PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
2012 – 2014 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C16896 **AMENDMENT NUMBER: 10**

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

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

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

   ☒ Adds Statements of Work for the following programs:

   - Public Health Emergency Preparedness & Response (PHEPR) - Effective July 1, 2013
   - Supplemental Nutrition Assistance Program-Education - October 1, 2013

   ☒ Amends Statements of Work for the following programs:

   - Local Capacity Development Funds - Effective January 1, 2012
   - OICP-PPHF Reimbursement Project - Effective January 1, 2013
   - WIC Nutrition Program - Effective January 1, 2012

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:

   ☒ Increase of **$164,807** for a revised maximum consideration of **$1,202,598**.

   ☐ Decrease of _____ for a revised maximum consideration of _____.

   ☐ No change in the maximum consideration of _____.
   Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-4 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-3.

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

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

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

PACIFIC COUNTY HEALTH & HUMAN SERVICES DEPARTMENT

Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2012-2014 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Local Capacity Development Funds - Effective January 1, 2012

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

Contract Number: C16896

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

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

Period of Performance: January 1, 2012 through June 30, 2013

Statement of Work Purpose: The purpose of this statement of work is to identify the five tasks, as identified and detailed in Appendix A appended hereto, that will be the focus of work for the 2012 calendar year. LHJ will choose one or more of these five tasks on which to work.

Revision Purpose: The purpose of this revision is to terminate the period of performance at June 30, 2013 and eliminate requirements for the July-December 2013 period and remove funding consideration.

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 Decrease (–)	Total Consideration
GFS Local Capacity	N/A	334.04.92	79110100	01/01/12	06/30/12	15,855	0	15,855
GFS Local Capacity	N/A	334.04.92	79110100	07/01/12	12/31/12	15,855	0	15,855
GFS Local Capacity	N/A	334.04.92	79110100	01/01/13	06/30/13	15,824	0	15,824
GFS Local Capacity	N/A	334.04.92	79110100	07/01/13	12/31/13	15,824	-15,824	0
TOTALS						**63,358**	**-15,824**	**47,534**

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	LHJ will select one or more of the following tasks as the basis of work that it will undertake to show progress toward achieving that task: 1. Participate in or conduct a collaborative process resulting in a comprehensive community health assessment. 2. Conduct and/or implement a comprehensive planning process in partnership with other community organizations resulting in a community health improvement plan. 3. Develop and/or implement a health department organization strategic plan. LHJ will complete Appendix A for calendar year 2012 work and Appendix B for calendar year 2013 work and submit to the DOH per the instructions therein.	Submission of completed Appendix A and documentation that demonstrates the status of achieving the tasks selected to be worked on. Submission of completed Appendix B based on deliverable submitted 12/31/12 and building on completed tasks in 2012.	Between February 15 and March 31, 2012. By February 15, 2013.	$15,855 $15,824

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	LHJ will work in the area(s) it identified in Appendix A for calendar year 2012 and Appendix B for calendar year 2013. LHJ will submit documentation demonstrating progress made in the areas identified.	Submission of documentation that demonstrates progress made in the areas identified in Appendix A. Documentation shall include at least Appendix A updated to reflect status of work at time of submission, a progress report describing work accomplished to date and a work plan that describes activities expected to be accomplished in remainder of contract year.	By July 31, 2012.	$12,684
		Submission of final project report that describes progress to date in the five areas of work identified in Appendix A.	By December 31, 2012.	$3,171
		~~*Submission of documentation that demonstrates progress made in the areas identified in Appendix B. Documentation shall include at least Appendix B updated to reflect status of work at time of submission, a progress report describing work accomplished from December 31, 2012 to date and a work plan that describes activities expected to be accomplished in remainder of 2013.*~~	~~*By July 31, 2013.*~~	~~*$12,659*~~
		~~*Submission of final project report for 2013 that describes progress to date in the five areas of work identified in Appendix B.*~~	~~*By December 31, 2013.*~~	~~*$ 3,165*~~

Program Specific Requirements/Narrative

Program Manual, Handbook, Policy References
Information, guidance and resources are available at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/CommunityHealthAssessmentandImprovement.aspx

Special Billing Requirements
This is a fixed price statement of work. Subsequent to submission of deliverable as identified above, LHJ shall bill for the amount associated with that deliverable.

Special Instructions
LHJ should access Appendix A at http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Funding/ConsolidatedContracts/FormsReportsandProgramInformation.aspx, download, complete, and submit per time frame in table above. LHJ will use BARS expenditure coding as reflected on Appendix A to report expenditures incurred to undertake the work of this statement of work.

LHJ should access Appendix B at http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Funding/ConsolidatedContracts/FormsReportsandProgramInformation.aspx, download, complete, and submit per time frame in table above. LHJ will use BARS expenditure coding as reflected on Appendix B to report expenditures incurred to undertake the work of this statement of work.

DOH Program Contact
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Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: OICP-PPHF Reimbursement Project - Effective January 1, 2013

Local Health Jurisdiction Name: Pacific County Health & Human Services Department
Contract Number: C16896

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

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

Period of Performance: January 1, 2013 through July 31, 2014

Statement of Work Purpose: The purpose of this statement of work is to identify tasks, deliverables, and funding for participation in the Prevention and Public Health (PPHF) Reimbursement Project.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding period, increase funding, and add tasks 3-6.

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
FFY12 PPHF Public Health Reimbursement	93.539	333.93.53	74901220	01/01/13	07/31/14	2,500	1,000	3,500
TOTALS						**2,500**	**1,000**	**3,500**

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Phase 1 of the Prevention and Public Health Fund (PPHF) Reimbursement Project by completing the following: a. Complete a cost benefit assessment of billing for health care services provided by the LHJ. b. Complete a four-part training on billing strategies conducted by DOH staff		a. Submit a cost benefit assessment (tool will be provided by DOH) b. Submit a Reimbursement Training Evaluation form (to be provided by DOH)	a. 03/31/2013 b. 06/30/2013	Reimbursement for actual costs incurred, not to exceed total funding consideration amount
2	Upon completion of Task 1 activities, complete an Intent to Apply worksheet to indicate whether the LHJ intends to apply for participation in the implementation phase of the project (Phase 2)		Submit an "Intent to Apply" worksheet (to be provided by DOH)	06/30/2013	Reimbursement for actual costs incurred, not to exceed total funding consideration amount

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	*Develop an implementation plan that describes how funds will be used to implement or improve immunization billing*		*PPHF Public Health Reimbursement Project LHJ Implementation Plan and Project Status Report (DOH 348-403)*	*08/31/2013*	*Reimbursement for actual costs incurred, not to exceed total funding consideration amount*
4	*Complete a monthly revenue report for immunization billing*		*PPHF Public Health Reimbursement Project LHJ Monthly Revenue Report (DOH 348-404)*	*Monthly, by the 15th of each month*	*Reimbursement for actual costs incurred, not to exceed total funding consideration amount*
5	*Complete a mid-project status report including project and billing status, amount of funds used, how funds were used, and challenges and accomplishments*		*PPHF Public Health Reimbursement Project LHJ Implementation Plan and Project Status Report (DOH 348-403)*	*01/15/2014*	*Reimbursement for actual costs incurred, not to exceed total funding consideration amount*
6	*Complete a final report including project and billing status, amount of funds used, how funds were used, and challenges and accomplishments*		*PPHF Public Health Reimbursement Project LHJ Implementation Plan and Project Status Report (DOH 348-403)*	*07/15/2014*	*Reimbursement for actual costs incurred, not to exceed total funding consideration amount*

***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 revised Standards/Measures that may apply, can be found at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

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.

Special Billing Requirements: Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program Contact
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Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Public Health Emergency Preparedness & Response (PHEPR) - Effective July 1, 2013

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

Contract Number: C16896

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

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

Period of Performance: July 1, 2013 through June 30, 2014

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 2013 - 2014 grant period.

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
FFY13 PHEPR LHJ FUNDING	93.069	333.93.06	18101430	07/01/13	06/30/14	0	82,417	82,417
TOTALS						**0**	**82,417**	**82,417**

FFY13 PHEPR LHJ FUNDING (PHEP)

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Admin 1	Complete the reporting templates to comply with federal grant requirements (e.g., performance measures, gap analysis, etc.)		Submit completed templates.	As required	Reimbursement for costs, not to exceed total funding consideration amount.
Admin 2	Develop work plan for the 2014-2015 grant cycle.		Submit completed work plan.	03/14/14	
Admin 3	Complete mid-year and end-of-year reporting.		Submit completed reporting templates.	12/20/13 and 06/30/14	
Admin 4	Attend quarterly meetings in Olympia for the Health Care Coalition and the Hospital Coalition. (Health Officer attends the Hospital Coalition/Director attends the Health Care Coalition)		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
Admin 5	Designate Local Emergency Response Coordinator (LERC).		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	Arrange a set of meetings to continue working on the development of public health, mental/behavioral health, and medical care system to support recovery after an incident.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
1.2	Reengage with the Red Cross, adult assisted living centers, home health providers, dialysis care center and the emergency management along with the mental health providers and the two new inpatient chemical dependency group programs in the south county to discuss care during and after an incident.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
1.3	Perform risk assessment of who is involved in care of at risk adults: i.e. visiting nurse program, assisted living centers, and nursing homes in the north county. Engage those providers in a meeting to discuss response in an emergency.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
1.4	Renew Memoranda of Understandings (MOUs) with each identified evacuation site and perform an onsite walkthrough using identified assessment tool.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
4.1	Participate in regular testing of the local health jurisdiction (LHJ) 24/7 phone contact system and testing of communication equipment.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
4.2	Maintain staff's ability to be available for 24/7 call.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
4.3	Maintain and update as needed a list of staff on call 24/7 that are able to receive and send emergency notifications, alerts, and notifiable conditions reporting and communication. The list should include the contact person, title, current phone number and email address.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
4.4	Continue training in risk communication skills with health department staff.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
4.5	Deputy Director to complete Incident Command System (ICS) courses 200,300, 400, and 800 along with training on National Incident Management System (NIMS) Compliance.			*Please see reporting template for specific due dates.	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.6	Conduct a table-top exercise developed to use the communication skills learned in training.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
4.7	Have all public health staff practice basics of the Incident Command System (ICS) at least annually in either a table-top or Emergency Operations Center (EOC) quarterly exercises.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
9.1	Complete the TAR self-assessment for Pacific County. Work towards a score of 69 or more on the TAR assessment.		Submit TAR.	*Please see reporting template for specific due dates.	
10.1	Review and update Alternate Care Facility (ACF) Plan as needed.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
10.2	Review hospitals Medical Surge Plans and learn what is included in each plan.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
10.3	Review hospitals Medical Surge Plans to determine resource conflicts, where they are, how to make the decision as to where the staff would report to, know what the plans are and determine where the need is.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
10.4	Conduct Medical Reserve Corp (MRC) training to assist with medical surge needs.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	
13.1	Participate in Department of Health (DOH) Integrated surveys regarding systems and surveillance data as requested.		Submit mid-year and year-end progress reports summarizing activities.	12/20/13 and 06/30/14	

***For Information Only:**
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http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

Program Specific Requirements/Narrative

Special Requirements:
Federal Funding Accountability and Transparency Act (FFATA)
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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.

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Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective October 1, 2013

Local Health Jurisdiction Name: Pacific County Health & Human Services Department
Contract Number: C16896

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

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

Period of Performance: October 1, 2013 through September 30, 2014

Statement of Work Purpose: The purpose of this statement of work is to provide Supplemental Nutrition Assistance Program - Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the cureent USDA dietary guidance system.

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 DSHS SNAP-Ed IAR	10.561	333.10.56	76430940	10/01/13	09/30/14	0	92,918	92,918
TOTALS						**0**	**92,918**	**92,918**

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in the SNAP-Ed Work Plan submitted to DOH and approved by DOH, Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA) in September 2013, which is incorporated herein by reference.		1. Target audiences reached. 2. Project activities completed 3. Evaluation measures completed	For the Period: 10/01/13-09/30/14 Due: **09/30/14**	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed **$92,918.** LHJ will be paid the allowable costs incurred based on Budget. See Special Billing Requirements Section.
1.1	**Submit Quarterly Progress Reports** Report data to be collected: 1. Audience served by race/ethnicity, sex, SNAP eligibility, and age 2. Setting type and project activity details 3. Key nutrition messages delivered 4. Formative, processes and outcome evaluation results to date		Using the electronic means and forms provided by DOH to summarize the work aforementioned in the SNAP-Ed work plans for quarter reports.	Quarterly Reports due for the period October 1, 2013 – September 30,2014: 1st quarter due 01/30/14 2nd quarter due 04/30/14 3rd quarter due 07/30/14 4th quarter due 10/30/14	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	5. Achievements, challenges, changes 6. Success stories 7. Other				
1.2	**Submit Timely Invoice Vouchers**		Prepare and submit invoice vouchers monthly (**or with pre-approval by DOH contract manager, every two months maximum) using the A19-1A specific to SNAP-Ed. (This document will be sent to all contractors prior to October 2013.) Documentation of all costs incurred shall be accompanied by an agency financial system summary-level report supporting the costs to be reviewed by SNAP-Ed Contract Manager before approval of payment. **NOTE: In FFY14 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval.**	**Monthly**: due no later than 30 days after the end of the preceding month (e.g. October A19 invoice submitted no later than November 30, and so on.) **If, and only if, LHJ has been **pre-approved** to bill on a 2-month billing cycle, A19 invoices must be received by DOH no later than dates listed below: Oct & Nov due: 12/31/13 Dec & Jan due: 02/28/14 Feb & Mar due: 04/30/14 Apr & May due: 06/30/14 Jun & Jul due: 08/31/14 Aug & Sept due: 10/30/14	See payment information as referenced in task number 1.0

***For Information Only:**
Funding is not tied to the 2006 revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other revised Standards/Measures that may apply, may be found at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

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
Supplemental Nutrition Assistance Program Education Guidance for FY14
Nutrition Education and Obesity Prevention Grant Program http://snap.nal.usda.gov/snap/Guidance/FY2014SNAP-EdGuidance.pdf

Assurances / Certifications
The local governmental agency is fiscally responsible for nutrition education activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs. Nutrition education activities are conducted exclusively for the benefit of Supplemental Nutrition Assistance Program participants, applicants, and those eligible.

Program activities are conducted in compliance with all applicable Federal laws, rules, regulations including Civil Rights and OMB circulars governing cost issues.

Materials developed with Federal Supplemental Nutrition Assistance Program funds include the appropriate non-discrimination statement, credit provided to SNAP as a funding source on newly developed and reprinted materials. For more information see Appendix G: Notes About Education Materials on pp. 98-101 of FFY14 Guidance at http://snap.nal.usda.gov/snap/Guidance/FY2014SNAP-EdGuidance.pdf

Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.

Messages of nutrition education are consistent with the Dietary Guidelines for Americans and do not disparage any specific food, beverage or commodity.

Audits
The local governmental agency, Indian Tribal Organization or non-Governmental Agency must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

Monitoring visits
The local governmental agency, Indian Tribal Organization or non-Governmental Agency's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing nutrition education activities and reviewing for program compliance.

Records
(Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2)
SNAP-Ed regulations require that all records be retained for three years from fiscal closure. This requirement applies to fiscal records, reports and client information. Supporting documentation may be kept at the subgrantee level, but shall be available for review for three years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP.

Amendments to Project(s) Plan
Agencies must submit a request to DOH to amend a project plan for prior approval whenever they wish to change the USDA-approved scope of activities. All requests for amendments must be submitted no later April 1, 2014.

Please Note:
1. No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA
2. Any requests submitted after April 1, 2014 will NOT be approved.

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

Special Billing Requirements

1. Total costs bill will not exceed the USDA-approved budget amount listed in the text box below.
    a. Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher
    b. A SNAP-Ed specific A19-1A must be submitted to the agency's designated DOH SNAP-Ed contract manager within 30 days of the last day of the month for which the work is being billed, OR
    c. An agency may request pre-approval to bill every 2 months instead, in which case, that agency is required to adhere to the billing due dates listed in Task 1.2 (see above)
    d. **NOTE: In FFY14, if for ANY reason a contractor is unable to submit the SNAP-Ed A19-1A by the due date, the contractor is required to submit a request for an exception to DOH, no later than 7 days prior to the due date, to the DOH SNAP-Ed contract manager. The SNAP-Ed contract manager reserves the right and responsibility to either approve or deny the request and will reply to the request.**

2. **NOTE: In FFY14 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval.**

3. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
    a. At the very least this means a copy of an agency's financial expanded/detailed general ledger level report.
    b. Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.

    PLEASE NOTE: If an agency is a new SNAP-Ed contractor or has had a fiscal finding within the last year, all SNAP-Ed backup documentation must be submitted with each bill and this requirement will continue until further notice by the DOH designated SNAP-Ed contract manager.

Source and Amount of FFY14 Funds	
USDA	$92,918

Budget Revisions
The LHJ is allowed, in the Federal Fiscal year period, to request an adjustment be made to a funded line item listed in the approved budget, with pre-approval from the DOH designated SNAP-Ed contract manager. Any anticipated changes to the budget must be pre-approved by DOH.

DOH Program Contact
Kathi LLoyd, SNAP-Ed Contract Manager
Department of Health
PO Box 47886, Olympia, WA 98504
kathi.lloyd@doh.wa.gov
(360) 236-3965

Exhibit A
Statement of Work
Contract Term: 2012-2014

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2012

Local Health Jurisdiction Name: Pacific County Health & Human Services Department
Contract Number: C16896

SOW Type: Revision **Revision # (for this SOW)** 8

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

Period of Performance: January 1, 2012 through December 31, 2013

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

Revision Purpose: The purpose of this revision is to add FFY13 USDA Breastfeed Peer Counsel funds, correct the funding period end date, and add a Special Requirement.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date	End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY12 USDA WIC NLS	10.557	333.10.55	76210220	01/01/12	09/30/12	82,425	0	82,425
FFY13 USDA WIC NLS	10.557	333.10.55	76210230	10/01/12	09/30/13	113,102	0	113,102
FFY14 USDA WIC NLS	10.557	333.10.55	76210240	10/01/13	12/31/13	27,489	0	27,489
FFY12 USDA WIC BREASTFEEDING	10.557	333.10.55	76213220	01/01/12	09/30/12	2,738	0	2,738
FFY13 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214230	10/01/12	12/31/13	4,296	4,296	8,592
FFY14 USDA WIC BREASTFEEDING	10.557	333.10.55	TBD	10/01/13	12/31/13	0	0	0
FFY11 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214210	01/01/12	09/30/12	11,615	0	11,615
FFY12 OA MATERNITY CARE SUMMIT & TRNG	10.557	333.10.55	76211225	01/01/12	09/30/12	1,464	0	1,464
FFY12 USDA BREASTFEED PEER COUNSEL	10.557	333.10.55	76214220	07/01/12	09/30/13	14,161	0	14,161
FFY12 USDA FMNP ADMIN	10.572	333.10.57	76540220	01/01/12	09/30/12	235	0	235
FFY09 REVITALIZE QUALITY NUTRITION GRANT	10.557	333.10.55	76215210	10/01/12	12/31/12	2,500	0	2,500
FFY13 USDA FMNP ADMIN	10.572	333.10.57	76540230	10/01/12	09/30/13	115	0	115
TOTALS						**260,140**	**4,296**	**264,436**

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	**WIC Nutrition Program**	7.2 B			See "Special Billing Requirements" below
1.1	Maintain authorized participating caseload at 100%. The DOH State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when:		Quarterly average as shown on Caseload Management Reports		

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	1. Unanticipated funding situations occur 2. Reallocations are necessary to redistribute caseload statewide. Authorized participating caseload for January 2012 through December 2013 = **540** Revised Authorized participating caseload for January 2013 through December 2013 = **520**				
1.2	Submit the annual Nutrition Education Plan for each year of the Contract.	9.2 B	Nutrition Education Plan	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	6.1 B	Nutrition Services Expenditure Report	11/30/12 11/30/13 11/30/14	Payment withheld if not received by due date.
1.4	Transmit electronically all client and check issuance data via the Client Information Management System (CIMS).	3.1 B	Client and Check Issuance data	Same day of operation; no later than noon the following day.	
1.5	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.7	Issue WIC checks while assuring adequate check security and reconciliation.	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.8	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	3.1 B	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.9a	Submit WIC Budget Workbook for each year of the contract.		Budget Workbook	09/30/13 09/30/14	
1.9b	Revise and submit WIC Budget Workbook mid-year for each year of the contract.		Revised Budget Workbook	Mid-year revision due 04/30/13 Mid-year revision due 04/30/14	
2	**Breastfeeding Promotion**				See "Special Billing Requirements" below
2.1	Provide breastfeeding promotion and support activities in accordance with federal and state requirements	3.1 B	Status report of chosen activities in Nutrition Education Plan.	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: ▪ Change worksite policies of employers who likely employ low income women ▪ Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women ▪ Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates. ▪ Provide clients access to lactation consultants ▪ Provide staff and community partners breastfeeding training. ▪ Other projects will need pre-approval from the State WIC Office.	4.2 B	Status report of chosen activities in Nutrition Education Plan. Documentation must be available for review by WIC monitor staff.	First year due 03/31/12 Second year due 03/31/13 Third year due 03/31/14 Biennial WIC monitor	
3	**Breastfeeding Peer Counseling Program**	3.1 B			See "Special Billing Requirements" below
3.1	Provide breastfeeding peer counseling program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not supplant, WIC Breastfeeding Promotion activities.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff.	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 Biennial WIC monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.		Documentation must be available for review by WIC monitor staff	Biennial WIC monitor	
3.3	Peer counselors are paid, supervised, and receive, at minimum, annual breastfeeding training.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 Biennial WIC monitor	
3.4	Assure peer counselors have access to an International Board Certified Lactation Consultant (IBCLC). If no IBCLC is available, peer counselors have access to staff who have attended state-approved lactation management training.		Breastfeeding Peer Counseling Report and Budget Documentation must be available for review by WIC monitor staff	First year due 02/15/12 Second year due 12/17/12 Third year due 12/16/13 Biennial WIC monitor	

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.5	Attend state-sponsored training on peer counselor programs		Documentation must be available for review by WIC monitor staff	Biennial WIC monitor	
4	**Farmers Market Nutrition Program (FMNP)**				See "Special Billing Requirements" below
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients between June 1 and September 30 of current year.		Send completed FMNP check registers to banking contractor on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff	Weekly July-Sept 2012 Weekly June-Sept 2013 All registers sent by Oct. 1, 2012 and by Oct. 1, 2013 Biennial WIC Monitor	

***For Information Only:**
Funding is not tied to the 2006 revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other revised Standards/Measures that may apply, may be found at:
http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnershipPHIP/ResourceCatalog/Standards.aspx

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

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

Staffing Requirements:
The LHJ must:

- Use Competent Professional Authority staff to determine client eligibility for the WIC Nutrition Program.
- Use a Registered Dietitian (RD) or other qualified nutritionist to assure the quality of nutrition education provided to clients.
- Use an RD or nutritionist to complete nutrition high risk care plans for high risk clients.
  A Registered Dietitian refers to a person registered with the American Dietetic Association or someone who is registration eligible. A nutritionist refers to a person with a Master's Degree in nutrition or public health nutrition from an accredited school.

Restrictions on Funds:
The LHJ will follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs.

Special References (RCWs, WACs):
Washington Administrative Code WAC 246-790-050
What is the WIC program?

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

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

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

(a) High quality nutrition services;

(b) Consistent application of policies and procedures for eligibility determination;

(c) Consistent application of policies and procedures for food benefit issuance and delivery; and

(d) WIC program compliance.

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

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

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

Monitoring Visits:
Program and fiscal monitoring are done on a Biennial (every two years) basis, and are conducted onsite.

The LHJ must maintain on file and have available for review, audit and evaluation:
1) All criteria used for certification, including information on income, nutrition risk eligibility and referrals
2) Program requirements
3) Nutrition education
4) All financial records

Assurances/Certifications:

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

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

   The LHJ agrees to:
   a. Defend, protect and hold harmless DOH or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
   b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation.

   DOH may enforce this by:
   1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
   2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by DOH), or
   3) Assertion of a lien against the LHJ's property.

   DOH recommends LHJs carry insurance against possible loss or theft.

2. **Civil Rights Assurance**
   The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance:

   a. "The LHJ hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the LHJ receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.

   b. "By accepting this assurance, the LHJ agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the LHJ, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHJ."

3. **7CFR Parts 3016, 3017, 3018**
   The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 7CFR part 3016, the debarment and suspension requirements of 7CFR part 3017, if applicable, the lobbying restrictions of 7CFR part 3018, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Special Billing Requirements:

Billing Information

a. Billings are submitted on an A19-1A form, which is coded and provided by DOH prior to each federal fiscal budget period.

b. A19-1A forms are submitted monthly following the close of each calendar month or upon completion of services, before the end of the federal contract budget period.

c. Funds are allocated by budget categories (refer to Chart of Accounts Program names) and by state and federal budget periods (refer to the allocation sheet).

d. Expenses are incurred only during the budget period; no carry forward from previous time periods, or borrowing from future time periods is allowed.

e. Payments for a budget period are limited to the amounts allocated for the budget period for each budget category.

f. Billings are based on actual costs, with back up documentation retained by the LHJ and available for inspection by DOH or other appropriate authorities.

g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual for WIC allowable costs.

h. Advance payments are not allowed.

Special Instructions:

The LHJ shall:

1) Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.

2) Provide, as necessary, a single audit in accordance with the provisions of OMB Circular A-133. This circular requires the LHJ to have a single audit performed should LHJ spend $500,000 or more of federal grants or awards from all sources. The LHJ is a sub-recipient of federal funds.

Special Requirements:

January 2012 - September 2012 time period: A total of $12,888 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

January 2012 – September 2012 time period: A total of $1,464 is added in the OA Maternity Care Summit and Training category to fund supplies and activities as per the Breastfeeding Operational Adjustment grant request submitted to the Washington State WIC Nutrition Program to engage hospitals to improve their maternity care practices that affect breastfeeding. The Pacific County Health Department must submit two reports to the Department of Health WIC Nutrition Program for the FFY12 OA Maternity Care Summit and Training Project. An interim report is due June 22, 2012. The interim report must include expenses and obligations to date, anticipated future expenditures, and a balance of funds for each earmarked item. A final report is due October 19, 2012. The final report must include actual expenses for the year with a narrative description of project accomplishments.

October 2012 – December 2012 time period: A total of $4,296 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – December 2012 time period: A total of $2,500 is added in the WIC/USDA Revitalizing Quality Nutrition Services category to fund the WIC Fruit and Vegetable Community Partnership Grant activities. The funds shall be used to purchase supplies, complete activities and coordinate the project as outlined in the grant submitted to the DOH WIC Nutrition Program. Any changes in grant activities must have prior approval from the DOH WIC Nutrition Program.

January 2013 – September 2013 time period: A total of $8,592 is added through June 2013 in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – September 2013 time period: A total of $1,655 is added through June 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2012 - September 2013 time period: A total of $2,300 in WIC/USDA WIC Base Funding through June 2013 is added for the purpose of funding registration and travel expenses for staff to attend the following required trainings and meeting:

- Childhood Obesity Prevention Conference, Seattle
- WIC Coordinator meeting, SeaTac
- Baby Behavior training, 4 locations statewide

Any of these remaining funds designated for training/travel are to be used for attendance at Core WIC, Coordinator, or Nutritionist trainings held in Olympia or to another training after receiving approval from the State WIC Office. Refer to Memo #2012-105 for more information about this funding.

January 2013 – September 2013 time period: A total of $4,296 is added in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling program.

October 2012 – September 2013 time period: A total of $552 is included for July through September 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2013 – September 2014 time period: A total of $552 is included for October through December 2013 in the WIC/USDA Base Funding category to spend on breastfeeding promotion activities per Task 2.2 listed under Breastfeeding Promotion in the Statement of Work (SOW).

October 2013 – September 2014 time period: *A total of $4,296 is included for October through December 2013 in the WIC/USDA Breastfeeding Peer Counseling category to complete the requirements of operating a USDA Loving Support Breastfeeding Peer Counseling Program.*

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

DOH Program Contact
Barbara Krogstad, RD, CD
WIC Nutrition Program
PO Box 47886, Olympia, WA 98504-7886
Barbara.Krogstad@doh.wa.gov 360-236-3711 or 1-800-841-1410 x 3711

Pacific County Health & Human Services Department

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2012-2014

Contract Number: C16896
Date: July 15, 2013

Chart of Accounts Program Title	Amendment	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
FFY12 OA Maternity Care Summit & Training	Amend 2	10.557	333.10.55	01/01/12	09/30/12	10/01/11	09/30/12	$1,464	$1,464	$1,464
FFY09 Revitalize Quality Nutrition Grant	Amend 4	10.557	333.10.55	10/01/12	12/31/12	10/30/09	06/30/13	$2,500	$2,500	$2,500
FFY11 USDA Breastfeeding Peer Counseling	N/A	10.557	333.10.55	01/01/12	09/30/12	10/01/10	09/30/12	$12,888		
FFY11 USDA Breastfeeding Peer Counseling	Amend 7	10.557	333.10.55	01/01/12	09/30/12	10/01/10	09/30/12	($1,273)	$11,615	
FFY12 USDA Breastfeeding Peer Counseling	Amend 3	10.557	333.10.55	07/01/12	09/30/13	10/01/11	09/30/13	$4,296		
FFY12 USDA Breastfeeding Peer Counseling	Amend 6	10.557	333.10.55	07/01/12	09/30/13	10/01/11	09/30/13	$8,592		
FFY12 USDA Breastfeeding Peer Counseling	Amend 7	10.557	333.10.55	07/01/12	09/30/13	10/01/11	09/30/13	$1,273	$14,161	
FFY13 USDA Breastfeeding Peer Counseling	Amend 9	10.557	333.10.55	10/01/12	12/31/13	10/01/12	09/30/14	$4,296		
FFY13 USDA Breastfeeding Peer Counseling	**Amend 10**	**10.557**	**333.10.55**	10/01/12	12/31/13	10/01/12	09/30/14	**$4,296**	**$8,592**	**$34,368**
FFY12 USDA WIC Breastfeeding	N/A	10.557	333.10.55	01/01/12	09/30/12	10/01/11	09/30/12	$3,358		
FFY12 USDA WIC Breastfeeding	Amend 1	10.557	333.10.55	01/01/12	09/30/12	10/01/11	09/30/12	($620)	$2,738	
FFY13 USDA WIC Breastfeeding	N/A	10.557	333.10.55	10/01/12	06/30/13	10/01/12	09/30/13	$3,677		
FFY13 USDA WIC Breastfeeding	Amend 6	10.557	333.10.55	10/01/12	06/30/13	10/01/12	09/30/13	($3,677)	$0	
FFY14 USDA WIC Breastfeeding	N/A	10.557	333.10.55	10/01/13	12/31/13	10/01/13	12/31/13	$939		
FFY14 USDA WIC Breastfeeding	Amend 9	10.557	333.10.55	10/01/13	12/31/13	10/01/13	12/31/13	($939)	$0	$2,738
FFY12 USDA WIC NLS	N/A	10.557	333.10.55	01/01/12	09/30/12	10/01/11	09/30/12	$82,425	$82,425	
FFY13 USDA WIC NLS	N/A	10.557	333.10.55	10/01/12	09/30/13	10/01/12	09/30/13	$109,900		
FFY13 USDA WIC NLS	Amend 6	10.557	333.10.55	10/01/12	09/30/13	10/01/12	09/30/13	($17)		
FFY13 USDA WIC NLS	Amend 7	10.557	333.10.55	10/01/12	09/30/13	10/01/12	09/30/13	$2,300		
FFY13 USDA WIC NLS	Amend 9	10.557	333.10.55	10/01/12	09/30/13	10/01/12	09/30/13	$919	$113,102	
FFY14 USDA WIC NLS	N/A	10.557	333.10.55	10/01/13	12/31/13	10/01/13	12/31/13	$27,475		
FFY14 USDA WIC NLS	Amend 6	10.557	333.10.55	10/01/13	12/31/13	10/01/13	12/31/13	($925)		
FFY14 USDA WIC NLS	Amend 9	10.557	333.10.55	10/01/13	12/31/13	10/01/13	12/31/13	$939	$27,489	$223,016
FFY12 DSHS SNAP-Ed IAR	Amend 1	10.561	333.10.56	01/01/12	09/30/12	10/01/11	09/30/13	$122,403		
FFY12 DSHS SNAP-Ed IAR	Amend 2	10.561	333.10.56	01/01/12	09/30/12	10/01/11	09/30/13	($17,462)	$104,941	
FFY12 DSHS SNAP-Ed IAR	Amend 4	10.561	333.10.56	10/01/12	09/30/13	10/01/11	09/30/13	$30,000	$30,000	
FFY13 DSHS SNAP-Ed IAR	Amend 4	10.561	333.10.56	10/01/12	09/30/13	10/01/12	09/30/14	$94,405		
FFY13 DSHS SNAP-Ed IAR	Amend 8	10.561	333.10.56	10/01/12	09/30/13	10/01/12	09/30/14	($10,000)	$84,405	
FFY14 DSHS SNAP-Ed IAR	**Amend 10**	**10.561**	**333.10.56**	10/01/13	09/30/14	10/01/13	09/30/14	**$92,918**	**$92,918**	**$312,264**
FFY12 USDA FMNP Admin	Amend 3	10.572	333.10.57	01/01/12	09/30/12	10/01/11	09/30/12	$235	$235	
FFY13 USDA FMNP Admin	Amend 9	10.572	333.10.57	10/01/12	09/30/13	10/01/12	09/30/13	$115	$115	$350

Pacific County Health & Human Services Department

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2012-2014

Contract Number: C16896
Date: July 15, 2013

Chart of Accounts Program Title	Amendment	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
FFY11 PHEPR LHJ Funding	N/A	93.069	333.93.06	01/01/12	08/09/12	08/10/11	08/09/12	$41,700		
FFY11 PHEPR LHJ Funding	Amend 2	93.069	333.93.06	01/01/12	08/09/12	08/10/11	08/09/12	$27,298	$68,998	
FFY12 PHEPR LHJ Funding	Amend 4	93.069	333.93.06	08/10/12	06/30/13	07/01/12	06/30/13	$83,399	$83,399	
FFY13 PHEPR LHJ Funding	**Amend 10**	**93.069**	**333.93.06**	07/01/13	06/30/14	07/01/13	06/30/14	$82,417	$82,417	$234,814
FFY12 FPRH TX Admin-Contracts	N/A	93.217	333.93.21	01/01/12	12/30/12	12/31/11	12/30/12	$11,388		
FFY12 FPRH TX Admin-Contracts	Amend 5	93.217	333.93.21	01/01/12	12/30/12	12/31/11	12/30/12	$5,555	$16,943	
FFY13 FPRH TX Admin-Contracts	Amend 6	93.217	333.93.21	01/01/13	12/30/13	12/31/12	12/30/13	$4,263		
FFY13 FPRH TX Admin-Contracts	Amend 8	93.217	333.93.21	01/01/13	12/30/13	12/31/12	12/30/13	$4,263	$8,526	$25,469
FFY12 317 Ops	N/A	93.268	333.93.26	01/01/12	12/31/12	01/01/12	12/31/12	$2,173	$2,173	
FFY13 317 Ops	Amend 6	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$1,114		
FFY13 317 Ops	Amend 9	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$1,113	$2,227	$4,400
FFY12 AFIX	N/A	93.268	333.93.26	01/01/12	12/31/12	01/01/12	12/31/12	$9,118	$9,118	
FFY13 AFIX	Amend 6	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$4,673		
FFY13 AFIX	Amend 9	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$4,673	$9,346	$18,464
FFY12 VFC Ops	N/A	93.268	333.93.26	01/01/12	12/31/12	01/01/12	12/31/12	$4,082	$4,082	
FFY13 VFC Ops	Amend 6	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$2,092		
FFY13 VFC Ops	Amend 9	93.268	333.93.26	01/01/13	12/31/13	01/01/13	12/31/13	$2,092	$4,184	$8,266
FFY11 Adult Immunization Grant (ACA)	Amend 4	93.539	333.93.53	08/01/12	03/15/13	09/01/11	08/30/13	$3,881	$3,881	$3,881
FFY12 PPHF Public Health Reimbursement	Amend 6	93.539	333.93.53	01/01/13	07/31/14	07/01/12	08/31/14	$2,500		
FFY12 PPHF Public Health Reimbursement	**Amend 10**	**93.539**	**333.93.53**	01/01/13	07/31/14	07/01/12	08/31/14	**$1,000**	**$3,500**	**$3,500**
FFY12 PPHF VTrckS-IIS Interface	Amend 7	93.539	333.93.53	03/01/13	03/31/14	07/01/12	08/31/14	$343		
FFY12 PPHF VTrckS-IIS Interface	Amend 9	93.539	333.93.53	03/01/13	03/31/14	07/01/12	08/31/14	$857	$1,200	$1,200
FFY11 PHEPR HC Systems - Prep	N/A	93.889	333.93.88	01/01/12	06/30/12	07/01/11	06/30/12	$4,280		
FFY11 PHEPR HC Systems - Prep	Amend 2	93.889	333.93.88	01/01/12	06/30/12	07/01/11	06/30/12	$6,108	$10,388	
FFY12 PHEPR HC Systems - Prep	Amend 6	93.889	333.93.88	07/01/12	06/30/13	07/01/12	06/30/13	$3,500	$3,500	$13,888
FFY11 MCHBG HCO ConCon Federal	Amend 2	93.994	333.93.99	01/01/12	09/30/12	10/01/10	09/30/12	$9,933	$9,933	
FFY12 MCHBG HCO ConCon Federal	N/A	93.994	333.93.99	01/01/12	12/31/12	10/01/11	09/30/13	$29,799		
FFY12 MCHBG HCO ConCon Federal	Amend 2	93.994	333.93.99	01/01/12	12/31/12	10/01/11	09/30/13	$700	$30,499	$40,432
FFY13 MCHBG OHC ConCon Federal	Amend 6	93.994	333.93.99	01/01/13	09/30/13	10/01/12	09/30/13	$18,978		
FFY13 MCHBG OHC ConCon Federal	Amend 9	93.994	333.93.99	01/01/13	09/30/13	10/01/12	09/30/13	$9,489	$28,467	$28,467

Pacific County Health & Human Services Department

EXHIBIT B-10
ALLOCATIONS
Contract Term: 2012-2014

Contract Number: C16896
Date: July 15, 2013

Chart of Accounts Program Title	Amendment	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
FPRH St Admin-Contracts (TX Match)-CY12	N/A	N/A	334.04.91	01/01/12	12/30/12	12/31/11	12/30/12	$30,898	$30,898	
FPRH St Admin-Contracts (TX Match)-CY13	Amend 6	N/A	334.04.91	01/01/13	06/30/13	12/31/12	12/30/13	$14,221		
FPRH St Admin-Contracts (TX Match)-CY13	Amend 8	N/A	334.04.91	01/01/13	06/30/13	12/31/12	12/30/13	$1,145	$15,366	$46,264
FPRH St Admin (Non-TX)-CY13	Amend 6	N/A	334.04.91	01/01/13	06/30/13	12/31/12	12/30/13	$425		
FPRH St Admin (Non-TX)-CY13	Amend 8	N/A	334.04.91	01/01/13	06/30/13	12/31/12	12/30/13	($425)	$0	$0
TBD (FP State TX Cost Share)	Amend 8	N/A	334.04.91	07/01/13	12/31/13	07/01/13	12/31/13	$13,163	$13,163	$13,163
GFS Local Capacity	Amend 1	N/A	334.04.92	01/01/12	06/30/12	07/01/11	06/30/13	$15,855	$15,855	
GFS Local Capacity	Amend 1	N/A	334.04.92	07/01/12	12/31/12	07/01/11	06/30/13	$15,855	$15,855	
GFS Local Capacity	Amend 7	N/A	334.04.92	01/01/13	06/30/13	07/01/11	06/30/13	$15,824	$15,824	
GFS Local Capacity	Amend 7	N/A	334.04.92	07/01/13	12/31/13	07/01/13	12/31/13	$15,824		
GFS Local Capacity	**Amend 10**	**N/A**	**334.04.92**	07/01/13	12/31/13	07/01/13	12/31/13	**($15,824)**	**$0**	**$47,534**
Rec Shellfish/Biotoxin (PSAA)	N/A	N/A	334.04.93	01/01/12	06/30/13	07/01/11	06/30/13	$4,275		
Rec Shellfish/Biotoxin (PSAA)	Amend 3	N/A	334.04.93	01/01/12	06/30/13	07/01/11	06/30/13	$276	$4,551	
Rec Shellfish/Biotoxin (PSAA)	Amend 9	N/A	334.04.93	07/01/13	12/31/14	07/01/13	12/31/14	$4,275	$4,275	$8,826
Youth Tobacco Prevention	N/A	N/A	334.04.93	01/01/12	06/30/12	07/01/11	06/30/13	$2,148	$2,148	
Youth Tobacco Prevention	Amend 3	N/A	334.04.93	07/01/12	06/30/13	07/01/11	06/30/13	$5,182	$5,182	$7,330
Blue Ribbon Local Health Funds	Amend 1	N/A	334.04.99	00/00/00	00/00/00	00/00/00	00/00/00	$30,000		
Blue Ribbon Local Health Funds	Amend 3	N/A	334.04.99	00/00/00	00/00/00	00/00/00	00/00/00	$30,000		
Blue Ribbon Local Health Funds	Amend 7	N/A	334.04.99	00/00/00	00/00/00	00/00/00	00/00/00	$60,000	$120,000	$120,000
TOTAL								**$1,202,598**	**$1,202,598**	
Total consideration:		**$1,037,791**						**GRAND TOTAL**		**$1,202,598**
		$164,807								
GRAND TOTAL		**$1,202,598**						**Total Fed**		**$959,481**
								Total State		**$243,117**

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