrant 3630924 total									751.39
	393932	TECHNICAL DIFFERENCE, INC		1302754	001	3630925	PK	11/17/14	1,421.44
Warrant 3630925 total									1,421.44
	327504	US BANK (JUNIOR DISTS ONL		1302909	002	3630927	PK	11/17/14	711.56
	327504	US BANK (JUNIOR DISTS ONL		1302909	001	3630927	PK	11/17/14	60.20
	327504	US BANK (JUNIOR DISTS ONL		1302907	002	3630927	PK	11/17/14	1,563.27
	327504	US BANK (JUNIOR DISTS ONL		1302907	001	3630927	PK	11/17/14	12.50
	327504	US BANK (JUNIOR DISTS ONL		1302905	002	3630927	PK	11/17/14	108.20-
	327504	US BANK (JUNIOR DISTS ONL		1302905	001	3630927	PK	11/17/14	851.88
	327504	US BANK (JUNIOR DISTS ONL		1302813	001	3630927	PK	11/17/14	265.19
	327504	US BANK (JUNIOR DISTS ONL		1302810	002	3630927	PK	11/17/14	387.61
	327504	US BANK (JUNIOR DISTS ONL		1302810	001	3630927	PK	11/17/14	1,136.39
	327504	US BANK (JUNIOR DISTS ONL		1302806	002	3630927	PK	11/17/14	388.52
	327504	US BANK (JUNIOR DISTS ONL		1302806	001	3630927	PK	11/17/14	299.31
	327504	US BANK (JUNIOR DISTS ONL		1302805	001	3630927	PK	11/17/14	1,910.98
	327504	US BANK (JUNIOR DISTS ONL		1302804	001	3630927	PK	11/17/14	125.70
	327504	US BANK (JUNIOR DISTS ONL		1302801	001	3630927	PK	11/17/14	660.55
	327504	US BANK (JUNIOR DISTS ONL		1302800	001	3630927	PK	11/17/14	901.95
Warrant 3630927 total									9,167.41

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	369036	ONE TIME PAYMENT		1302760	001	3630928	PK	11/17/14	409.25
Warrant 3630928 total									409.25
	16712	WFOA/WASH FINANCE OFFICER		1302840	001	3630929	PK	11/17/14	125.00
Warrant 3630929 total									125.00
Department 95969 total									52,844.58

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969									
Kitsap Public Health Di	226171	BROWN, STEVEN		1302705	001	27483	PT	11/17/14	487.20
Warrant 27483 total									487.20
	393436	CHANG DAYNA		1302706	001	27484	PT	11/17/14	686.93
Warrant 27484 total									686.93
	215766	EVANS, ERIC		1303059	001	27485	PT	11/17/14	336.56
Warrant 27485 total									336.56
	10476	FEDEX (PO BOX 371461)		1302731	001	27486	PT	11/17/14	81.21
Warrant 27486 total									81.21
	357498	FONG, YOLANDA		1302708	001	27487	PT	11/17/14	32.60
Warrant 27487 total									32.60
	10940	GRELLNER, KEITH		1302990	001	27488	PT	11/17/14	213.92
Warrant 27488 total									213.92
	356354	GUIDRY, JESSICA		1302710	001	27489	PT	11/17/14	445.30
Warrant 27489 total									445.30
	227674	HOLDCROFT, JODIE		1302719	001	27490	PT	11/17/14	1,421.28
Warrant 27490 total									1,421.28
	12745	HOPKINS, LESLIE		1302712	001	27491	PT	11/17/14	321.24
Warrant 27491 total									321.24

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	200487	JEFFERSON CO. HEALTH/HUMA		1302732	001	27492	PT	11/17/14	2,383.68
Warrant 27492 total									2,383.68
	222413	LAB/COR, INC.		1303065	001	27493	PT	11/17/14	2,341.50
Warrant 27493 total									2,341.50
	285101	LYTLE, ROSS		1302720	001	27494	PT	11/17/14	153.44
Warrant 27494 total									153.44
	388624	MAZUR, KARINA M		1302721	001	27495	PT	11/17/14	261.52
Warrant 27495 total									261.52
	397102	NELSON, ISABEL CALDERA		1302735	001	27496	PT	11/17/14	292.50
Warrant 27496 total									292.50
	217750	NICOLAISEN, NIELS		1302722	001	27497	PT	11/17/14	138.54
Warrant 27497 total									138.54
	388608	PHILLIPS, LYNN J.		1302798	001	27498	PT	11/17/14	153.96
Warrant 27498 total									153.96
	257990	PLEMMONS, SUZANNE		1302723	001	27499	PT	11/17/14	166.92
Warrant 27499 total									166.92
	385955	QUALITY BUSINESS SYSTEMS,		1302736	001	27500	PT	11/17/14	1,274.59
Warrant 27500									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									1,274.59
	397370	WENDT, JAN E.		1302958	001	27501	PT	11/17/14	510.43
Warrant 27501 total									510.43
Department 95969 total									11,703.32

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	369036	CCCLWATER DRILLING INC ONE TIME PAYMENT		1301827	001	3630285	PK	11/10/14	139.00
Warrant 3630285 total									139.00
	17992	DELL MARKETING L.P. (CHIC		1301829	001	3630286	PK	11/10/14	1,197.79
Warrant 3630286 total									1,197.79
	396930	GARDA CL NORTHWEST-LOCKBO		1301830	001	3630287	PK	11/10/14	359.56
Warrant 3630287 total									359.56
	376779	GOOGLE INC.		1301831	001	3630288	PK	11/10/14	8.25
Warrant 3630288 total									8.25
	398013	HEALTHCO INFORMATION SYST		1301832	001	3630289	PK	11/10/14	1,228.31
Warrant 3630289 total									1,228.31
	312057	HUGHES, RACHEL		1301821	001	3630290	PK	11/10/14	50.00
Warrant 3630290 total									50.00
	262868	KITSAP SUN (AD & CLASSIFI		1301833	001	3630291	PK	11/10/14	43.06
Warrant 3630291 total									43.06
	231611	MICROSOFT SERVICES		1301836	001	3630292	PK	11/10/14	2,142.48
Warrant 3630292 total									2,142.48
	325212	MORGAN, NEWTON		1301822	001	3630293	PK	11/10/14	121.52
Warrant 3630293 total									121.52

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	222931	OFFICE DEPOT (POB 70049)		1301837	001	3630294	PK	11/10/14	55.27
Warrant 3630294 total									55.27
	369036	PREMERA BLUECROSS ONE TIME PAYMENT		1301957	001	3630295	PK	11/10/14	74.61
Warrant 3630295 total									74.61
	209367	SILVERDALE SELF STORAGE		1301838	001	3630296	PK	11/10/14	560.00
Warrant 3630296 total									560.00
	364774	STAPLES ADVANTAGE -(DEPT		1301839	001	3630297	PK	11/10/14	165.22
Warrant 3630297 total									165.22
	369036	TURNER, SUSAN MD ONE TIME PAYMENT		1301825	001	3630298	PK	11/10/14	1,380.45
Warrant 3630298 total									1,380.45
	266447	ULINE		1301858	001	3630299	PK	11/10/14	111.87
Warrant 3630299 total									111.87
	12382	UNITED BUSINESS MACHINES		1301857	001	3630300	PK	11/10/14	48.80
Warrant 3630300 total									48.80
	268891	VERIZON WIRELESS (1 CHECK		1301901	001	3630301	PK	11/10/14	829.34
Warrant 3630301 total									829.34
	268891	VERIZON WIRELESS (1 CHECK		1301904	001	3630302	PK	11/10/14	459.43
Warrant 3630302									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									459.43
	390299	WA STATE DEPT OF ENTERPRI		1301863	001	3630303	PK	11/10/14	3,084.36
Warrant 3630303 total									3,084.36
Department 95969 total									12,059.32

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	400490	SIFRIT, NICOLA M.		1301824	001	3629992	PK	11/10/14	285.85
Warrant 3629992 total									285.85
Department 95969 total									285.85

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969									
Kitsap Public Health Di	395814	EILERS, KATHARINE		1301816	001	27376	PT	11/10/14	314.06
	395814	EILERS, KATHARINE		1301798	001	27376	PT	11/10/14	802.20
Warrant 27376 total									1,116.26
	341969	EVANS, KELLY		1301819	001	27377	PT	11/10/14	77.26
Warrant 27377 total									77.26
	12246	HOLT, JUDY		1301820	001	27378	PT	11/10/14	61.20
Warrant 27378 total									61.20
	222413	LAB/COR, INC.		1301835	001	27379	PT	11/10/14	5,299.00
Warrant 27379 total									5,299.00
	10979	QUAYLE, TIM		1301823	001	27380	PT	11/10/14	170.80
Warrant 27380 total									170.80
	397857	TWISS ANALYTICAL, INC		1301856	001	27381	PT	11/10/14	17.43
Warrant 27381 total									17.43
Department 95969 total									6,741.95

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	397906	BALTAZAR, ELYA		1300995	001	27220	PT	11/04/14	212.84
Warrant 27220 total									212.84
	10922	BOYSEN-KNAPP, KAREN		1300996	001	27221	PT	11/04/14	74.52
Warrant 27221 total									74.52
	352916	COFFEE OASIS, THE (HOPE I		1301014	001	27222	PT	11/04/14	51.59
Warrant 27222 total									51.59
	395814	EILERS, KATHARINE		1300998	001	27223	PT	11/04/14	99.30
Warrant 27223 total									99.30
	10476	FEDEX (PO BOX 371461)		1301018	001	27224	PT	11/04/14	17.09
Warrant 27224 total									17.09
	344819	FISK, APRIL		1300999	001	27225	PT	11/04/14	50.00
Warrant 27225 total									50.00
	357498	FONG, YOLANDA		1301000	001	27226	PT	11/04/14	277.26
Warrant 27226 total									277.26
	359597	JONES, KIMBERLY D.		1301002	001	27227	PT	11/04/14	204.22
Warrant 27227 total									204.22
	362864	KELLOGG, TRACEY		1301171	001	27228	PT	11/04/14	58.88
Warrant 27228 total									58.88

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	9147	KITSAP MENTAL HEALTH SERV		1301020	001	27229	PT	11/04/14	473.00
Warrant 27229 total									473.00
	331520	KUSHNER, SIRI		1301003	001	27230	PT	11/04/14	291.00
Warrant 27230 total									291.00
	285101	LYTLE, ROSS		1301005	001	27231	PT	11/04/14	444.96
Warrant 27231 total									444.96
	398573	MCKAY BEVERS, KAREN L.		1301210	001	27232	PT	11/04/14	280.92
Warrant 27232 total									280.92
	385955	QUALITY BUSINESS SYSTEMS,		1301041	001	27233	PT	11/04/14	1,670.53
Warrant 27233 total									1,670.53
	397857	TWISS ANALYTICAL, INC		1301044	001	27234	PT	11/04/14	212.62
Warrant 27234 total									212.62
	8825	WCP SOLUTIONS		1301045	001	27235	PT	11/04/14	588.07
Warrant 27235 total									588.07
	218935	ZOLLWEG, DAVID A		1301007	001	27236	PT	11/04/14	550.38
Warrant 27236 total									550.38
Department 95969 total									5,557.18

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	369036	BEAHM, DENTON ONE TIME PAYMENT		1301179	001	3629526	PK	11/03/14	779.00
Warrant 3629526 total									779.00
	375426	BINW		1301008	001	3629527	PK	11/03/14	85.25
Warrant 3629527 total									85.25
	359327	CENTURYLINK (PO BOX 52187		1301009	001	3629528	PK	11/03/14	6.21
Warrant 3629528 total									6.21
	224151	CENTURYLINK (PO BOX 91155		1301013	001	3629529	PK	11/03/14	772.16
Warrant 3629529 total									772.16
	327621	COMCAST		1301015	001	3629530	PK	11/03/14	112.51
Warrant 3629530 total									112.51
	218102	FFF ENTERPRISES, INC.		1301017	001	3629531	PK	11/03/14	723.60
Warrant 3629531 total									723.60
	339396	GIUNTOLI, PAUL		1301001	001	3629532	PK	11/03/14	176.40
Warrant 3629532 total									176.40
	10871	KCDA PURCHASING COOPERATI		1301019	002	3629533	PK	11/03/14	104.40
	10871	KCDA PURCHASING COOPERATI		1301019	001	3629533	PK	11/03/14	630.46
Warrant 3629533 total									734.86
	16054	KITSAP COUNTY DEPT OF ADM		1301024	001	3629534	PK	11/03/14	25,383.00

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Warrant 3629534 total									25,383.00
	10699	KITSAP COUNTY INFORMATION		1301025	001	3629535	PK	11/03/14	6,626.28
Warrant 3629535 total									6,626.28
	246392	MALLORY, TERRY L		1301006	001	3629536	PK	11/03/14	53.50
Warrant 3629536 total									53.50
	12265	MCKESSON CORPORATION (GE		1301026	003	3629537	PK	11/03/14	.14
	12265	MCKESSON CORPORATION (GE		1301026	002	3629537	PK	11/03/14	29.50
	12265	MCKESSON CORPORATION (GE		1301026	001	3629537	PK	11/03/14	76.35
Warrant 3629537 total									105.99
	8833	NACCHO		1301021	001	3629538	PK	11/03/14	870.00
Warrant 3629538 total									870.00
	369036	ONE TIME PAYMENT		1301027	001	3629539	PK	11/03/14	139.00
Warrant 3629539 total									139.00
	222931	OFFICE DEPOT (POB 70049)		1301022	001	3629540	PK	11/03/14	360.82
Warrant 3629540 total									360.82
	393428	OXFORD DIAGNOSTIC LABORAT		1301023	001	3629541	PK	11/03/14	52.00
Warrant 3629541 total									52.00
	279396	POINT DEFIANCE AIDS PROJE		1301040	001	3629542	PK	11/03/14	734.74
Warrant 3629542									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									734.74
	394683	SHRED-IT USA - SEATTLE		1301043	001	3629543	PK	11/03/14	105.00
Warrant 3629543 total									105.00
	388620	SMITH MEDICAL PARTNERS		1301042	001	3629544	PK	11/03/14	2,401.92
Warrant 3629544 total									2,401.92
	244803	WEX BANK		1301340	001	3629545	PK	11/03/14	873.45
Warrant 3629545 total									873.45
	326165	WSU KITSAP COUNTY EXTENSI		1301046	001	3629546	PK	11/03/14	225.00
Warrant 3629546 total									225.00
Department 95969 total									41,320.69

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 1969									
General Fund Balance Sh	17992	DELL MARKETING L.P. (CHIC		1301016	001	3629368	PK	11/03/14	266.84
Warrant 3629368 total									266.84
Department 1 total									266.84

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	5628	AMERICAN FAMILY LIFE COUN		1303952	010	3631756	PK	11/26/14	4,412.48
Warrant 3631756 total									4,412.48
	383135	HEALTH EQUITY		1304016	001	3631757	PK	11/26/14	413.33
Warrant 3631757 total									413.33
	6834	ING LIFE INSURANCE AND AN		1303965	002	3631758	PK	11/26/14	3,091.00
Warrant 3631758 total									3,091.00
	6831	NACO DEFERRED COMP XPH		1303964	001	3631759	PK	11/26/14	6,100.50
Warrant 3631759 total									6,100.50
	394347	PEAK 1 ADMINISTRATION, LL		1304026	001	3631760	PK	11/26/14	1,667.00
Warrant 3631760 total									1,667.00
	6811	PROF & TECHNICAL ENG XPH		1303959	001	3631761	PK	11/26/14	3,044.52
Warrant 3631761 total									3,044.52
	6825	UNITED WAY		1303963	006	3631762	PK	11/26/14	330.00
Warrant 3631762 total									330.00
	376566	WA HEALTH CARE AUTHORITY		1304012	001	3631763	PK	11/26/14	638.35
Warrant 3631763 total									638.35
	376567	WA HEALTH CARE AUTHORITY		1304013	001	3631764	PK	11/26/14	17,223.36
Warrant 3631764 total									17,223.36

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	376565	WA HEALTH CARE AUTHORITY		1304011	001	3631765	PK	11/26/14	36,557.89
Warrant 3631765 total									36,557.89
	6779	WA STATE LABOR & IND INS		1303954	002	3631766	PK	11/26/14	3,770.35
Warrant 3631766 total									3,770.35
	6837	WA STATE TREASURER		1303966	006	3631767	PK	11/26/14	5,968.00
Warrant 3631767 total									5,968.00
	383133	WASHINGTON STATE TREASURE		1304015	001	3631768	PK	11/26/14	5,532.56
Warrant 3631768 total									5,532.56
	5606	WCIF STANDARD ACCIDENT		1303951	004	3631769	PK	11/26/14	168.83
Warrant 3631769 total									168.83
	5601	WCIF STANDARD BASIC LIFE		1303948	003	3631770	PK	11/26/14	744.00
Warrant 3631770 total									744.00
	341372	WCIF STANDARD LIFE INSURA		1304001	001	3631771	PK	11/26/14	1,788.03
Warrant 3631771 total									1,788.03
	360635	WCIF STANDARD STD		1304006	001	3631772	PK	11/26/14	161.90
Warrant 3631772 total									161.90
	5605	WCIF STANDARD VTL		1303950	005	3631773	PK	11/26/14	2,032.09
Warrant 3631773									

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									2,032.09
	368370	WHIT-DELTA DENTAL OF WASH		1304007	001	3631774	PK	11/26/14	6,453.19
Warrant 3631774 total									6,453.19
	368371	WHIT-WILLIAMETTE		1304008	001	3631775	PK	11/26/14	881.10
Warrant 3631775 total									881.10
Department 95969 total									100,978.48

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969									
Kitsap Public Health Di	299482	HRA VEBA TRUST		1303994	003	27629	PT	11/26/14	8,895.90
arrant 27629									
otal									8,895.90
epartment 95969									
otal									8,895.90

Kitsap County
Summary Payroll Register

Company - Home . . 00969 Kitsap Public Health District
Home Bus. Unit . . 95969 Kitsap Public Health District

EMPLOYEE Number	Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I C	Err Msg
4563	ABNEY, BEVERLY M.	173.35	4,157.00	1,118.55	4,157.00			2,853.29	7901664	N	
278956	ACOSTA, NANCY M.	173.31	6,045.00	1,232.67	6,045.00			3,917.26	7901665	N	
398446	AL-AGBA, NIRAN S.	43.00	6,450.00	6.19	6,450.00			5,167.14	7901666	N	
275982	ARTHUR, ELLEN C.	83.00	2,895.04	11.95	2,895.04			2,299.13	7901667	N	
397902	BALTAZAR, ELYA	104.01	2,231.00	893.74	2,283.00			1,429.24	7901668	N	
215189	BANIGAN, LESLIE B.	156.00	5,357.00	889.30	5,357.00			3,921.92	7901669	N	
328436	BAZZELL, RICHARD L.	173.32	5,399.00	1,556.77	5,419.00			3,625.87	7901671	N	
230914	BERNI, GRETCHEN C.	86.66	3,846.00	580.16	3,846.00			1,151.98	7901672	N	
398569	BONSELL, KRISTINA S	162.05	3,234.45	1,025.82	3,286.45			2,533.98	7901673	N	
2058	BOYSEN-KNAPP, KAREN	138.65	4,147.00	735.37	4,147.00		.	2,965.93	7901674	N	
2882	BRAINERD, DANA G.	173.31	6,045.00	1,284.67	6,097.00			4,022.13	7901675	N	
400650	BRENDEHL, SARAH	120.00	2,514.00	901.73	2,514.00			1,884.90	7901676	N	
245475	BROWER, JANET L.	173.33	7,176.00	1,385.27	7,228.00			4,476.91	7901677	N	
271677	BROWN, STEVEN J.	173.33	5,952.00	1,065.45	6,004.00			4,180.94	7901678	N	
1777	BURRER, LAURINE M.	82.50	3,291.26	11.88	3,291.26			2,577.74	7901679	N	
393427	CHANG, DAYNA R.	183.87	3,961.96	1,092.83	4,013.96			2,886.56	7901680	N	
301566	CRAWFORD, KERRIE L.	173.33	5,952.00	1,639.70	6,004.00			4,297.79	7901682	N	
299534	CRIM, EVA M.	173.34	6,521.00	1,791.19	6,573.00			4,408.39	7901683	N	
400655	DALLMANN, LAURA M.	173.33	5,023.00	1,783.52	5,023.00			3,578.00	7901684	N	
246639	DALTON, MELANIE A.	173.34	6,651.00	1,400.25	6,703.00			5,204.04	7901685	N	
1226	DANIELS, SCOTT C.	173.35	10,406.00	2,472.78	10,458.00			6,427.64	7901686	N	
17665	DEGRACIA, PATRICIA	138.68	3,797.00	762.21	3,797.00			2,321.93	7901687	N	
359180	DENSON, DAYDRA D.	173.31	5,111.00	1,143.86	5,131.00			3,578.20	7901688	N	
23825	DOBBELAERE, KERRY J	173.33	7,765.00	1,283.49	7,817.00		.	4,747.41	7901689	N	
279990	DREW, MICHAEL E.	173.35	5,367.00	1,632.91	5,367.00			3,927.39	7901690	N	
223648	EAKES, DEANNA L.	173.36	3,469.00	755.97	3,469.00			2,361.99	7901691	N	
395244	EILERS, KATHARINE	173.33	7,765.00	1,806.68	7,817.00			5,963.00	7901692	N	
389848	ELPEDES, JESSICA R.	36.00	1,440.00	5.18	1,440.00			1,177.12	7901693	N	
4565	EVANS, ERIC V.	173.35	6,433.00	2,048.87	6,433.00		.	1,331.81	7901694	N	
340919	EVANS, KELLY A.	173.29	3,809.00	1,026.74	3,809.00			2,715.56	7901695	N	
321284	FISK, APRIL K.	173.34	4,188.00	1,842.10	4,188.00			2,815.51	7901696	N	
356883	FONG, YOLANDA N.	156.01	5,752.00	1,520.43	5,804.00			3,820.61	7901697	N	
279971	FOWLER, ANNE M.	173.34	4,415.00	1,498.14	4,467.00			3,103.90	7901698	N	
337331	GIUNTOLI, PAUL A.	173.33	5,952.00	1,224.11	5,952.00			3,995.07	7901699	N	
398581	GRECO, KATHERINE J.	179.55	3,783.16	1,804.82	3,783.16			2,846.10	7901700	N	
1264	GRELLNER, KEITH J.	173.35	8,560.00	1,612.46	8,612.00			6,205.76	7901701	N	
355732	GUIDRY, JESSICA F.	173.35	6,388.00	2,096.72	6,440.00			4,486.50	7901702	N	
298093	GUSTAFSON, CANDYCE	104.00	2,261.00	493.95	2,261.00			1,669.39	7901703	N	
356336	GUZMAN, DAMARYS L.	173.33	3,172.00	1,331.66	3,172.00			2,236.68	7901704	N	
3013	HANSSEN-KELLER, JOH	138.68	5,276.00	839.35	5,276.00			3,869.27	7901705	N	
10110	HARO, JENNIFER S.	121.32	3,408.00	644.81	3,428.00			2,706.26	7901706	N	
352751	HINTON, ROBERT J.	173.34	6,651.00	2,120.95	6,703.00			4,616.70	7901707	N	
1033	HOLBURN, NATHAN D.	173.35	5,367.00	1,190.23	5,387.00			3,298.56	7901708	N	
4579	HOLDCROFT, GRANT A.	173.33	5,952.00	1,276.11	6,004.00			3,796.37	7901709	N	
270783	HOLDCROFT, JODIE ST	173.33	5,952.00	1,257.11	5,985.00			3,744.80	7901710	N	
1041	HOLT, JUDITH A.	173.33	7,776.00	1,329.59	7,828.00			5,178.02	7901711	N	
2726	HOLT, KAREN L.	173.35	6,199.00	1,715.54	6,199.00			4,182.63	7901712	N	
6545	HOPKINS, LESLIE W.	173.33	6,084.00	996.82	6,084.00			4,448.82	7901713	N	
306605	HUGHES, RACHEL J.	173.36	3,469.00	966.63	3,469.00			2,559.23	7901714	N	

Individual deductions and taxes are confidential - Redacted

Company - Home . . 00969 Kitsap Public Health District
Home Bus. Unit . . 95969 Kitsap Public Health District

EMPLOYEE Number	Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I C	Err Msg
295036	JAMESON, BETTY S.	173.34	3,621.00	1,009.42	3,621.00			2,718.52	7901715	N	
400651	JOHANSON, KRISTA M.	56.00	829.92	8.06	829.92			762.29	7901716	N	
358933	JONES, KIMBERLY D.	173.31	5,111.00	959.20	5,163.00			3,548.98	7901717	N	
362275	KELLOGG, TRACEY	173.33	7,176.00	1,333.27	7,176.00			5,216.00	7901718	N	
245476	KENCH, DONALD C.	173.29	3,504.00	1,984.16	3,504.00			2,374.19	7901719	N	
250913	KIESS, JOHN F.	173.33	7,176.00	1,336.84	7,176.00			4,494.71	7901720	N	
16125	KNOOP, MELINA V.	173.35	5,367.00	1,222.23	5,419.00			3,768.67	7901721	N	
243184	KRUSE, CHARLES H.	173.33	6,032.00	1,694.16	6,032.00			4,540.12	7901722	N	
327580	KUSHNER, SIRI E.	173.33	6,630.00	2,119.01	6,682.00			5,086.94	7901723	N	
2414	LARSON, TRACEY M.	65.50	1,310.66	9.43	1,310.66			1,074.90	7901724	N	
316830	LINDEN, LISA B.	173.32	5,255.00	1,642.60	5,275.00			3,393.30	7901725	N	
281297	LINDQUIST, SCOTT W.	17.00	2,550.00	54.45	2,602.00			2,247.20	7901726	N	
285038	LYTLE, ROSS D.	173.33	5,935.00	1,578.37	5,987.00			3,920.85	7901727	N	
354918	MALLORY, TERRY L.	86.67	3,824.00	697.86	3,824.00			2,221.51	7901728	N	
388104	MAZUR, KARINA MARIA	173.33	4,510.00	851.85	4,510.00			3,213.09	7901729	N	
398567	MCKAY BEVERS, KAREN	173.33	6,084.00	1,569.31	6,136.00			4,758.38	7901730	N	
387088	MCKINNON, BRYAN	173.36	4,868.00	1,924.73	4,888.00			3,511.76	7901731	N	
368977	MILLER, AKIKO	173.33	4,829.00	881.23	4,829.00			3,711.03	7901732	N	
270056	MILLS, JACQUELYN F.	173.31	3,818.00	788.12	3,818.00			2,563.92	7901733	N	
324204	MORGAN, W. NEWTON	173.33	5,952.00	1,607.70	5,972.00			4,476.64	7901734	N	
312378	MORRIS, DAWN M.	138.68	3,191.00	670.35	3,191.00			2,266.84	7901735	N	
295035	NELSON, GERALYN M.	96.25	1,926.02	604.71	1,926.02			1,210.33	7901736	N	
295033	NGUYEN, LOAN T.	138.64	3,014.00	631.01	3,014.00			2,383.04	7901737	N	
208456	NICOLAISEN, NIELS K	176.83	6,123.73	1,052.48	6,175.73			4,720.94	7901738	N	
3128	NOBLE, GREGORIA A.	173.34	4,415.00	988.04	4,435.00			3,000.51	7901739	N	
22459	NORTH, EDWIN	173.33	7,765.00	1,791.07	7,765.00			2,664.70	7901740	N	
2386	NOSER, PATRICIA E.	173.36	3,469.00	995.42	3,469.00			2,453.48	7901741	N	
243679	OUTHWAITE, MINDI L.	106.99	3,758.39	741.42	3,758.39			2,680.33	7901742	N	
388198	PHILLIPS, LYNN J.	103.99	3,153.00	980.10	3,153.00			2,001.00	7901743	N	
229901	PHIPPS, BETH M.	173.31	6,045.00	1,026.22	6,078.00			3,736.60	7901744	N	
268609	PLEMMONS, SUZANNE M	173.35	8,560.00	1,282.86	8,612.00			5,111.10	7901745	N	
394466	PREWITT, SUSANA C.	173.38	2,618.00	677.60	2,618.00			2,109.24	7901746	N	
1214	QUAYLE, TIMOTHY P.	173.35	6,433.00	2,049.78	6,485.00			4,581.16	7901747	N	
241304	REIN, ARDELLE	138.67	5,598.00	1,463.71	5,631.00			3,939.04	7901748	N	
324654	RHEA, SUSAN R.	173.35	3,122.00	963.47	3,122.00			2,321.57	7901749	N	
267073	RIDGE, BETTI L.	173.32	5,255.00	1,179.92	5,275.00			3,751.70	7901750	N	
397252	SALTER, SARAH K.	104.01	2,177.00	455.48	2,177.00			1,687.06	7901751	N	
397254	SCHAEFFNER, DANIELL	173.30	4,005.00	1,041.22	4,005.00			3,049.19	7901752	N	
399854	SIFRIT, NICOLA M.	173.35	6,388.00	2,096.72	6,440.00			4,650.80	7901753	N	
1224	SMITH-ROSE, SHELLEY	155.99	4,271.00	1,004.78	4,271.00			2,906.44	7901754	N	
361388	SMITH, TERRI L.	173.34	6,334.00	1,019.84	6,334.00			4,441.04	7901755	N	
226538	STICKNEY, CHRISTINA	173.31	6,045.00	1,118.16	6,045.00			4,465.35	7901756	N	
337963	TOURIGNY, LINDA L.	173.34	6,391.00	1,260.97	6,391.00			3,039.53	7901757	N	
1682	TURNER, DENISE M.	173.35	4,657.00	945.24	4,657.00			3,129.97	7901758	N	
17666	ULTICAN, SHAWN P.	173.33	5,952.00	1,639.70	6,004.00			4,539.57	7901759	N	
392243	WALTHER, SUSAN B.	173.33	4,205.00	875.76	4,257.00			3,045.26	7901760	N	
14545	WELLBORN, BRIAN D.	129.99	2,384.00	949.92	2,436.00			1,666.21	7901761	N	
397255	WENDT, JAN E.	173.35	5,483.00	1,643.59	5,483.00			4,066.18	7901762	N	
2189	WERDALL, LORI E.	138.64	3,014.00	711.01	3,014.00			1,637.13	7901763	N	

Individual deductions and taxes are confidential - Redacted

Company - Home . . 00969 Kitsap Public Health District
Home Bus. Unit . . 95969 Kitsap Public Health District

EMPLOYEE Number	Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I C	Err Msg
21402	WESTERGAARD, RUTH E	173.34	5,443.00	1,168.44	5,463.00			3,970.22	7901764	N	
398570	WHEELER, AMANDA E.	173.28	2,568.00	678.99	2,568.00			1,867.99	7901765	N	
14571	WHITFORD, STUART S.	173.33	7,176.00	1,752.43	7,228.00			5,188.98	7901766	N	
1274	WIGGINS, THOMAS C.	173.35	6,433.00	1,783.09	6,485.00			4,370.39	7901767	N	
2908	ZIMNY, JAMES A.	173.32	6,834.00	1,328.55	6,886.00			5,368.37	7901769	N	
337082	ZOLLWEG, DAVID A.	173.35	5,367.00	1,055.72	5,367.00			3,900.04	7901770	N	
305016	ZUMWALT, LORI A.	103.99	3,627.00	766.15	3,647.00			2,501.65	7901771	N	
Total		16271.85		122,773.15		60,676.21		357,541.32			
			520,398.59		522,537.59		104,320.06				

Individual deductions and taxes are confidential - Redacted

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

MEMO

To: Kitsap Public Health Board

From: Scott Daniels, Administrator

Date: December 23, 2014

Re: 2015 Kitsap Public Health District Legislative Priorities

Attached are the Kitsap Public Health District's Legislative Priorities for the 2015 State legislative session. The District is requesting Board approval of the priorities at its January 2015 meeting.

The District's proposed 2015 legislative priorities are:

1. Establishing Statutory Clarity for Pharmaceutical Prescribing and Dispensing by Local Public Health Jurisdictions.
2. Adverse Childhood Experiences (ACEs) Resolution.
3. E-Cigarette Legislation.
4. Protecting Puget Sound through Funding and Implementing Local Onsite Sewage Program Management Plans.
5. Supporting Efforts to Provide State Funding for Local Public Health Jurisdictions.
6. Biotoxin Testing for Diarrhetic Shellfish Poisoning.
7. Establishing Authority for Local Public Health Districts in Washington State to Act as Their Own Fiscal Agents.

A memo is attached providing more detailed information on the priorities. The District's priorities include the five priorities (Priorities 1 through 5 above) adopted by the Washington State Association of Local Public Health Officials in their 2015 Legislative Agenda, a sixth priority (Priority 6 above) included in the Washington State Department of Health's 2015 Request Legislative Agenda, and a seventh priority (Priority 7 above) previously approved by the Board for the 2014 legislative session.

Note that Priority 4, "Protecting Puget Sound through Funding and Implementing Local Onsite Sewage Program Management Plans", was briefly discussed with the Board at its September 2014 regular meeting. For more information on this priority, go to: http://www.doh.wa.gov/CommunityandEnvironment/WastewaterManagement/OnsiteSewageSystemsOSS/SepticFinancingAdvisoryCommittee.

District support for these state legislative initiatives will help protect the health of our residents, including our most vulnerable populations, and improve necessary financial resources and legal clarity to effectively protect public health. Board support for the 2015 legislative priorities also provides specific policy guidance to Health District officials who advocate for these priorities in the Washington State Legislature.

Kitsap Public Health District
Legislative Priorities for the 2015 State Legislative Session

Approved by the Kitsap Public Health Board through Resolution 2015-01
January 6, 2015

1. **Statutory Clarity for Pharmaceutical Prescribing and Dispensing by Local Public Health Jurisdictions.**

   Description: State legislation is needed to establish statutory clarity for current practices allowing public health nurses to provide communicable disease and family planning vaccines and medications to patients in a timely manner using standard protocols established by the Health Officer. Timely dispensing of pharmaceuticals to patients, i.e., at the time of their visit, is an important component in achieving the public health goals of prevention, early detection, and swift response to communicable and infectious disease and other health threats. This will prevent more disease and more unintended pregnancies than approaches that delay access to pharmaceuticals and risk treatment failure due to lack of patient follow-through and patients never beginning treatment. This was a Kitsap Public Health District legislative priority in 2014.

2. **Adverse Childhood Experiences (ACEs) Resolution.**

   Description: The goal of this resolution is to provide education and elevate awareness, at the legislative level, around the issue of adverse childhood experiences (ACEs). The resolution will ask that the Legislature strive to reduce children's exposure to adverse childhood experiences, address the impacts of those experiences, and invest in preventative health, mental health, and other wellness interventions. The resolution would serve as a tool to support other ACEs/early intervention efforts across the state.

3. **E-Cigarette Legislation.**

   Description: The use of electronic nicotine delivery systems, known as vaping, is increasing rapidly and the District is concerned when the growing market includes children. Vapor products are currently still not subject to federal regulation and are minimally regulated by our state. Product advertising uses themes similar to those used cigarette manufacturers used before their advertising was restricted. Candy-like flavors appeal to children. Another concern is the increase in poison center calls for e-cig-related illnesses, many involving young children. Legislation would regulate the marketing and sales of e-cigarettes and vaping products in Washington State and create a license fee and tax structure for these products. The District supports designating a portion of any revenue generated (through the taxation of e-cigarettes and vaping products) as a reinvestment into Washington State's local public health system.

4. Protecting Puget Sound through Funding and Implementing Local Onsite Sewage Program Management Plans.

Description: Legislation will be proposed to ensure adequate funding and resources for the 12 Puget Sound Counties to maintain adequate onsite septic programs as mandated by state law (RCW 70.118A). Proposed legislation includes the following provisions at this time:

- Specify that local boards of health collect a minimum annual fee of $30 per on-site sewage system for the purpose of implementing the state mandated local onsite sewage system plan.
- Provide that local boards of health may contract with county treasurers to collect the fee on the property tax statement.
- Direct the State Board of Health to adopt rules for minimum on-site sewage program requirements.
- Authorize the Washington State Department of Health and counties to consult with the State Department of Ecology on creating a low-interest loan program for onsite sewage system improvements by owners.

5. Support Efforts to Provide State Funding for Local Public Health Jurisdictions.

Description: Possible funding activities and initiatives may include:

- Maintain current funding levels for the Public Health Assistance Account ("Public Health Block Grant").
- Strongly support the Washington State Department of Health's request for the State to made additional investments in State and local communicable disease work.
- Support reinvestments in the local public health system from new sources, including support for efforts to provide a portion of revenues generated as a result of taxing e-cigarettes, other vaping products, and marijuana.

6. Biotoxin Testing for Diarrhetic Shellfish Poisoning

Description: Biotoxin data is used to ensure shellfish harvest areas are healthy and produce safe shellfish for human consumption. Emerging biotoxins such as diarrhetic shellfish poisoning require increased sampling and testing and current State funding is being exhausted. Legislation will authorize an increase in a shellfish license surcharge that currently supports testing for toxins.

7. Authority for public health districts in Washington State to act as their own fiscal agents.

Description: Under current State law, a health district lacks authority to act as its own fiscal agent. For health districts, this means that a County government must act as the district's banker, resulting in duplication of effort and time constraints that reduce financial efficiency and effectiveness for health districts. By granting authority to some special-purpose districts, but not to health districts, the Legislature has implicitly denied the authority to health districts. The Legislature needs to amend RCW 70.46.080 to authorize, but not mandate, health districts to act as their own fiscal agent and thereby increase efficiency in a time of scarce resources. This was a Kitsap Public Health District legislative priority in 2014.

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH BOARD
RESOLUTION 2015-01

Approving the Kitsap Public Health District Legislative Priorities for the 2015 State Legislative Session

WHEREAS, the Kitsap Public Health Board has a vested interest in advancing state legislative initiatives to protect the health of its residents, especially its vulnerable populations; and

WHEREAS, the Kitsap Public Health Board has an interest in legislative initiatives that provide the Kitsap Public Health District with necessary financial resources and legal clarity to effectively protect public health in Kitsap County; and

WHEREAS, the Kitsap Public Health Board has developed legislative priorities that identify key initiatives for the Kitsap Public Health District to pursue in the Washington State Legislature in 2015; and

WHEREAS, the Kitsap Public Health Board's 2015 legislative priorities provide specific policy guidance to Health District officials who advocate for these priorities in the Washington State Legislature.

NOW THEREFORE BE IT RESOLVED that the Kitsap Public Health Board approves the Kitsap Public Health District Legislative Priorities for the 2015 State Legislative Session and supports the Health District to undertake activities and use necessary resources wisely to promote the success of these priorities.

APPROVED: January 6, 2015

_____

Commissioner Rob Gelder, Chair
Kitsap Public Health Board

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Environmental Health Director

Date: December 22, 2014

Re: Kitsap Public Utility District Request for Board Authorization to Perform Operation and Maintenance for Proposed New Port Gamble Large Onsite Sewage System

Introduction and Background

Attached is a letter from the Kitsap Public Utility District (KPUD) requesting Kitsap Public Health Board authorization for conducting operation and maintenance services on the proposed new large onsite sewage system (LOSS) to serve Port Gamble.

Chapter 54.16.310 Revised Code of Washington (RCW) allows a public utility district to perform operation and maintenance work on wastewater systems as authorized by a county board of health. Chapter 246-272B-04100 Washington Administrative Code (WAC) requires that a LOSS that serves a collective of individually owned lots to be managed by a public entity or a private entity regulated by the Washington utilities and transportation commission.

Due to the complexity of operating and maintaining a LOSS that will serve many privately-owned parcels, not to mention the challenges with funding such an operation, it is the Health District's view that a special purpose district, such as KPUD, is the best option for performing operation and maintenance for the Port Gamble LOSS. Based on KPUD's excellent track record operating and maintaining many of the public water systems in Kitsap County, the District is of the opinion that KPUD would be an ideal entity to operate the LOSS to protect public and environmental health, and to protect the financial investment in the LOSS.

Bob Hunter, General Manager of KPUD, will attend the January 6th Kitsap Public Health Board meeting to explain the KPUD proposal and to answer Board questions.

Recommended Board Action

The action to be considered by the Board on this issue is authorizing KPUD to perform operation and maintenance work on the proposed new Port Gamble LOSS. This matter is identified as an action item on the Board's January agenda. The Board may either consider authorization at the January meeting, or delay consideration until the February meeting.

Please contact me at (360) 337-5284 or keith.grellner@kitsappublichealth.org if you have any questions concerning this matter.

KPUD
CONNECTING KITSAP

Kitsap PUD
1431 Finn Hill Road
PO Box 1989
Poulsbo, WA 98370
360.779.7656
Fax 360.779.3284

December 18, 2014

Mr. Keith Grellner
Kitsap County Health Department
345 6th Street Suite 300
Bremerton, WA 98337

Dear Mr. Grellner,

Kitsap Public Utility District (KPUD) is currently a service provider of water and fiber optic cable systems within Kitsap County. KPUD has been asked to become involved in wastewater services because of installation of new Port Gamble Large Onsite Sewage System (LOSS).

The current KPUD business model does not include the operation and maintenance of LOSS. RCW 54.16.310 provides that KPUD must receive approval from the local health authority/Board of Health to legally provide operation and maintenance services for LOSS. With Board of Health approval, our intent is to begin ownership, operation, and maintenance of the new Port Gamble Large Onsite Sewage System in 2015.

KPUD seeks Kitsap County Board of Health approval to operate and maintain LOSS in Kitsap County. I am happy to attend your next Board meeting to discuss this request and answer any questions.

Respectfully,

Robert Hunter
General Manager
Kitsap PUD
(360) 626-7714
bob@kpud.org

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Environmental Health Director

Date: December 22, 2014

Re: Board Ratification to Reject Quotations for Environmental Laboratory Services and Resubmit Request for Proposals

Introduction

In accordance with Kitsap Public Health District Policy A-23, "Purchasing", Section C.8., the Health District requests Board ratification to reject quotations for analytical laboratory services previously solicited by the District in November 2014, and issue a new Request for Proposals (RFP) for laboratory services. The new RFP would replace bids previously solicited by the District.

Background

In October 2014, the District issued a Request for Quotations for Analytical Laboratory Services for analysis of environmental water samples collected by the Pollution Identification and Correction Program. The solicitation was for a three year period (2015 – 2017), and the estimated value of the contract at current market rates was approximately $100,000/year (approximately $300,000 for the three-year contract period).

Three local laboratories submitted quotes/proposals for the solicitation, and in November the Health District made a preliminary award offer to one of the laboratories. One of the laboratories that did not receive the award immediately lodged a protest alleging irregularities in the solicitation/award process with respect to state rules and the Health District's Purchasing Policy, and demanded that the Health District award them the contract.

After reviewing the protest with our legal counsel, the Health District decided to cancel and withdraw the bid process and preliminary award, and rebid the contract to address the protest issues and ensure that the bid process is clear and fair to all interested bidders.

The protesting laboratory then immediately lodged a second protest against the Health District's decision to rebid, and again demanded that they be awarded the contract.

It is our understanding that each of you on the Board may have received copies of the protest letters.

After review and evaluation of the protests, the Purchasing Policy, the solicitation/award process, and the decision to rebid the contract with our legal representative, our attorney has concluded:

1. There are no statutory requirements for the Health District to engage in a formal bid process for laboratory services, and that Purchasing Policy A-23 is the lone controlling factor in procuring these laboratory services;
2. While the solicitation announcement and evaluation process could have been clearer, there was no material defect in the process or the preliminary award;
3. The Health District has not violated any laws; and
4. The Health District and Board have the authority to cancel the previous bid process and rebid the contract for environmental laboratory services.

Recommended Board Action

In accordance with Kitsap Public Health District Policy A-23, "Purchasing", Section C.8., the District requests Board ratification to reject quotations for analytical laboratory services previously solicited in November 2014, and to rebid the contract for analytical laboratory services through an RFP process.

Please contact me at (360) 337-5284 or keith.grellner@kitsappublichealth.org if you have any questions concerning this matter.

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

MEMO

To: Kitsap Public Health Board

From: Katie Eilers, Assistant Director Community Health Division

Date: December 22, 2014

Re: Kitsap Community Health Priorities (KCHP) Working Group and 1422 Grant Updates

Kitsap Community Health Priorities (KCHP) Working Group Update

On December 16, the Health District, Kitsap Community Foundation, United Way, and the Suquamish Tribe hosted a community forum to collectively discuss ways to prevent adverse childhood experiences (ACEs) and mitigate their negative impact in our County. Over 50 representatives from local non-profit organizations, school districts, social service organizations, and government entities attended. Discussions culminated in the identification of several potential strategies to address ACEs in our community, ranging from educational activities to intensive intervention with high risk parents. Following a collective impact model, the group will reconvene early next year to identify a common agenda around ACEs prevention and mitigation, and prioritize strategies for engagement.

1422 Grant Update

The District was recently awarded a four-year competitive grant in the amount of $300,160 per annum by the Washington State Department of Health, Division of Prevention and Community Health, Office of Healthy Communities. The grant will support a collaborative, regional approach to chronic disease prevention. This four-year project, entitled *Healthy Communities Obesity, Diabetes, Heart Disease and Stroke Prevention Program*, involves extensive partnerships within Kitsap, Clallam, and Jefferson Counties. Partners include Harrison Medical Center, the YMCA of Pierce and Kitsap Counties, Bremerton Housing Authority, Peninsula Community Health Services, Kitsap Mental Health Services, Jefferson Public Health District, Clallam Department of Health and Human Services, Volunteers in Medicine of the Olympics Clinic, Dungeness Wellness Clinic, and six tribal partners within the tri-county region. Program activities include both direct service and policy development activities, including innovations in the management of hypertension, promotion of active living opportunities through changes in the built environment, and promotion of worksite wellness programs among partners. This project will help solidify foundational partnerships necessary for the success of the Olympic Community of Health, our three-county Accountable Community of Health working to implement health care innovation.

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

MEMO

To: Kitsap Public Health Board

From: Kerry Dobbelaere PA, Clinical Services Program Manager

Date: December 23, 2014

Re: In-Person Assister Program Update

At the January 6, 2015, Kitsap Public Health Board meeting, District staff Shelley Rose, Pat Degracia, Johanna Hanssen Keller and I will provide an update on our accomplishments assisting community members enroll in health care insurance. During this brief update, we will provide state and local statistics on enrollment numbers in Qualified Health Plans and Washington Apple Health. We will also provide updates on the work with our contracted agencies and our outreach efforts with community partners, and we'll share a few personal stories.

Included in the Board packet is a Health Benefit Exchange Overview Fact Sheet.

washington healthplanfinder

Health Benefit Exchange Overview Fact Sheet

What is *Washington Healthplanfinder?*

Washington Healthplanfinder is a customer-friendly online marketplace. It's a new way to find health insurance based on your needs and budget. Individuals and families can find, compare and enroll in quality health insurance plans. During the first open enrollment period, more than one million people signed up for health insurance through *Washington Healthplanfinder.*

At *Washington Healthplanfinder*, you can:

- Compare health plans side by side
- Find out if you qualify for financial help to pay for coverage
- Get free, expert help signing up for a health plan

Open enrollment is
November 15, 2014
to **February 15, 2015**

History of the Exchange

The Exchange was created in state statute in 2011 (SSB 5445). It was established as a "public-private partnership." The Exchange complies with open public meetings and public disclosure guidelines, but is not subject to other laws that govern state agencies. In 2012, legislation was passed (ESSHB 2319) that established market rules, requirements for Qualified Health Plans (QHPs), essential health benefits and more. The Exchange initially started in the Washington State Health Care Authority (HCA) and transitioned to an independent organization in March 2012. In December 2012, the Exchange received conditional approval of its state-based Exchange Blueprint from the U.S. Department of Health & Human Services (HHS).

About the Washington Health Benefit Exchange

The Washington Health Benefit Exchange ("the Exchange") is a public-private partnership. The Exchange's mission is to redefine people's experience with health care. The Exchange is responsible for managing the online health insurance marketplace, *Washington Healthplanfinder.* The Exchange works closely with state agency partners including the Washington State Health Care Authority (Medicaid or Washington Apple Health), the Office of the Insurance Commissioner and Department of Social and Health Services.

Exchange Governance

The Exchange is run by an 11-member Board made up of a chair and eight members appointed by the Governor. Board members were nominated by state lawmakers. Exchange board members have expertise in a variety of health care areas, including individual coverage, small employer coverage, plan administration, finance and economics and actuarial science. The director of the Health Care Authority and the Insurance Commissioner are ex-officio Board members. They do not have a vote unless there is a tie. There are currently thirteen stakeholder committees, technical advisory committees or workgroups associated with the Board. This includes an operations and policy committee comprised of Board members, an Advisory Committee as well as technical advisory committees for the In-Person Assister Program, *Washington Healthplanfinder Business*, Agents and Brokers, Health Equity, Outreach and Dental issues. There are also three workgroups for plan management, consumers and tribal issues.

Exchange Timeline

March 23, 2010
President Obama signs the Affordable Care Act (ACA) into law

September 2011
Washington receives a $1 million planning grant to assess the development of a state-based Exchange

May 2011
The Washington Health Benefit Exchange is created in Washington state statute through SSB 5445

Washington also receives a $23 million Level 1 Establishment Grant to support Exchange development

December 2011
Governor Gregoire appoints a bipartisan 11-member governing board for the Exchange

January 2012
Deloitte Consulting LLP is selected to design, develop and implement the *Washington Healthplanfinder* IT system

May 2, 2012
The Exchange names Richard Onizuka as Chief Executive Officer

May 16, 2012
The Exchange receives a $128 million Level 2 Grant to implement *Washington Healthplanfinder*

October 10, 2012
The Exchange submits a Blueprint Application for Certification to operate *Washington Healthplanfinder*

December 1, 2012
The Exchange submits a sustainability plan to the Washington State Legislature

December 10, 2012
Washington Health Benefit Exchange receives conditional approval from the federal government to operate *Washington Healthplanfinder*

March 7, 2013
The Washington Health Benefit Exchange selects Faneuil, Inc. to operate the call center for *Washington Healthplanfinder* in Spokane, WA

April 2013
Insurance carriers submit Qualified Health Plan applications to the Washington State Office of the Insurance Commissioner

June 2013
Washington Health Benefit Exchange announces Lead Organizations for In-Person Assister Program

September 1, 2013
Qualified Health Plans are certified by the Exchange Board

October 1, 2014 - March 31, 2014
First open enrollment for Washingtonians through *Washington Healthplanfinder*; 1 million Washingtonians enrolled

November 15, 2014 - February 15, 2015
Second open enrollment period for *Washington Healthplanfinder*

Exchange Funding and Financial Sustainability

The Exchange is funded by federal grant dollars through 2014. This includes a Level 1 grant of $23 million (May 2011) and a Level 2 grant of $128 million (May 2012). Washington was the second state to receive a Level 2 grant. A large amount of the grant funding was used to develop an IT system. The IT system is critical to enrolling residents in health plans and to determining who is eligible for financial help to pay for copays and premiums. The IT system also helps share information among individuals, employers, insurance carriers and state and federal agencies. The grant funding was also used to support activities such as the development of policies by the Exchange Board and the design of a consumer marketing campaign. Beginning in 2015, the Exchange is required to be a self-sustaining business.

The Board of the Washington Health Benefit Exchange

Ron Sims, retired Deputy Secretary for the U.S. Department of Housing and Urban Development

William Baldwin, Partner, The Partners Group

Donald Conant, General Manager, Valley Nut and Bolt; Asst. Professor, St. Martin's University

Ben Danielson, Medical Director, Odessa Brown

Phil Dyer, Senior VP, Kibble & Prentice, and Former Legislator

Bill Hinkle, Executive Director, Rental Housing Association and former state legislator and Former Legislator

Teresa Mosqueda, Legislative and Policy Director, Washington Labor Council

Hiroshi Nakano, CEO South Sound Neurosurgery

***Commissioner Mike Kreidler**, Insurance Commissioner (non-voting member)

***Dorothy Frost Teeter**, HCA Director (non-voting member)

*Indicates Ex-Officio board member

For additional questions, please call 1-855-WAFINDER (1-855-923-4633) or email us at **customersupport@wahbexchange.org.**