

Kitsap Public Health District Consent Agenda May 5, 2020

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
1749 Amendment 14 (2072)	CLH18248	Washington State Department of Health <i>Consolidated Contract</i>	Amendment	01/01/2018-12/31/2020	\$650,000	\$0
Description: Adds statements of work for the Division of Emergency Preparedness & Response-COVID-19-Effective January 20, 2020 and adds additional funding of \$650,000 for a revised maximum consideration of \$6,372,477.						
2016 Amendment 1 (2073)	C2000020	Washington State Department of Ecology <i>Local Source Control</i>	Interlocal Agreement	07/01/2019-06/30/2021	\$395,559	\$0
Description: Amendment as a result of the Governor's Stay Home, Stay Healthy Proclamation (20-25), and subsequent directive from the Office of Financial Management (OFM) on March 30, 2020 regarding the suspension of capital projects. In accordance with the Governor's order, and OFM directives, portions the agreement must be temporarily suspended for the duration of the Governor's Stay Home, Stay Healthy proclamation.						
2070	NA	Jefferson County Public Health <i>Nurse Family Partnership Supervisor</i>	Interlocal Agreement	01/01/2020-12/31/2020	\$0	\$71,327.04 /year
Description: Jefferson County will provide a masters degree qualified supervisory Nurse to oversee KPHD Public Health Nurse services for Nurse Family Partnership home visiting program.						
2071	KC-192-20	Kitsap County <i>Nurse Family Partnership</i>	Agreement	04/01/2020-06/30/2020	\$21,221	\$0
Description: The District to provide NFP services to fourteen first-time, low-income moms and their babies by maintaining a 0.5 FTE Nurse Home Visitor to intervene with families who either have or at risk for substance abuse and/or mental health problems. The goal is to prevent substance abuse, mental illness, behavioral problems, and future addiction in young children.						

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 14

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITSAP PUBLIC HEALTH DISTRICT 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:
 - Division of Emergency Preparedness & Response-COVID-19 - Effective January 20, 2020
 - ☐ Amends Statements of Work for the following programs:
 - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-14 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-13 Allocations as follows:
 - ☒ Increase of \$650,000 for a revised maximum consideration of \$6,372,477.
 - ☐ 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-14 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-13.

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.

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

**2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Division of Emergency Preparedness & Response-
COVID-19 - Effective January 20, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: January 20, 2020 through December 31, 2020

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> One-Time Distribution
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to prevent, prepare for, and respond to the COVID-19 disease outbreak.

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			
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	93.354	333.93.35	31104102	01/20/20	12/31/20	0	340,263	340,263
FY20/21 COVID-19 Disaster Response	N/A	334.04.92	934A0101	01/20/20	12/31/20	0	309,737	309,737
TOTALS						0	650,000	650,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Federal Funds</p> <p>Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.</p> <p>Activities must address one or more of the following six domains:</p> <ul style="list-style-type: none"> Incident management for early crisis response Jurisdictional recovery Information management Countermeasures and mitigation 		Activity report(s) on template to be provided DOH.	<p>June 30, 2020 December 31, 2020</p> <p>Frequency and due dates of reports may change based on federal requirements. DOH will notify LHJ of any changes via email.</p> <p>A final activity report is required prior to DOH releasing the</p>	<p>Reimbursement for actual costs not to exceed total funding consideration amount</p> <p>Note: Per Federal funding requirements, prior approval from DOH is required for reimbursement of expenses incurred on or after January 20, 2020 through March 4, 2020.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Surge management Biosurveillance <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total federal funding consideration is for the period of January 20, 2020 through March 30, 2021. Any unspent funds, tasks and deliverables with due dates after December 31, 2020 will be included in a new statement of work under the new consolidated contract term beginning January 1, 2021.</p>			final amount of funding.	After approval is received from DOH, LHJ must submit a separate invoice for reimbursement of these expenses.
2	<p>State Funds</p> <p>Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.</p> <p>Activities must address one or more of the following six domains:</p> <ul style="list-style-type: none"> Incident management for early crisis response Jurisdictional recovery Information management Countermeasures and mitigation Surge management Biosurveillance <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: The total state funding consideration is for the period of January 20, 2020 through June 30, 2021. If the LHJ has remaining funds, tasks and deliverables with due dates after December 31, 2020 will be included in a new statement of work under the new consolidated contract term beginning January 1, 2021. Reports will be due January 15, April 15 and June 30, 2021.</p>		Activity report(s) on template to be provided DOH.	July 15, 2020 October 15, 2020	LHJ has already received these funds as a one-time distribution.

***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

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov

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 USASpending.gov by DOH as required by P.L. 109-282.

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

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Allowable Activities - See list of allowable activities below, Appendix 2 from COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding, Interim Guidance, March 15, 2020.

Costs that are NOT allowable

- Facility purchases – May be if prior approval received from the feds and state. Send those requests to Amy.Ferris@doh.wa.gov
- Research
- Clinical care except as provided for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source.
- Publicity and propaganda (lobbying):
 - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients:
https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
- Funds cannot be used to supplant existing federal funds awarded by other federal sources
- Funds cannot be used to match funding on other federal awards.

DOH Program Contact

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Appendix 2. Allowable Activities

Domain	Activity Category	Allowable Activities
Incident Management for Early Crisis Response	Emergency Operations and Coordination	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Conduct jurisdictional COVID-19 risk assessment. <ul style="list-style-type: none"> ▪ Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. ▪ Implement public health actions designed to mitigate risks in accordance with CDC guidance. ○ Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial, and Tribal Public Health Agencies. ○ Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. ○ Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> ▪ Staff the EOC with the numbers and skills necessary to support the response, assure worker safety, and continually monitor absenteeism. ▪ Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed. ○ Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources. ○ Activate emergency hiring authorities and expedited contracting processes. ○ Assess the jurisdiction's public health and healthcare system training needs. <ul style="list-style-type: none"> ▪ Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. ▪ Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. ○ Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.

Domain	Activity Category	Allowable Activities
	Responder Safety and Health	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Assure the health and safety of the jurisdiction's workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, and responder mental health support. Determine gaps and implement corrective actions. ○ Implement personal protective equipment (PPE)- sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. ○ Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions, and gather lessons learned. ○ Establish a team of communicators who can interpret CDC guidance and assist with implementation of worker safety and health strategies. ○ Create tools to assist and anticipate supply chain shortages, track PPE inventory. ○ Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long-term care facilities, and other health facilities; work with suppliers and coalitions to develop statewide plans for caching or redistributing/sharing. This strategy should be integrated with health care coalitions' system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. ○ Purchase required PPE (if available).

Domain	Activity Category	Allowable Activities
	Identification of vulnerable populations	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. ○ Update response and recovery plans to include populations at risk. ○ Enlist other governmental and nongovernmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them with available social services. ○ Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). ○ Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to COVID-19 prevention. ○ Identify gaps and implement strategies that encourage risk-reduction behaviors.
Jurisdictional Recovery	Jurisdictional Recovery	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Recovery efforts to restore to pre-event functioning. ○ Conduct a hot wash/after-action review and develop an improvement plan.

Domain	Activity Category	Allowable Activities
Information Management	Information Sharing	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, emergency medical services (EMS) providers, and the public. ○ Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders. ○ Develop new systems or utilize existing systems to rapidly report public health data. ○ Develop community messages that are accurate, timely, and reach at-risk populations
	Emergency Public Information and Warning and Risk Communication	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. <ul style="list-style-type: none"> ▪ Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus. ○ Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). ○ Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. <ul style="list-style-type: none"> ▪ Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to COVID-19 prevention. ▪ Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed. ○ Contract with local vendors for translation (as necessary), printing, signage, and audiovisual/public service announcement development and dissemination. ○ Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. ○ Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).
Countermeasures and Mitigation	Nonpharmaceutical Interventions	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Develop plans and triggers for the implementation of community interventions, including: <ul style="list-style-type: none"> Activating emergency operations plans for schools, higher education, and mass gatherings; Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. Anticipate disruption caused by community spread and interventions to prevent further spread. <ul style="list-style-type: none"> Planning for school dismissal including continuity of education and other school-based services (e.g., meals); Ensuring systems are active to provide guidance on closure of businesses, government offices, and social services agencies; Ensuring systems are in place to monitor social disruption (e.g., school closures); and Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.
	Quarantine and Isolation Support	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source. Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> Identify and secure safe housing for persons subject to restricted movement and other public health orders. Develop and implement behavioral health strategies to support affected populations.
	Distribution and Use of Medical Material	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: <ul style="list-style-type: none"> Enhancement of immunization information systems Maintaining ability for vaccine-specific cold chain management Coordinating mass vaccination clinics for emergency response Assessing and tracking vaccination coverage Rapidly identifying high-risk persons requiring vaccine Planning to prioritize limited medical countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS) Ensure jurisdictional capacity for distribution of MCM and supplies.
Surge Management	Surge Staffing	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Activate mechanisms for surging public health responder staff. Activate volunteer organizations including but not limited to Medical Reserve Corps.
	Public Health Coordination with Healthcare Systems	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. Coordinate with Hospital Preparedness Program (HPP) entities, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control. Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care.
	Infection Control	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Follow updated CDC guidance on infection control and prevention and PPE. Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as: <ul style="list-style-type: none"> Changes in hospital/healthcare facility visitation policies, Social distancing, and Infection control practices in hospitals and long-term care facilities, such as: <ul style="list-style-type: none"> PPE use, Hand hygiene, Source control, and Isolation of patients.
Biosurveillance	Public Health Surveillance and Real-time Reporting	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). Assess risk of travelers and other persons with potential COVID-19 exposures. Enhance surveillance systems to provide case-based and aggregate epidemiological data. Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. Enhance systems to track outcomes of pregnancies affected by COVID-19. Develop models for anticipating disease progression within the community.
	Public Health Laboratory Testing, Equipment, Supplies, and Shipping	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Assess commercial and public health capacity for lab testing. Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> o Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing. o Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. o Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: <ul style="list-style-type: none"> • Report weekly percent positive COVID-19 outpatient visits by age group. • Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10-confirmed ILI patients. <ul style="list-style-type: none"> ▪ This allowable activity is similar to "Sentinel COVID-19 Surveillance, March 2020, and ILINet Enhancements in 2019." It may include, but is not limited to the following: <ul style="list-style-type: none"> — Conduct testing at public health laboratories — Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19 o Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19. o Enhance laboratory surge capacity plans. o Determine maximum lab testing capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. o Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. o Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. o Provide testing for impacted individuals.
	Data Management	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> o Ensure data management systems are in place and meet the needs of the jurisdiction. o Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions. o Ensure efficient and timely data collection.

Domain	Activity Category	Allowable Activities
		<ul style="list-style-type: none"> o Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners. o Coordinate data systems for epidemiological and laboratory surveillance.

Kitsap Public Health District

**EXHIBIT B-14
ALLOCATIONS**
Contract Term: 2018-2020

Contract Number:

CLH18248

Date:

April 1, 2020

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	(\$13,410)	\$25,000	\$145,847
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410		
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	(\$10,716)	\$78,347	
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$7,500)	\$42,500	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY20 CSS IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 10	10.561	333.10.56	10/01/19	09/30/20	10/01/19	09/30/20	\$83,000	\$83,000	\$83,000
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708	\$69,875	\$159,906
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167		
FFY18 CSS IAR SNAP Ed Program Mgnt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgnt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
FFY19 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	\$141,402
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$36,083	\$88,023	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940		
PS SSI 1-5 BEACH Task 4	01J18001	Amd 13	66.123	333.66.12	03/01/20	10/31/20	07/01/17	06/30/23	\$5,800	\$5,800	\$17,400
PS SSI 1-5 BEACH Task 4	01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	10/31/19	\$5,800	\$5,800	
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800	\$5,800	
PS SSI 1-5 PIC Task 4	01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A, Amd 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$78,805		
FFY19 Swimming Beach Act Grant IAR (ECY)	01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$14,000	\$14,000	\$28,000
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		

Kitsap Public Health District

EXHIBIT B-14
ALLOCATIONS
Contract Term: 2018-2020

Contract Number:

CLH18248

Date:

April 1, 2020

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$5,318	\$295,345	\$295,345
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$290,027		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$295,345	\$295,345	\$295,345
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$50,000	\$50,000	\$50,000
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	\$14,258	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$2,500	\$2,500	\$5,000
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	\$2,500	
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$27,588	\$27,588	\$27,588
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$16,134	\$16,134	\$23,188
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$24,482	\$24,482	\$35,494
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	(\$6,120)	\$0	
FFY19 Tobacco Prevention	U58DP006004	Amd 8	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	\$6,120		
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	NU90TP922069	Amd 14	93.354	333.93.35	01/20/20	12/31/20	01/01/20	06/30/21	\$340,263	\$340,263	\$340,263
FFY19 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 10	93.439	333.93.43	09/30/19	09/29/20	09/30/19	09/29/20	\$60,000	\$60,000	\$120,000
FFY18 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 8	93.439	333.93.43	03/01/19	09/29/19	09/28/18	09/29/19	\$60,000	\$60,000	
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$69,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		

Kitsap Public Health District

**EXHIBIT B-14
ALLOCATIONS**
Contract Term: 2018-2020

Contract Number:

CLH18248

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April 1, 2020

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		
FFY19 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 8	93.917	333.93.91	04/01/19	06/30/19	04/01/19	06/30/19	\$14,353	\$14,353	\$71,765
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$22,871	\$57,412	
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541		
FFY18 RW HIV Provider Capacity-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
FFY19 Ryan White Supp Direct Svcs	5X07HA000832800	Amd 12	93.917	333.93.91	09/30/19	06/30/20	09/30/19	09/29/20	\$109,140	\$109,140	\$109,140
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$159,854	\$159,854	\$439,599
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$159,854	\$159,854	
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/20	12/31/20	07/01/19	06/30/21	\$10,000	\$10,000	\$20,000
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/19	06/30/20	07/01/19	06/30/21	\$10,000	\$10,000	
GFS-Group B (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)	\$0	
GFS-Group B (FO-SW)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000		
FY2 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	01/01/18	06/30/18	\$20,000	\$20,000	
Healthy Communities		Amd 12	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	(\$3,425)	\$0	\$0
Healthy Communities		Amd 10	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$3,425		
State Drug User Health Program		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$40,000	\$40,000	\$94,478
State Drug User Health Program		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$54,478	\$54,478	
State HIV CS/End AIDS WA		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$2,083	\$12,496	\$23,948
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$10,413		
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$2,083	\$2,083	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	

Kitsap Public Health District

**EXHIBIT B-14
ALLOCATIONS
Contract Term: 2018-2020**

Contract Number:

CLH18248

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
State HIV Prevention		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	(\$43,333)	\$0	\$51,667
State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333		
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000		
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP		Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	
FY20/21 COVID-19 Disaster Response Acct		Amd 14	N/A	334.04.92	01/20/20	12/31/20	01/01/20	06/30/21	\$309,737	\$309,737	\$309,737
FPH Lead Case Mgmt-FPH		Amd 12	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$3,425	\$3,425	\$3,425
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$5,950	\$5,950	\$5,950
SFY21 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$247,509	\$247,509	\$898,341
SFY20 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$15,000	\$15,000	\$37,500
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$45,000	\$45,000	\$75,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$15,000	\$15,000	\$45,000
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	

Kitsap Public Health District

**EXHIBIT B-14
ALLOCATIONS**
Contract Term: 2018-2020

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Date:

CLH18248
April 1, 2020

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)
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					Start Date	End Date	Start Date	End Date			
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$24,512	\$24,512	\$24,512
Youth Tobacco Vapor Products		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	(\$8,451)	\$38,403	\$121,091
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$46,854		
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	\$91,728
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
FFY20 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	(\$27,285)	\$88,861	\$804,903
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	\$116,146		
FFY19 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	(\$81,855)	\$266,582	
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	\$348,437		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	03/31/20	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000	
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	\$41,749
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$147,345	\$147,345	\$442,035
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$147,345	\$147,345	
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	

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****Federal revenue codes begin with "333". State revenue codes begin with "334".**

Exhibit C-14 Schedule of Federal Awards**AMENDMENT #14****Date: April 1, 2020**

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	04/01/15	\$5,859,307	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	FOOD NUTRITION INCENTIVE GRANT
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	333.10.56	09/30/19	\$5,300,000	10/01/19	09/30/20	\$83,000	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 CSS IAR SNAP-ED PROG MGNT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,875	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGNT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$69,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	09/30/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/20	\$17,400	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,991	03/01/19	10/31/19	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT

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Exhibit C-14 Schedule of Federal Awards

AMENDMENT #14

Date: April 1, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWW0027359-00
CONTRACT CLH18248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY19 OVERDOSE DATA TO ACTION PREV	333.93.13	08/12/19	\$4,390,240	09/01/19	08/31/20	\$50,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services Centers for Disease Control and Prevention-National Center for Injury Prevention and Control	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEALTH OVERDOSE DATA TO ACTION
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$27,588	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$24,482	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/29/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE	333.93.35	03/16/20	\$13,230,799	01/20/20	12/31/20	\$340,263	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922069	CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802
FFY19 PHYS ACTVITY & NUTRITION PROG	333.93.43	07/24/19	\$1,846,000	09/30/19	09/29/20	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)

Exhibit C-14 Schedule of Federal Awards**AMENDMENT #14****Date: April 1, 2020**

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY18 PHYS ACTVITY & NUTRITION PROG	333.93.43	09/01/18	\$923,000	03/01/19	09/29/19	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$29,034	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$18,420	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 RYAN WHITE SUPP DIRECT SVCS	333.93.91	04/02/18	\$13,631,623	09/30/19	06/30/20	\$109,140	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY19 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/19	06/30/19	\$14,353	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$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	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$2,834,368					



DEPARTMENT OF
ECOLOGY
State of Washington

AMENDMENT NO. 01

TO

Contract No. C2000020

BETWEEN THE

STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

AND

KITSAP PUBLIC HEALTH DISTRICT

PURPOSE: To amend the Agreement between the state of Washington, Department of Ecology, hereinafter referred to as “ECOLOGY,” and “**KITSAP PUBLIC HEALTH DISTRICT**,” hereinafter referred to as “CONTRACTOR.”

WHEREAS, the Governor’s [Stay Home, Stay Healthy Proclamation \(20-25\)](#), and subsequent directives from the Office of Financial Management (OFM) on [March 30, 2020](#) and [April 7, 2020](#) , require the suspension of state agency capital projects during the current COVID-19 pandemic.

IT IS MUTUALLY AGREED the Agreement is amended as follows:

- 1) Field work and/or onsite construction activities under the Agreement is suspended for the duration of the Governor’s Stay Home, Stay Healthy Proclamation.
- 2) Field work and/or onsite construction activities under the Agreement will remain suspended for the duration of any subsequent extension of the Governor’s Stay Home, Stay Healthy Proclamation, or other similar public health directives related to the COVID-19 pandemic.
- 3) Work under the Agreement that can be done remotely, or in a solitary office/work location, may continue in a manner that is consistent with the Governor’s Stay Home, Stay Healthy Proclamation. Such remote/solitary work could include, but is not limited to, report writing, literature review, studies, planning, pre-design, design, and permitting work, remote/online meeting facilitation and/or presentation, etc.
- 4) In accordance with the OFM directives, the CONTRACTOR must have a COVID-19 protection plan in accordance with CDC, DOH, and LNI guidelines, and must follow that plan while performing remote/solitary work as authorized above.

- 5) In accordance with the OFM directives, the CONTRACTOR will submit a copy of their COVID-19 protection plan to their Contract Manager at ECOLOGY.
- 6) The CONTRACTOR will resume suspended work when the Governor's Proclamation is lifted.

All other terms and conditions of the Agreement including any other amendments remain in full force and effect, except as expressly provided by this Amendment.

This Amendment is signed by persons who represent that they have the authority to execute this Amendment and bind their respective organizations to this Amendment.

This Amendment is effective upon the signature date of ECOLOGY.

IN WITNESS WHEREOF: the parties below, having read this Amendment in its entirety, including all attachments, do agree in each and every particular and have thus set their hands hereunto.

**State of Washington
Department of Ecology**

KITSAP PUBLIC HEALTH DISTRICT

By:

Signature

Date

Name:

Title:

By:

Signature

Date

Name:

Title:

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 (NFP) Supervisor.

Section 2: TERMS:

This Agreement shall commence on January 1, 2020 and continue through December 31, 2020, unless terminated as provided herein. The agreement may be extended beyond December 31, 2020, 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

Yolanda Fong, Community Health Director
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 728-2275

Contractor's Contract Representative

Vicki Kirkpatrick, Director
Jefferson County Public Health
615 Sheridan St.
Port Townsend, WA 98368
(360) 385-9400

Section 5: COMPENSATION:

- A. Calculation for the cost of supervisor is total salaries and benefits, based 28 hours per week, and overhead. Total cost of \$118,878.41 will be shared between the Contractor and District, allocated based on the number of Public Health Nurses in the NFP program.

- B. District will pay Contractor an annual fee for regular nurse supervision for 3 of five (5) NFP nurse home visitors at \$5,943.92 monthly, or quarterly at the rate of \$17,831.76, so long as the total actual expenses meet or exceed the monthly or quarterly rate, whichever is agreed upon by the District and the Contractor.
- C. At such time as JCPH hires an additional NFP nurse home visitor to provide expanded services into Clallam County, as part of our regional expansion team, charges for nurse supervision will be shared among six (6) nurses instead of five (5). The new supervisory fee for regular nurse supervision for 3 of 6 NFP nurse home visitors will be \$4,953.27 monthly, or \$14,859.80 quarterly, whichever is agreed upon by District and Contractor.
- D. Contractor will notify District if actual expenses fall below the monthly or quarterly rate. Contractor shall submit invoices to the District, 345 6th St. Suite 300, Bremerton, WA 98337, Attn: Yolanda Fong, for payment of work actually completed to date.
- E. Until JCPH is able to hire a registered nurse for NFP in Clallam County, then rates in Section B will apply. Once hired, rates would be adjusted as reflected in Section C.
- F. Any additional fees required by NFP for the supervisor's training will be split between the District and the Contractor. District will be given adequate notice of needed trainings.
- G. Additional fees for Annual Program Support and Annual Nurse Consultation Fees will be split between the District and the Contractor. District's portion of fees will be based on the number of agencies participating under the JCPH NFP Program.
- H. In the event that approved program supplies required by NFP are unavailable for direct purchase, Contractor will purchase supplies and bill District for incurred cost. Total purchases of supplies or equipment will not exceed \$2,000 without prior approval of the District.
- I. 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 an hourly rate.
- J. 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 the District, its officers, agents, and employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, Contractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver

was mutually negotiated by the Parties. This provision will survive the expiration or termination of this Agreement.

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 \$1,000,000 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. 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

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 rules.

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 afforded District employees by virtue of the services provided under this agreement. 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**

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 Parties shall attempt to resolve the matter through good faith efforts. If unsuccessful, the Parties shall refer the matter to non-binding mediation.

If the mediator cannot resolve the dispute, the issue shall be referred to a Dispute Panel. The Dispute Panel shall review all issues, concerns, and conflicts to determine a solution acceptable to 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. The decision of the dispute panel shall be binding on the Parties and final.

Section 13: **TERMINATION**

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 of 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 included in this Agreement as Nurse-Family Partnership Model Elements, hereto attached and herein referenced as **Exhibit B**.

Section 16: **PROPRIETARY PROPERTY**

District and the Contractor understand and agree that NFP grants to the District and Contractor a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out the obligations of this Agreement. Further, the NFP reserves the right to modify the Proprietary Property from time to time in accordance with the data, research, and current

Exhibit A
Statement of Work

	JCPH	KPHD
Nurse Home visitors #	3*	3

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

Model element and description	JCPH	KPHD
#10, Work with NHVs to increase knowledge, practice, and individualization of NFP visit to visit guidelines with families across all domains.	X	X
#11, Work with NHVs to review and reflect on theoretical bases of NFP as related to clinical practice.	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
#13, Nurse supervisor provides supervision to 6 NHVs at this time, appropriate for .70 FTE Nurse supervisor	X	X
#14, Nurse supervisor provides: 1. Weekly 1:1 clinical supervision 2. Case conferences 3. Team meetings 4. Field Supervision	X In person weekly X at least 2 x month X at least 2 x month X at least 3x year	X In person at least 2x month X at least 2 x month 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
#17, Regional CAB convened and will meet at least 3x year	X	X
#18, Nurse supervisor will help support and facilitate regional communication to assure accurate data entry and implementation of program	X	X

Other related program implementation areas:

Other areas related to program implementation	JCPH	KPHD
NFP Tribal Community of Practice	0	0
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
Coordination of team meetings, case conferences, and reflective supervision times based on regional composition, including associated travel.	X	X
DCYF Funding: application, Monthly and quarterly reports.	X	X
NFP required Education and training, such as DANCE education and annual NFP National Symposium	X	X

* If JCPH is unable to hire a registered nurse for NFP in Clallam County, then 2 NFP nurses will be providing services.

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.

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.

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)

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

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.

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

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.

Exhibit C

Nurse-Family Partnership Network Partner Rate Schedule 2019—2020

The Nurse-Family Partnership National Service Office (NSO) is an independent nonprofit organization that exists to license and promote the NFP program. NSO also provides research, education, support implementation and improvements to ensure the model continues to produce positive results for moms, babies, families and communities. As an independent nonprofit, the NSO receives no government funding and although it helps obtain and sustain funding network partners receive to implement the program, such as MIECHV, it does not directly receive any of those funds. Fees represent a way for network partners to contribute to the overall shared costs of the NFP model they implement. Historically, fees have been set well below actual costs and generous private philanthropy has enabled the NSO to continue to operate. For the year ending September 30, 2019, total fees received represented 33% of actual operating and capital expenditures.

	Effective <u>1/1/2019</u>	Effective <u>1/1/2020</u>
<u>NFP Program Participation</u> (annual, per supervisor)		
Program Support	\$ 8,328	\$ 8,580
Nurse Consultation, first supervisor at location	\$ 9,984	\$ 10,284
Nurse Consultation, co-located supervisor	\$ 6,402	\$ 6,594
<u>Education</u>		
Nurse Home Visitor, Initial Education	\$ 4,808	\$ 4,952
Nurse Supervisor Education	\$ 868	\$ 895
Nursing online and initial educational materials	\$ 611	\$ 629
Administrator Education	\$ 568	\$ 585
<u>Other</u>		
Supervisor expansion/replacement, per occurrence	\$ 3,269	\$ 3,360
Specialized, custom information systems or other services:	<i>Please contact us</i>	

Please note that these prices go into effect on your contract anniversary date within the calendar year noted above. Thus if your contract anniversary date is June 1, you would have 2019 prices from 6/1/19 – 5/31/20.

Please remember that we all operate in a dynamic and evolving environment that may necessitate changes. For questions or additional information, please contact Sally Isaacson at 303.327.4279 or at Sally.Isaacson@nursefamilypartnership.org

AGREEMENT KC-192-20

This Agreement is entered, into between Kitsap County and the Kitsap Public Health District for the improving the health of high-risk mothers and children.

I. Purpose

This Agreement is for the appropriation of \$21,221, for the purpose of augmenting state and federal funding of evidence-based substance abuse prevention programs and services for the time period April 1, 2020 – June 30, 2020.

II. Project Description

This contract with Kitsap Public Health District provides \$21,221.00 of Washington State Health Care Authority (HCA) Dedicated Marijuana Account funds for the time period of April 1, 2020 – June 30, 2020.

Delivery of the evidence-based Nurse Family Partnership (NFP) to fourteen (14) first-time, low income moms and their babies by maintaining a 0.5 FTE Nurse Home Visitor. The NFP program is a nationally recognized, evidence-based nurse home visiting program implemented in 2012 through a public/private partnership. Highly trained registered nurses begin visiting early in pregnancy through the child's second birthday. The nurses provide education to promote health and helps build problem-solving skills that promote self-sufficiency and a positive life course.

This project has the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with families who either have or are at risk for substance abuse and/or mental health problems. This contract will deliver an evidenced-based nurse home visiting program (Nurse Family Partnership) to fourteen (14) first time, low-income moms and their babies.

III. Project Activities

The Kitsap Public Health District will provide the following for the Nurse Family Partnership (NFP) Program:

- Maintain 0.5 FTE Nurse Family Partnership (NFP) nurse home visitor.
- NFP staff will participate in ongoing training and education as required by NFP Nursing Services Organization.
- NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs.
- This contract will serve fourteen (14) families.
- Maintain outreach and referral plan to reach target population and maintain caseload.
- Provide Home Visits for first time, low-income pregnant women, mothers and infants.
- New clients will be enrolled before twenty-nine (29) weeks of pregnancy and receive visits according to NFP guidelines.
- Content and frequency of home visits will be aligned with NFP guidelines.
- Staff who provide home visits will receive individual reflective supervision.

- All staff will participate in reflective case conferences.
- Supervisors and nurse home visitors will review and utilize their data.
- Data will be used for quality and fidelity monitoring and improvement.

IV. Project Design

This project focuses on serving low income, first time moms and continues the Kitsap Nurse Family Partnership (NFP) program to serve fourteen (14) families by maintaining a 0.5 FTE nurse home visitor. The NFP assesses for evidence of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs). The NFP program is a nationally recognized, evidence-based nurse home visiting program implemented in 2012 through a public/private partnership. This tier will assist low-income, first time mothers to have healthy birth outcomes and become successful parents. Highly trained registered nurses begin visiting early in pregnancy through the child's second birthday. Nurses visit regularly to build trusting relationships that foster young women's abilities to reach goals and build healthy lifestyles for themselves and their children. The nurse provides education to promote health and helps build problem-solving skills that promote self-sufficiency and a positive life course.

V. Project Outcomes and Measurements

Measurable outcomes include, but are not limited to, early enrollment in pre-natal care, reduced perinatal substance use/abuse, regular screening for pre and postpartum depression, and referral for treatment

Nurse Family Partnership moms will complete a pre and post-test that will reflect gains in parenting, problem-solving, and self-sufficiency skills.

Data will be collected to monitor the following goals and objectives identified by the Kitsap Public Health District:

Goal #1: Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have or are at risk for substance abuse and/or mental health problems.

Objective #1: Funded case load of fourteen (14) mothers and infants will be maintained through June 30, 2020.

Goal #2: NFP Public Health Nurses and Community Health Worker maintain high fidelity to NFP evidence-based model

Objective #2: By June 30, 2020, KPHD will maintain required high fidelity to NFP model, as required by the National Service Office.

VI. Data Collection

- 1) Participant information sheet and Pre-test-Parent Index Survey delivered to the County within a week of first meeting.
- 2) Community Health Workers record of meeting with participant to the County weekly.
- 3) Community Health Workers record of Nurse Support Meetings within a week of each meeting.
- 4) Post-test Parent Index Survey with Mother's name on them to the County by July 6, 2020.

VII. Billing and Payment

Payments to Kitsap Public Health District shall be requested using an invoice form, which is supplied by the County. Kitsap Public Health District invoices must be sent to the County by the fifteenth (15th) calendar day after the end of each month of service.

The Kitsap Public Health District is authorized to receive payments in accordance with the cost reimbursable budget included under this Agreement. The Kitsap Public Health District will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Kitsap Public Health District must provide to the County a written explanation of expenditures which are less than 90% of the year-to-date budgeted total.

All payments to be made by the County under this Agreement shall be made to:

Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

The Agreement shall not exceed the total amount indicated on the cover sheet of this Agreement and any other modifications hereof.

VIII. Duration

This agreement is in effect from April 1, 2020 – June 30, 2020.

IX. Amendments

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

X. Attachments

The parties acknowledge that the following attachments constitute a part of this agreement:

- | | |
|---------------|---|
| Attachment A: | Special Terms and Conditions |
| Attachment B: | Budget |
| Attachment C: | Participant Information Form |
| Attachment D: | Pre/Post Test |
| Attachment E: | Certification Regarding Debarment, Suspension, and Other Responsibility Matters |
| Attachment F: | Certification Regarding Lobbying |

This Agreement shall be effective April 1, 2020.

DATED this ____ day _____ 2020. DATED this ____ day _____ 2020.

KITSAP PUBLIC HEALTH DISTRICT

**KITSAP COUNTY BOARD OF
COMMISSIONERS**

Keith Grellner, Administrator

ROBERT GELDER, Chair

EDWARD E. WOLFE, Commissioner

CHARLOTTE GARRIDO, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office

ATTACHMENT A: SPECIAL TERMS AND CONDITIONS

Substance Abuse Prevention - Prevention

SECTION 1. PROGRAM REQUIREMENTS

- 1.1 **Public Records.** All records required to be maintained by this contract or by state law shall be considered to be public records and maintained in accordance with applicable laws.
- 1.2 **Equal Opportunity Notices.**
 - A. Posting. The Contractor agrees to post in conspicuous places available to employees and applicants for employment, notices to be provided by the Department of Social and Health Services setting forth the provision of the Equal Opportunity Clause.
 - B. Collective Bargaining Agreements. The Contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding a notice to be provided by the Department of Social and Health Services, advising the labor union or workers' representative of the Contractor's commitments under this Equal Opportunity Clause, and shall post notice in conspicuous places available to employees and applicants for employment.
 - C. Background Checks
 - 1) The Contractor shall ensure a criminal background check is conducted for all staff members, case managers, outreach staff members, etc. or volunteers who have unsupervised access to children, adolescents, vulnerable adults, and persons who have developmental disabilities.
 - 2) When providing services to youth, the Contractor shall ensure that requirements of WAC 388-06-0170 are met.
- 1.3 **Non-discrimination Notices.** The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veteran status, or the presence of any sensory, mental, or physical disability.
- 1.4 **Service to Ethnic Minorities.** The Contractor shall provide services designed and delivered in a manner sensitive to the needs of all diverse populations. The Contractor shall initiate actions to ensure or improve access, retention, and cultural relevance of prevention or other appropriate services for ethnic minorities and other diverse populations in need of prevention services.
- 1.5 **Continuing Education.** Ensure that continuing education is provided for employees of any entity providing prevention activities. (42 USC 300x-28(b) and 45 CFR 96.132(b)).
- 1.6 **Liability.** Within ten (10) business days, Business Associate must notify Kitsap County of any complaint, enforcement or compliance action initiated by the Office for Civil Rights based on an allegation of violation of the HIPPA Rules and must inform Kitsap County of the outcome of that action.

- 1.7 **Records.** All fiscal and clinical records pertaining to services delivered under the terms of this contract shall be maintained for a minimum of seven (7) years. The Contractor shall comply with all state and federal requirements regarding the confidentiality of client records including, but not limited to, the Federal Regulations for the Confidentiality of Alcohol and Drug Patient Records, 42 CFR Part 2.
- 1.8 **Termination.** Termination of a contract shall not be grounds for a fair hearing for the service applicant or a grievance for the recipient if similar services are immediately available in the County.
- A. Service applications and recipients will be informed of their right to a grievance in the case of:
- 1) Denial or termination of service.
 - 2) Failure to act upon a request for services with reasonable promptness.
 - 3) Audit requirements – OMB 2 CFR, Part 200, Subpart F (A-133) audit requirements if applicable to the subcontractor.
 - 4) Authorizing facility inspection.
 - 5) Conflict of interest.
 - 6) Debarment and suspension certificate.
 - 7) HIPAA business Associate Agreement and Compliance adherence as outlined in the contract.
 - 8) Indemnification.
 - 9) Nondiscrimination in employment.
 - 10) Nondiscrimination in prevention activities.
 - 11) Performance Based Contracts.
 - 12) Providing data.
 - 13) Records and reports.
 - 14) Requirements outlined in the Data Sharing provision in the Contract.
 - 15) Services provided in accordance with law and rule and regulation.
 - 16) Minerva data input and reconciliation.
 - 17) Treatment of assets.
 - 18) Unallowable use of federal funds.
- 1.9 **On-Site Monitoring.** Kitsap County will conduct a review which shall include at least one (1) on-site visit, annually, to each contractor site providing services to monitor fiscal and programmatic compliance with contract performance criteria for the purpose of documenting that the contractors are fulfilling the requirements of the contract.

SECTION 2. FISCAL REQUIREMENTS

- 2.1 **Withhold Payment.** Failure of the Contractor to comply with terms of this contract shall give the County the right to withhold payment of any further funds under this contract.
- 2.2 **Reimbursement.** In the event that it is determined that any funds were disbursed under color of this contract, which violate the terms and conditions herein, such sums shall be reimbursed to the County upon written demand. Neither payment of any funds under color of this contract, nor any other action of the County or its agents or employees, prior to the discovery of the violation, shall constitute a waiver thereof.

- 2.3 **Distribution by County Treasurer.** In the event of dissolution of the private non-profit corporation or arm thereof named herein as Contractor for services, or termination of contractual agreement for any reason named herein, or elimination of program elements by the Board of County Commissioners, or transference of program elements, then in that event any monies and/or funds and fees generated by Contractor by virtue of the existence of the services outlined herein, shall, after all legal and accountable liabilities have been duly satisfied, revert to the Kitsap County Treasurer for distribution by the Board of County Commissioners.
- 2.4 **Right to Hearing.** All notices shall be given in writing specifying the reasons for such demands, reimbursement, termination, or amendment of such other actions contemplated in this Contract and the Contractor shall have the right to a hearing within ten (10) days from such determination before the County Commissioners for determination of the action and prior to commencement of any civil litigation by the Contractor.
- 2.5 **Unallowable Costs.** Unless an explicit and specific federal waiver is obtained, the following costs are **not** allowable under any contract that includes federal funds:
- A. Cost of hospital inpatient services.
 - B. Cash payments to departmental clients.
 - C. Cost of purchase or permanent improvement of land or facilities, other than minor remodeling.
 - D. Cost of purchase of major medical equipment with an acquisition cost in excess of \$5,000.00.
 - E. Costs used as cost-sharing or matching for other federal funds requiring non-federal matching funds.
 - F. Cost of financial assistance for any entity which is not either public or non-profit.
 - G. Carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection.
 - H. Carry out any testing for the etiologic agent for acquired immune deficiency syndrome (AIDS), unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling.
 - I. "EXCESS SALARY: The salary of an individual at a rate in excess of \$120,000 per year pursuant to Section 213 of P.L. 101.517."
 - J. Any food expenses are unallowable with contract funds.

SECTION 3. CORRECTIVE ACTION PROCESS

- 3.1 **Process.** If the Contract Administrator finds indications of potential non-compliance during the contract review or audit process or learns that the Contractor or its subcontractors are out of compliance with any of the terms or conditions of this Contract, the following process will be pursued:
- A. Informal Meeting. Informal process wherein the Regional Administrator alerts the appropriate Contractor's staff of the potential non-compliance and an agreeable solution is reached.
 - B. Official Verbal Notification. If the informal meeting does not result in resolution, the County will contact the Contractor for the purpose of official verbal notification of possible non-compliance to establish a date when representatives of the County and the Contractor shall meet and discuss areas of contention and attempt to resolve the issues.

- C. Written Summary. Within five (5) working days of such verbal notification, the County will provide the Contractor representative a written summary of the areas of non-compliance or potential non-compliance by certified mail. Notice shall be sent to the individual identified in the General Agreement.
- D. Discussion. Within twenty (20) days of the date of the written notification, a discussion between County and Contractor staff shall be conducted to address areas of non-compliance or potential non-compliance.
- E. Withhold Payments. If the County and the Contractor cannot agree upon a resolution within ten (10) working days of the discussion described in the previous paragraph, the County shall withhold contract payments related to the area(s) of non-compliance or potential non-compliance, unless a written, time-limited extension of the period to agree upon corrective action is issued by the County.
- F. Audit. Nothing in this section shall preclude audits by other duly authorized Representatives of the County, Department of Social and Health Services or state government, nor shall it preclude the recoupment of overpayments identified through those audit procedures.

SECTION 4. REPORTING REQUIREMENTS

- 4.1 All reports shall be submitted to the Contract Administrator to request payment for contracted services delivered during the previous month.
- 4.2 **Monthly Reports.** The requests are to be submitted to the Contract Administrator to request payment for contracted services delivered during the previous month. All requests must contain the following information:
 - A. County contract number.
 - B. Total dollar amount of contract.
 - C. Total payments year-to-date.
 - D. Payment requested this month.
 - E. Balance outstanding after payment.
 - F. Name and mailing address of Contractor.
 - G. All requests must be signed by the director of the Contractor and must be on the County reimbursement form.
- 4.3 **Audit Requirements.** Independent Audits will be submitted annually to the Contract Administrator in the following manner:

The Contractor shall acquire a financial audit by an independent auditing firm to determine at a minimum the fiscal integrity of the financial transaction and reports of the Contractor. Copies of the audit and management letter shall be submitted to the Kitsap County Human Services Department within 9 months of the end of the Contractor's fiscal year.

The Contractor shall provide an independent audit of the entire organization which:

 - A. In performed by an independent Certified Public Accountant, the Washington State Auditor's Office, or another entity, which the County and Contractor mutually agree will produce and audit which meets the requirements described in items B and C below.
 - B. Provides statements consistent with the guidelines of AICPA SOP 78-10, Reporting for Other Non-Profit Organizations.

- C. Is performed in accordance with generally accepted auditing standards and with Federal Standards for Audit of Governmental Organizations, Programs, Activities and Functions, and meeting all requirements of OMB Circular A-133 as applicable for agencies receiving federal funding in the amount of \$750,000 or more during their fiscal year.
- D. The Contractor shall submit two (2) copies of the audit and the management letter directly to the County immediately upon completion. The audit must be accompanied by documentation indicating the Contractor's Board of Directors has reviewed the audit.

4.4 **Suspension, Debarment, and Lobbying.** The Contractor shall certify, on a separate form (Attachment E), that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Also, the Contractor, on a separate form (Attachment F), will certify that it does not use Federal funds for lobbying purposes. Both forms are attached to this Contract.

4.5 **CFR §200.112 Conflict of interest.** The Federal awarding agency must establish conflict of interest policies for Federal awards. The non-Federal entity must disclose in writing any potential conflict of interest to the Federal awarding agency or pass-through entity in accordance with applicable Federal awarding agency policy.

4.6 **Comply with Omnibus Crime Control and Safe Streets Act of 1968**
Comply with the Omnibus Crime Control and Safe Streets Act of 1968; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Education Amendments of 1972; The Age Discrimination Act of 1975; and The Department of Justice Non-Discrimination Regulations at 28 CFR Part 42, Subparts C,D,E, and G, and 28 CFR Parts 35 and 39. (go to www.oip.usdoj.gov/ocr/.)

4.7 **HIPAA Compliance**

Preamble: This section of the Contract is the Business Associate Agreement as required by HIPAA.

1. **Definitions.**

- a. "Business Associate," as used in this Contract, means the "Contractor" and generally has the same meaning as the term "business associate" at 45 CFR 160.103. Any reference to Business Associate in this Contract includes Business Associate's employees, agents, officers, Subcontractors, third party contractors, volunteers, or directors.
- b. "Business Associate Agreement" means this HI PAA Compliance section of the Contract and includes the Business Associate provisions required by the U.S. Department of Health and Human Services, Office for Civil Rights.
- c. "Breach" means the acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the Protected Health Information, with the exclusions and exceptions listed in 45 CFR 164.402.

- d. "Covered Entity" means DSHS, a Covered Entity as defined at 45 CFR 160.103, in its conduct of covered functions by its health care components.
- e. "Designated Record Set" means a group of records maintained by or for a Covered Entity, that is: the medical and billing records about Individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or Used in whole or part by or for the Covered Entity to make decisions about Individuals.
- f. "Electronic Protected Health Information (EPHI)" means Protected Health Information that is transmitted by electronic media or maintained in any medium described in the definition of electronic media at 45 CFR 160.103.
- g. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, as modified by the American Recovery and Reinvestment Act of 2009 ("ARRA"), Sec. 13400 -13424, H.R. 1 (2009) (HITECHAct).
- h. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and Part 164.
- i. "Individual(s)" means the person(s) who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45CFR 164.502(g).
- j. "Minimum Necessary" means the least amount of PHI necessary to accomplish the purpose for which the PHI is needed.
- k. "Protected Health Information (PHI)" means individually identifiable health information created, received, maintained or transmitted by Business Associate on behalf of a health care component of the Covered Entity that relates to the provision of health care to an Individual; the past, present, or future physical or mental health or condition of an Individual; or the past, present, or future payment for provision of health care to an Individual. 45 CFR 160.103. PHI includes demographic information that identifies the Individual or about which there is reasonable basis to believe can be used to identify the Individual. 45 CFR 160.103. PHI is information transmitted or held in any form or medium and includes EPHI. 45 CFR 160.103. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USCA 1232g(a)(4)(B)(iv) or employment records held by a Covered Entity in its role as employer.
- l. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system.
- m. "Subcontractor" as used in this HIPAA Compliance section of the Contract (in addition to its definition in the General Terms and Conditions) means a Business Associate that creates, receives, maintains, or transmits Protected Health Information on behalf of another Business Associate.

- n. "Use" includes the sharing, employment, application, utilization, examination, or analysis, of PHI within an entity that maintains such information.
- 2. Compliance.** Business Associate shall perform all Contract duties, activities and tasks in compliance with HIPAA, the HIPAA Rules, and all attendant regulations as promulgated by the U.S. Department of Health and Human Services, Office of Civil Rights.
- 3. Use and Disclosure of PHI.** Business Associate is limited to the following permitted and required uses or disclosures of PHI:
- a. **Duty to Protect PHI.** Business Associate shall protect PHI from, and shall use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to EPHI, to prevent the unauthorized Use or disclosure of PHI other than as provided for in this Contract or as required by law, for as long as the PHI is within its possession and control, even after the termination or expiration of this Contract.
 - b. **Minimum Necessary Standard.** Business Associate shall apply the HIPAA Minimum Necessary standard to any Use or disclosure of PHI necessary to achieve the purposes of this Contract. See 45 CFR 164.514 (d)(2) through (d)(5).
 - c. **Disclosure as Part of the Provision of Services.** Business Associate shall only Use or disclose PHI as necessary to perform the services specified in this Contract or as required by law, and shall not Use or disclose such PHI in any manner that would violate Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information) if done by Covered Entity, except for the specific uses and disclosures set forth below.
 - d. **Use for Proper Management and Administration.** Business Associate may Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
 - e. **Disclosure for Proper Management and Administration.** Business Associate may disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been Breached.
 - f. **Impermissible Use or Disclosure of PHI.** Business Associate shall report to DSHS in writing all Uses or disclosures of PHI not provided for by this Contract within one (1) business day of becoming aware of the unauthorized Use or disclosure of PHI, including Breaches of unsecured PHI as required at 45 CFR 164.410 (Notification by a

Business Associate), as well as any Security Incident of which it becomes aware. Upon request by DSHS, Business Associate shall mitigate, to the extent practicable, any harmful effect resulting from the impermissible Use or disclosure.

- g. Failure to Cure. If DSHS learns of a pattern or practice of the Business Associate that constitutes a violation of the Business Associate's obligations under the terms of this Contract and reasonable steps by DSHS do not end the violation, DSHS shall terminate this Contract, if feasible. In addition, If Business Associate learns of a pattern or practice of its Subcontractors that constitutes a violation of the Business Associate's obligations under the terms of their contract and reasonable steps by the Business Associate do not end the violation, Business Associate shall terminate the Subcontract, if feasible.
- h. Termination for Cause. Business Associate authorizes immediate termination of this Contract by DSHS, if DSHS determines that Business Associate has violated a material term of this Business Associate Agreement. DSHS may, at its sole option, offer Business Associate an opportunity to cure a violation of this Business Associate Agreement before exercising a termination for cause.
- i. Consent to Audit. Business Associate shall give reasonable access to PHI, its internal practices, records, books, documents, electronic data and/or all other business information received from, or created or received by Business Associate on behalf of DSHS, to the Secretary of DHHS and/or to DSHS for use in determining compliance with HIPAA privacy requirements.
- j. Obligations of Business Associate Upon Expiration or Termination. Upon expiration or termination of this Contract for any reason, with respect to PHI received from DSHS, or created, maintained, or received by Business Associate, or any Subcontractors, on behalf of DSHS, Business Associate shall:
 - (1) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - (2) Return to DSHS or destroy the remaining PHI that the Business Associate or any Subcontractors still maintain in any form;
 - (3) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to Electronic Protected Health Information to prevent Use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate or any Subcontractors retain the PHI;
 - (4) Not Use or disclose the PHI retained by Business Associate or any Subcontractors other than for the purposes for which such PHI was retained and subject to the same conditions set out in the "Use and Disclosure of PHI" section of this Contract which applied prior to termination; and

- (5) Return to DSHS or destroy the PHI retained by Business Associate, or any Subcontractors, when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.
- k. Survival. The obligations of the Business Associate under this section shall survive the termination or expiration of this Contract.

4. Individual Rights.

a. Accounting of Disclosures.

- (1) Business Associate shall document all disclosures, except those disclosures that are exempt under 45 CFR 164.528, of PHI and information related to such disclosures.
- (2) Within ten (10) business days of a request from DSHS, Business Associate shall make available to DSHS the information in Business Associate's possession that is necessary for DSHS to respond in a timely manner to a request for an accounting of disclosures of PHI by the Business Associate. See 45 CFR 164.504(e)(2)(ii)(G) and 164.528(b)(1).
- (3) At the request of DSHS or in response to a request made directly to the Business Associate by an Individual, Business Associate shall respond, in a timely manner and in accordance with HIPM and the HIPM Rules, to requests by Individuals for an accounting of disclosures of PHI.
- (4) Business Associate record keeping procedures shall be sufficient to respond to a request for an accounting under this section for the six (6) years prior to the date on which the accounting was requested.

b. Access

- (1) Business Associate shall make available PHI that it holds that is part of a Designated Record Set when requested by DSHS or the Individual as necessary to satisfy DSHS's obligations under 45 CFR 164.524 (Access of Individuals to Protected Health Information).
- (2) When the request is made by the Individual to the Business Associate or if DSHS asks the Business Associate to respond to a request, the Business Associate shall comply with requirements in 45 CFR 164.524 (Access of Individuals to Protected Health Information) on form, time and manner of access. When the request is made by DSHS, the Business Associate shall provide the records to DSHS within ten (10) business days.

c. Amendment.

- (1) If DSHS amends, in whole or in part, a record or PHI contained in an Individual's Designated Record Set and DSHS has previously provided the PHI or record that is the subject of the amendment to Business Associate, then DSHS will inform Business Associate of the amendment pursuant to 45 CFR 164.526(c)(3) (Amendment of Protected Health Information).

(2) Business Associate shall make any amendments to PHI in a Designated Record Set as directed by DSHS or as necessary to satisfy DSHS's obligations under 45 CFR 164.526 (Amendment of Protected Health Information).

5. **Subcontracts and other Third Party Agreements.** In accordance with 45 CFR 164.502(e)(1)(ii), 164.504(e)(1)(i), and 164.308(b)(2), Business Associate shall ensure that any agents, Subcontractors, independent contractors or other third parties that create, receive, maintain, or transmit PHI on Business Associate's behalf, enter into a written contract that contains the same terms, restrictions, requirements, and conditions as the HIPAA compliance provisions in this Contract with respect to such PHI. The same provisions must also be included in any contracts by a Business Associate's Subcontractor with its own business associates as required by 45 CFR 164.314(a)(2)(b) and 164.504(e)(5).
6. **Obligations.** To the extent the Business Associate is to carry out one or more of DSHS's obligation(s) under Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information), Business Associate shall comply with all requirements that would apply to DSHS in the performance of such obligation(s).
7. **Liability.** Within ten (10) business days, Business Associate must notify DSHS of any complaint, enforcement or compliance action initiated by the Office for Civil Rights based on an allegation of violation of the HIPAA Rules and must inform DSHS of the outcome of that action. Business Associate bears all responsibility for any penalties, fines or sanctions imposed against the Business Associate for violations of the HIPAA Rules and for any imposed against its Subcontractors or agents for which it is found liable.
8. **Breach Notification.**
 - a. In the event of a Breach of unsecured PHI or disclosure that compromises the privacy or security of PHI obtained from DSHS or involving DSHS clients, Business Associate will take all measures required by state or federal law.
 - b. Business Associate will notify DSHS within one (1) business day by telephone and in writing of any acquisition, access, Use or disclosure of PHI not allowed by the provisions of this Contract or not authorized by HIPAA Rules or required by law of which it becomes aware which potentially compromises the security or privacy of the Protected Health Information as defined in 45 CFR 164.402 (Definitions).
 - d. Business Associate will notify the DSHS Contact shown on the cover page of this Contract within one (1) business day by telephone or e-mail of any potential Breach of security or privacy of PHI by the Business Associate or its Subcontractors or agents. Business Associate will follow telephone or e-mail notification with a faxed or other written explanation of the Breach, to include the following: date and time of the Breach, date Breach was discovered, location and nature of the PHI, type of Breach, origination and destination of PHI, Business Associate unit and personnel associated with the Breach-, detailed description of the Breach, anticipated mitigation steps, and the name, address, telephone number, fax number, and e-mail of the

individual who is responsible as the primary point of contact. Business Associate will address communications to the DSHS Contact. Business Associate will coordinate and cooperate with DSHS to provide a copy of its investigation and other information requested by DSHS, including advance copies of any notifications required for DSHS review before disseminating and verification of the date notifications were sent.

- e. If DSHS determines that Business Associate or its Subcontractor(s) or agent(s) is responsible for a Breach of unsecured PHI:
 - (1) requiring notification of Individuals under 45 CFR § 164.404 (Notification to Individuals), Business Associate bears the responsibility and costs for notifying the affected Individuals and receiving and responding to those Individuals' questions or requests for additional information;
 - (2) requiring notification of the media under 45 CFR § 164.406 (Notification to the media), Business Associate bears the responsibility and costs for notifying the media and receiving and responding to media questions or requests for additional information;
 - (3) requiring notification of the U.S. Department of Health and Human Services Secretary under 45 CFR § 164.408 (Notification to the Secretary), Business Associate bears the responsibility and costs for notifying the Secretary and receiving and responding to the Secretary's questions or requests for additional information; and
 - (4) DSHS will take appropriate remedial measures up to termination of this Contract.

9. Miscellaneous Provisions.

- a. Regulatory References. A reference in this Contract to a section in the HIPAA Rules means the section as in effect or amended.
- b. Interpretation. Any ambiguity in this Contract shall be interpreted to permit compliance **with** the HIPAA Rules.

4.8 Data Security Requirements

- 1. **Definitions.** The words and phrases listed below, as used in this Exhibit, shall each have the following definitions:
 - a. "Authorized User(s)" means an individual or individuals with an authorized business requirement to access HCA Confidential Information.
 - b. "Hardened Password" means a string of at least eight characters containing at least one alphabetic character, at least one number and at least one special character such as an asterisk, ampersand or exclamation point.
 - c. "Unique User ID" means a string of characters that identifies a specific user and which, in conjunction with a password, passphrase or other mechanism, authenticates a user to an information system.
- 2. **Data Transport.** When transporting HCA Confidential

Information electronically, including via email, the Data will be protected by:

- a. Transporting the Data within the (State Governmental Network) SGN or OPSI's internal network, or;
- b. Encrypting any Data that will be in transit outside the SGN or Contractor's internal network. This includes transit over the public Internet.

3. **Protection of Data.** Contractor agrees to store Data on one or more of the following media and protect the Data as described:

- a. Hard disk drives. Data stored on local workstation hard disks. Access to the Data will be restricted to Authorized User(s) by requiring logon to the local workstation using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards.
- b. Network server disks. Data stored on hard disks mounted on network servers and made available through shared folders. Access to the Data will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

For HCA Confidential Information stored on these disks, deleting unneeded Data is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in the above paragraph. Destruction of the Data as outlined in Section 5. Data Disposition may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.

- c. Optical discs (CDs or DVDs) in local workstation optical disc drives. Data provided by HCA on optical discs which will be used in local workstation optical disc drives and which will not be transported out of a Secured Area. When not in use for the contracted purpose, such discs must be locked in a drawer, cabinet or other container to which only Authorized Users have the key, combination or mechanism required to access the contents of the container. Workstations which access HCA Data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
- d. Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers. Data provided by HCA on optical discs which will be attached to network servers and which will not be transported out of a Secured Area. Access to Data on these discs will be

restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

- e. Paper documents. Any paper records must be protected by storing the records in a Secured Area which is only accessible to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.
- f. Remote Access. Access to and use of the Data over the State Governmental Network (SGN) or Secure Access Washington (SAW) will be controlled by HCA staff who will issue authentication credentials (e.g. a Unique User ID and Hardened Password) to Authorized Users on Contractor staff. Contractor will notify HCA staff immediately whenever an Authorized User in possession of such credentials is terminated or otherwise leaves the employ of Contractor, and whenever an Authorized User's duties change such that the Authorized User no longer requires access to perform work for this Contract.
- g. Data storage on portable devices or media.
 - (1) Except where otherwise specified herein, HCA Data shall not be stored by Contractor on portable devices or media unless specifically authorized within the terms and conditions of the Contract. If so authorized, the Data shall be given the following protections:
 - (a) Encrypt the Data with a key length of at least 128 bits
 - (b) Control access to devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics.
 - (c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.
 - (d) Physically Secure the portable device(s) and/or media by keeping them in locked storage when not in use
 - (e) Using check-in/check-out procedures when they are shared, and
 - (f) Taking frequent inventories

- (2) When being transported outside of a Secured Area, portable devices and media with HCA Confidential Information must be under the physical control of Contractor staff with authorization to access the Data.
 - (3) Portable devices include, but are not limited to; smart phones, tablets, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook/netbook computers if those computers may be transported outside of a Secured Area.
 - (4) Portable media includes but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape), or flash media (e.g. CompactFlash, SD, MMC).
- h. Data stored for backup purposes.
- (1) HCA data may be stored on portable media as part of Contractor's existing, documented backup process for business continuity or disaster recovery purposes. Such storage is authorized until such time as that media would be reused during the course of normal backup operations. If backup media is retired while HCA Confidential Information still exists upon it, such media will be destroyed at that time in accordance with the disposition requirements in Section
5. Data Disposition
- (2) HCA Data may be stored on non-portable media (e.g. Storage Area Network drives, virtual media, etc.) as part of Contractor's existing, documented backup process for business continuity or disaster recovery purposes. If so, such media will be protected as otherwise described in this exhibit. If this media is retired while HCA Confidential Information still exists upon it, the data will be destroyed at that time in accordance with the disposition requirements in Section 5. Data Disposition.

4. Data Segregation

- a. HCA Data must be segregated or otherwise distinguishable from non-HCA data. This is to ensure that when no longer needed by Contractor, all HCA Data can be identified for return or destruction. It also aids in determining whether HCA Data has or may have been compromised in the event of a security breach. As such, one or more of the following methods will be used for data segregation.
- b. HCA Data will be kept on media (e.g. hard disk, optical disc, tape, etc.) which will contain no non-HCA data. And/or,
- c. HCA Data will be stored in a logical container on electronic media, such as a partition or folder dedicated to HCA Data. And/or,
- d. HCA Data will be stored in a database which will contain no non-HCA data. And/or,

- e. HCA Data will be stored within a database and will be distinguishable from non-HCA data by the value of a specific field or fields within database records.
 - f. When stored as physical paper documents, HCA Data will be physically segregated from non-HCA data in a drawer, folder, or other container.
 - g. When it is not feasible or practical to segregate HCA Data from non-HCA data, then both the HCA Data and the non-HCA data with which it is commingled must be protected as described in this exhibit.
5. **Data Disposition.** When the contracted work has been completed or when no longer needed, except as noted in Section 3. Protection of Data b. Network Server Disks above, Data shall be returned to HCA or destroyed. Media on which Data may be stored and associated acceptable methods of destruction are as follows:

Data stored on:	Will be destroyed by:
Server or workstation hard disks, or Removable media (e.g. floppies, USB flash drives, portable hard disks) excluding optical discs	Using a "wipe" utility which will overwrite the Data at least three (3) times using either random or single character data, or Degaussing sufficiently to ensure that the Data cannot be reconstructed, or Physically destroying the disk
Paper documents with sensitive or Confidential Information	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of Data will be protected.
Paper documents containing Confidential Information requiring special handling (e.g. protected health information)	On-site shredding, pulping, or incineration
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding

6. **Notification of Compromise or Potential Compromise.** The compromise or potential compromise of HCA shared Data must be reported to the HCA Contact designated in the Contract within one (1) business day of discovery. If no HCA Contact is designated in the Contract, then the notification must be reported to the HCA Privacy Officer at HCAprivacyofficer@HCA.wa.gov. Contactor must also take actions to mitigate the risk of loss and comply with any notification or other requirements imposed by law or HCA.
7. **Data shared with Subcontractors.** If HCA Data provided under this Contract is to be shared with a subcontractor, the Contract with the subcontractor must include all of the data security provisions within this Contract and within any amendments, attachments, or exhibits within this Contract. If Contactor cannot protect the Data as articulated within this Contract, then the contract with the sub-Contractor must be

submitted to the HCA Contact specified for this contract for review and approval.

ATTACHMENT B: BUDGET SUMMARY

Kitsap Public Health District KC-192-20 4/1/2020 – 6/30/2020					
Expenditure Cost	Fund Source	Time Period	Previous Budget	Changes this Contract	Current Budget
Nurse-Family Partnership Program Staff hours	WA State Dedicated Marijuana Funds	4/1/2020 – 6/30/2020	0		21,221.00
Total			0.00	0.00	\$21,221.00

ATTACHMENT C: PARTICIPANT INFORMATION FORM

Participant Information Form

For Official Use Only

Program Name: _____

Activity Log: _____

Date Collected: _____

General Participant Type: (please choose one)* ☐ Individual ☐ Mentor ☐ Mentee

1. Participant Status: (please choose one)* ☐ Active ☐ Inactive ☐ Withdrawn ☐ Completed

Instructions: Please fill in the following information for each participant receiving services. (* indicates the field is required)

2. First Name:* _____

3. Last Name:* _____

4. Date of Birth: (mm/dd/yyyy)* _____

5. Address: _____

6. Address 2: _____

7. City:* _____ **8. State:*** _____ **9. Zip Code:*** _____

10. Gender:*(please choose one) ☐ Male ☐ Female ☐ Unknown/Refused to state

11. Age at first service:* _____

12. Race:* (please choose one)

☐ American Indian
Alaskan Native

☐ Asian – Japanese

☐ Native Hawaiian/Other Pacific
Islander – Guamanian or
Chamorro

☐ Asian – Asian Indian

☐ Asian – Korean

☐ Asian – Vietnamese

☐ White

☐ Asian – Chinese

☐ Asian – Other

☐ Two or more races

☐ Asian – Filipino

☐ Black

☐ Other race

Participant Information Form

13. Hispanic, Latino/Latina or Spanish national origin: (please choose one)*

- | | |
|---|--|
| <input type="checkbox"/> Not Hispanic, Latino(a) or Spanish | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Mexican, Mexican American or Chicano | <input type="checkbox"/> Other Hispanic, Latino, or Spanish Origin |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Hispanic Ethnicity Unknown |

14. Transgender: (please choose one)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Not transgender |
|--------------------------------------|--|

15. Sexual Orientation: (please choose one)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Gender Neutral |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Questioning | <input type="checkbox"/> Choose not to identify |

16. Primary language spoken at this person's home: (please choose one)

- | | | | |
|----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |
|----------------------------------|----------------------------------|--------------------------------|----------------------------------|

17. If English is the primary language spoken at this participants home, indicate how well spoken:
(please choose one)*

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> Well | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Not well | |

18. Living in poverty? (please choose one)

- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

19. Does participant (or if child/dependent does the parent/guardian) serve in the military?

- | | |
|--|--|
| <input type="checkbox"/> Currently serve in the armed forces | <input type="checkbox"/> Served in the past, but not currently |
| <input type="checkbox"/> Currently serve in the reserves | <input type="checkbox"/> Never served in Armed Forces, Reserves, or National Guard |
| <input type="checkbox"/> Currently serve in the National Guard | <input type="checkbox"/> Military status unknown |

ATTACHMENT D: PRE/POST TEST

Parent Index Survey

Date: _____

Name/Code: _____

INSTRUCTIONS: Please answer the following questions to the best of your ability, reflecting your perception of where you are now.

How true are the following statements?	Not True	Mostly Not True	Somewhat True	Mostly True	Very True
3 Children can learn good behavior without being spanked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 A parent's use of alcohol and drugs has no impact on a child's ability to learn and make normal progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 A child may believe a separation from a parent is the child's own fault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Separation, grief and loss can keep a child from making normal progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 If I am worried or unhappy, I should be able to count on my child to make me feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 Which of the following are TRUE statements when parents use Time Out with children?

	TRUE	FALSE
a. Children realize parents will pay more attention to them when they misbehave.	<input type="checkbox"/>	<input type="checkbox"/>
b. It gives parents and children a chance to "cool off."	<input type="checkbox"/>	<input type="checkbox"/>
c. It is a form of punishment for children that makes them think about how bad they've been.	<input type="checkbox"/>	<input type="checkbox"/>
d. It teaches children the consequences of bad behavior.	<input type="checkbox"/>	<input type="checkbox"/>
e. It gives parents time to think of other ways to prevent or solve the problem in the future.	<input type="checkbox"/>	<input type="checkbox"/>
f. It can be helpful when a parent sits quietly with a young child in time out.	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR COMPLETING THIS SURVEY!

ATTACHMENT E: CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

Primary Covered Transactions 45 CFR 76

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principles:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connections 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 statement, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charges 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 application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participants are unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

This Certification is executed by the person(s) signing below who warrant they have authority to execute this Certification

CONTRACTOR: KITSAP PUBLIC HEALTH DISTRICT

Name: _____

Title: _____

DATE: _____

ATTACHMENT F: CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and believe, 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 an 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 Federal 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 Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants 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, title 31, 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.

KITSAP PUBLIC HEALTH DISTRICT

Contractor Organization

Signature of Certifying Official

Date

BINDER

(Summary of Coverage)

MEMBER:

Kitsap Public Health District
345 6th St, Suite 300
Bremerton, Washington 98337

MEMORANDUM #

2020-00-012

EFFECTIVE:

9/1/2019 through 8/31/2020

This is to certify that the Memorandum of Coverage has been issued to the Member named above for the period indicated.

COVERAGE:	COVERAGE TYPE	LIMIT	DEDUCTIBLE
GENERAL LIABILITY <i>General Liability; Professional Liability; Personal Liability</i>	Each occurrence	\$20,000,000	\$10,000
AUTO LIABILITY <i>Hired and Non-Owned; Temporary Substitute</i>	Each occurrence	\$20,000,000	\$10,000
PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY	Each Wrongful Act Member Aggregate	\$20,000,000 \$20,000,000	\$10,000
TERRORISM LIABILITY	Each Occurrence Aggregate	\$500,000 \$1,000,000	\$10,000
EMPLOYMENT PRACTICES LIABILITY	Aggregate Per member	\$20,000,000	20% Co Pay*
CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	Per Occurrence Member Aggregate	\$250,000 N/A	\$1,000
NAMED POSITION COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	Per Occurrence Member Aggregate	N/A N/A	N/A
PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY <i>Property; Mobile Equipment; Boiler & Machinery</i>	Replacement Cost	Per Schedule with Enduris	Per Schedule with Enduris
CYBER COVERAGE	Each Occurrence Member Aggregate	\$2,000,000	20% Co Pay*
AUTOMOBILE PHYSICAL DAMAGE	Per Schedule with Enduris	N/A	\$250
IDENTITY FRAUD EXPENSE REIMBURSEMENT	Per Occurrence Member Aggregate	\$25,000 \$25,000	\$1,000

**CoPay may be waived as per Memorandum of Coverage*



Rafael Ortiz
Authorized Representative
Chief Operating Officer

SAM Search Results
List of records matching your search for :

Search Term : KITSAP PUBLIC HEALTH DISTRICT*
Record Status: Active

ENTITY	KITSAP PUBLIC HEALTH DISTRICT	Status: Active
DUNS: 169167202	+4:	CAGE Code: 0UMV3 DoDAAC:
Expiration Date: 12/25/2020	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 345 6TH ST STE 300		
City: BREMERTON	State/Province: WASHINGTON	
ZIP Code: 98337-1866	Country: UNITED STATES	

New or Renewed Contracts for the Period of 03/01/2020 through 03/31/2020

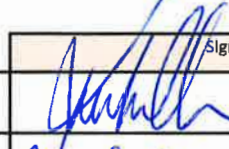
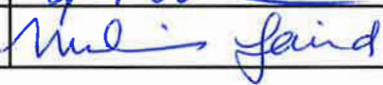
KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (2 contracts)									
NACCHO									
ID: 2064	Community Health, Yolanda Fong	Agreement	Closed		\$50,000.00	03/11/20		07/31/20	2020-022401
Description: Overdose prevention and response mentorship program through KPHD syringe exchange program.									
.....									
Washington State University									
ID: 2058	Clinical Services, Yolanda Fong	Affiliation Agreement	Closed		\$0.00	03/05/20		03/04/23	
Description: Student Learning Affiliation									
.....									

Kitsap Public Health Board Meeting

Date: May 5, 2020

CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers

Approvals:

	Signature	Date
Administrator		4/30/2020
Finance Manager		04/20/2020

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Beginning Warrant	Ending Warrant	Total Amount
Accounts Payable	3/2/2020	3798610	3798621	\$ 30,197.87
Accounts Payable	3/3/2020	DD104474	DD104487	10,310.84
Accounts Payable	3/9/2020	3798959	3798965	12,119.05
Accounts Payable	3/10/2020	DD104725	DD104735	3,167.78
Accounts Payable	3/16/2020	3799440	3799451	60,818.05
Accounts Payable	3/17/2020	DD105060	DD105075	15,111.77
Accounts Payable	3/17/2020	3799289	-	94.02
Accounts Payable	3/23/2020	3799939	3799959	12,627.81
Accounts Payable	3/24/2020	DD105405	DD105411	3,710.56
Accounts Payable	3/30/2020	3800214	3800226	37,829.38
Accounts Payable	3/31/2020	DD105578	DD105590	28,960.27
Accounts Payable Total				\$ 185,987.13
Payroll PERS Payment (February)	3/11/2020	N/A	N/A	114,332.66
Payroll Taxes	3/31/2020	N/A	N/A	143,930.22
Payroll Benefits	3/31/2020	3799760	3799785	112,567.03
Payroll Benefits	3/31/2020	DD105287	DD105287	9,859.42
Payroll	3/31/2020	N/A	N/A	388,844.31
Payroll Total				\$ 769,533.64
			Grand Total	\$ 984,481.04

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	423515	STAPLES ADVANTAGE (PO BOX		1580451	001	3798619	PK	03/02/20	408.61
Warrant 3798619 total									408.61
	424353	TOYOTA FINANCIAL SERVICES		1580453	001	3798620	PK	03/02/20	319.68
Warrant 3798620 total									319.68
	277244	WSEHA		1580639	001	3798621	PK	03/02/20	295.00
Warrant 3798621 total									295.00
Department 95969 total									30,197.87

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

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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	325550	BAZZELL, RICHARD		1580436	001	104474	PT	03/03/20	600.86
Warrant 104474 total									600.86
	384173	CANON FINANCIAL SERVICES,		1580443	001	104475	PT	03/03/20	1,041.15
Warrant 104475 total									1,041.15
	430758	DUREN, ASHLEY		1580721	001	104476	PT	03/03/20	47.15
Warrant 104476 total									47.15
	10476	FEDEX (PO BOX 371461 PITT		1580722	001	104477	PT	03/03/20	26.56
Warrant 104477 total									26.56
	200487	JEFFERSON COUNTY HEALTH/H		1580890	001	104478	PT	03/03/20	4,094.79
Warrant 104478 total									4,094.79
	387985	JOHNSON, RENEE K		1580439	001	104479	PT	03/03/20	51.18
Warrant 104479 total									51.18
	393436	KATULA, DAYNA		1580470	001	104480	PT	03/03/20	88.28
Warrant 104480 total									88.28
	11553	KITSAP COMMUNITY RESOURCE		1580732	001	104481	PT	03/03/20	2,671.71
Warrant 104481 total									2,671.71
	416795	PORT ANGELES FARMERS MARK		1580450	001	104482	PT	03/03/20	180.00

WARRANTS BY DEPARTMENT
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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 D1	339396	GIUNTOLI, PAUL		1581539	001	3798959	PK	03/09/20	120.76
Warrant 3798959 total									120.76
	12367	KING COUNTY FINANCE: ACCT		1581546	001	3798960	PK	03/09/20	167.00
Warrant 3798960 total									167.00
	327504	US BANK (JUNIOR DIST	ONL	1581561	001	3798962	PK	03/09/20	195.30
	327504	US BANK (JUNIOR DIST	ONL	1581561	002	3798962	PK	03/09/20	440.54
	327504	US BANK (JUNIOR DIST	ONL	1581562	001	3798962	PK	03/09/20	1,180.95
	327504	US BANK (JUNIOR DIST	ONL	1581563	001	3798962	PK	03/09/20	1,128.12
	327504	US BANK (JUNIOR DIST	ONL	1581563	002	3798962	PK	03/09/20	418.45
	327504	US BANK (JUNIOR DIST	ONL	1581564	001	3798962	PK	03/09/20	1,471.45
	327504	US BANK (JUNIOR DIST	ONL	1581566	001	3798962	PK	03/09/20	513.80
	327504	US BANK (JUNIOR DIST	ONL	1581577	001	3798962	PK	03/09/20	796.40
	327504	US BANK (JUNIOR DIST	ONL	1581705	001	3798962	PK	03/09/20	226.33
	327504	US BANK (JUNIOR DIST	ONL	1581705	002	3798962	PK	03/09/20	714.69
	327504	US BANK (JUNIOR DIST	ONL	1581709	001	3798962	PK	03/09/20	22.50
	327504	US BANK (JUNIOR DIST	ONL	1581709	002	3798962	PK	03/09/20	1,936.65
	327504	US BANK (JUNIOR DIST	ONL	1581710	001	3798962	PK	03/09/20	79.66
	327504	US BANK (JUNIOR DIST	ONL	1581710	002	3798962	PK	03/09/20	724.63
Warrant 3798962 total									6,906.57
	268891	VERIZON WIRELESS - PO BOX		1581549	001	3798963	PK	03/09/20	2,097.50
	268891	VERIZON WIRELESS - PO BOX		1581550	001	3798963	PK	03/09/20	2,727.22
Warrant 3798963 total									4,824.72
	233230	WATERPAK		1581547	001	3798964	PK	03/09/20	50.00

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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	389139	ACRANET CBS BRANCH		1581606	001	104725	PT	03/10/20	142.00
Warrant 104725 total									142.00
	320219	DRUG FREE BUSINESS CORP		1581608	001	104726	PT	03/10/20	100.00
Warrant 104726 total									100.00
	10476	FEDEX (PO BOX 371461 PITT		1581609	001	104727	PT	03/10/20	26.56
Warrant 104727 total									26.56
	10940	GRELLNER, KEITH		1581540	001	104728	PT	03/10/20	399.88
Warrant 104728 total									399.88
	393436	KATULA, DAYNA		1581541	001	104729	PT	03/10/20	241.40
Warrant 104729 total									241.40
	252336	KIESS, JOHN F		1581542	001	104730	PT	03/10/20	22.58
Warrant 104730 total									22.58
	285101	LYTLE, ROSS		1581543	001	104731	PT	03/10/20	55.20
Warrant 104731 total									55.20
	295081	NGUYEN, LOAN		1581544	001	104732	PT	03/10/20	6.94
Warrant 104732 total									6.94
	195219	OZARK UNDERGROUND LABORAT		1581548	001	104733	PT	03/10/20	950.00

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Warrant Itm Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	217750	NICOLAISEN, NIELS		1582726	001 3799289	PK	03/17/20	94.02
Warrant 3799289 total								94.02
Department 95969 total								94.02

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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
	402886	IRON MOUNTAIN PO BOX 601		1583878	001	3799948	PK	03/24/20	164.82
Warrant 3799948 total									164.82
	426159	JOYCE, DOUGLAS L		1583879	001	3799949	PK	03/24/20	426.00
Warrant 3799949 total									426.00
	425122	KANIA, SHARON FAYE		1583880	001	3799950	PK	03/24/20	623.00
Warrant 3799950 total									623.00
	12367	KING COUNTY FINANCE: ACCT		1583881	001	3799951	PK	03/24/20	27.00
Warrant 3799951 total									27.00
	425365	MASTERS, SPENCER R.		1583883	001	3799952	PK	03/24/20	722.00
Warrant 3799952 total									722.00
	393428	QUEST DIAGNOSTICS		1583884	001	3799953	PK	03/24/20	62.59
Warrant 3799953 total									62.59
	425127	SIENA HOLDINGS LLC		1583886	001	3799954	PK	03/24/20	704.00
Warrant 3799954 total									704.00
	423515	STAPLES ADVANTAGE (PO BOX		1583888	001	3799955	PK	03/24/20	204.57
Warrant 3799955 total									204.57
	369036	ONE TIME PAYMENT		1583889	001	3799956	PK	03/24/20	285.00
Warrant 3799956									

STUMPF, MARY

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<u>Department</u>	<u>Vendor Number</u>	<u>Vendor Name</u>	<u>Purchase Order</u>	<u>Voucher Number</u>	<u>Pay Itm</u>	<u>Warrant Number</u>	<u>Wrk Typ</u>	<u>Check/ Itm Date</u>	<u>Warrant Amount</u>
total									285.00
	268891	VERIZON WIRELESS - PO BOX		1583892	001	3799957	PK	03/24/20	1,994.15
	268891	VERIZON WIRELESS - PO BOX		1583893	001	3799957	PK	03/24/20	2,635.10
Warrant 3799957 total									4,629.25
	368370	WHIT-DELTA DENTAL OF WASH		1583891	001	3799958	PK	03/24/20	105.55
Warrant 3799958 total									105.55
	277244	WSEHA		1583890	001	3799959	PK	03/24/20	275.00
Warrant 3799959 total									275.00
Department 95969 total									12,627.81

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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	301784	COMCAST PO BOX 60533		1584786	001	3800214	PK	03/30/20	145.01
Warrant 3800214 total									145.01
	221674	DEPARTMENT OF LICENSING (		1584812	001	3800215	PK	03/30/20	455.00
	221674	DEPARTMENT OF LICENSING (		1584813	001	3800215	PK	03/30/20	65.00
Warrant 3800215 total									520.00
	16054	KITSAP COUNTY DEPT OF ADM		1584790	001	3800216	PK	03/30/20	25,396.00
Warrant 3800216 total									25,396.00
	374662	KITSAP COUNTY DEPT OF PUB		1584791	001	3800217	PK	03/30/20	80.34
Warrant 3800217 total									80.34
	212307	KITSAP COUNTY HUMAN SERVI		1584789	001	3800218	PK	03/30/20	8,879.74
Warrant 3800218 total									8,879.74
	369036	ONE TIME PAYMENT		1584793	001	3800219	PK	03/30/20	350.00
Warrant 3800219 total									350.00
	369036	ONE TIME PAYMENT		1584801	001	3800220	PK	03/30/20	350.00
Warrant 3800220 total									350.00
	12265	MCKESSON CORPORATION (GE		1584792	001	3800221	PK	03/30/20	521.55
	12265	MCKESSON CORPORATION (GE		1584792	002	3800221	PK	03/30/20	106.36
Warrant 3800221 total									627.91
	325212	MORGAN, NEWTON		1584776	001	3800222	PK	03/30/20	109.25

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WARRANTS BY DEPARTMENT
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Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	188781	ASSOCIATION OF WASHINGTON		1584785	001	105578	PT	03/31/20	500.00
Warrant 105578 total									500.00
	384173	CANON FINANCIAL SERVICES,		1584891	001	105579	PT	03/31/20	1,041.15
Warrant 105579 total									1,041.15
	10476	FEDEX (PO BOX 371461 PITT		1584787	001	105580	PT	03/31/20	26.56
Warrant 105580 total									26.56
	222956	HOLDCROFT, GRANT A.		1584764	001	105581	PT	03/31/20	56.58
Warrant 105581 total									56.58
	200487	JEFFERSON COUNTY HEALTH/H		1584788	001	105582	PT	03/31/20	5,471.36
Warrant 105582 total									5,471.36
	417895	LAIRD, MELISSA Y		1584769	001	105583	PT	03/31/20	53.30
Warrant 105583 total									53.30
	285101	LYTLE, ROSS		1584770	001	105584	PT	03/31/20	27.60
Warrant 105584 total									27.60
	387402	MCKINNON, BRYAN		1584775	001	105585	PT	03/31/20	236.67
Warrant 105585 total									236.67
	265867	PENINSULA COMMUNITY HEALT		1584810	001	105586	PT	03/31/20	20,406.38

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09200

Account Ledger Inquiry

From Date/Period 03/01/20

Account. 95969.2315

Thru Date/Period 03/11/20

ACCRUED EMPLOYEE BENEFITS

Ledger Type. . . AA

Subledger. . . . *

Skip to Doc/Type

Y-T-D Period End : 2,730.35-

Cumul Period End : 115,063.16-

Additional Selections Exist

O	DT	Document	Date	Explanation/Alpha	Debit	Credit	P
	U1	371797	03/11/20	DAILY CASH TRANSMI	20,074.12		P
	U1	371797	03/11/20	DAILY CASH TRANSMI	94,258.54		P
					114,332.66		

Ledger Total
Unposted Total

114,332.66

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ldg F24=More

09200
Account Ledger Inquiry

From Date/Period 03/01/20
Thru Date/Period 03/31/20
Ledger Type. . . AA
Subledger. . . . *

Account. 95969.2317
Skip to Doc/Type
Y-T-D Period End :
Cumul Period End :
Additional Selections Exist

DT	Document	Date	Explanation/Alpha	Debit	Credit	P
U1	372358	03/31/20	DAILY CASH TRANSMI	143,930.22		P
				143,930.22		
Ledger Total				143,930.22		
Unposted Total						

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ldg F24=More

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Company - Home . . 00969 Kitsap Public Health District
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Deductions and taxes are confidential and have been redacted

Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Msg
427227	ABAZI, ORNELA	173.36	5,017.00	1,474.40	5,017.00			3,981.91	9844592	N
4563	ABNEY, BEVERLY M.	173.30	5,356.00	1,543.49	5,356.00			3,553.21	9844593	N
278956	ACOSTA, NANCY M.	173.31	7,917.00	1,857.69	7,917.00			4,757.29	9844594	N
413193	ADER, SAM A.	173.36	4,535.00	1,411.68	4,535.00			3,000.25	9844595	N
407901	ADHIKARI, ANISH	173.35	6,830.00	1,322.00	6,830.00			4,677.65	9844596	N
419470	ANDERSON, AMY C.	173.35	5,372.00	1,172.64	5,372.00			3,553.16	9844597	N
215189	BANIGAN, LESLIE B.	173.31	7,235.00	1,374.68	7,235.00			5,111.47	9844598	N
328436	BAZZELL, RICHARD L.	173.31	6,735.00	1,309.63	6,735.00			4,656.02	9844600	N
419805	BELL, GUS J.	168.98	6,668.14	1,745.00	6,668.14			4,505.19	9844601	N
407902	BERGER, ANGELINE C.	173.31	4,227.00	1,337.28	4,227.00			3,151.16	9844602	N
404611	BIERMAN, DANA J.	155.99	6,012.00	1,300.91	6,012.00			4,490.34	9844603	N
426250	BORJA, WINDIE R.	117.33	2,534.40	1,146.56	2,534.40			1,875.10	9844604	N
2058	BOYSEN-KNAPP, KARENI	138.67	4,927.00	2,077.40	4,927.00			2,771.34	9844605	N
271677	BROWN, STEVEN J.	173.33	7,365.00	1,391.60	7,365.00			4,629.83	9844607	N
409212	BURCHETT, BRIAN D.	173.32	4,113.00	968.51	4,113.00			3,058.86	9844608	N
411387	CHANG, MARGO W.	173.35	3,434.00	880.17	3,434.00			2,695.86	9844609	N
433648	CROW, KAYLA S.	96.00	2,169.60	708.40	2,169.60			1,718.83	9844611	N
340919	DOWLESS, KELLY A.	173.31	5,948.00	1,620.51	5,948.00			4,219.83	9844612	N
430735	DUREN, ASHLEY L.	173.32	4,333.00	1,435.20	4,333.00			3,272.62	9844613	N
223648	EAKES, DEANNA L.	173.33	4,907.00	1,071.81	4,907.00			3,212.77	9844614	N
4565	EVANS, ERIC V.	173.34	8,785.00	2,933.09	8,785.00			2,754.27	9844615	N
421693	FINE, GEORGE F.	86.68	1,926.00	1,059.66	1,926.00			1,503.15	9844616	N
321284	FISK, APRIL K.	173.33	6,245.00	2,602.64	6,245.00			3,756.89	9844617	N
356883	FONG, YOLANDA N.	173.32	9,835.00	2,582.49	9,835.00			6,964.84	9844618	N
337331	GIUNTOLI, PAUL A.	173.31	6,735.00	1,697.90	6,735.00			3,970.95	9844619	N
401905	GONZALEZ, ANNA K.	173.32	6,503.00	2,642.20	6,503.00			4,888.51	9844620	N
1264	GRELLNER, KEITH J.	173.32	11,883.00	2,119.13	11,883.00			8,369.74	9844621	N
421427	GRESS, NICOLE R.	173.33	3,451.00	1,841.53	3,451.00			2,618.92	9844622	N
410072	GRIEGO, YANEISY	155.99	3,410.00	1,186.07	3,410.00			2,607.86	9844623	N
355732	GUIDRY, JESSICA F.	173.32	8,120.00	2,871.57	8,120.00			5,597.19	9844624	N
356336	GUZMAN, DAMARYS L.	173.35	4,294.00	1,821.55	4,294.00			2,848.30	9844625	N
412171	HAMEL, PATRICK B.	173.31	6,078.00	1,662.23	6,078.00			4,069.06	9844626	N
427228	HELVIK, BRITTANY M.	173.31	3,130.00	840.63	3,130.00			2,479.19	9844627	N
4579	HOLDCROFT, GRANT A.	173.32	8,120.00	1,878.09	8,120.00			4,593.03	9844628	N
270783	HOLDCROFT, JODIE ST	173.31	6,735.00	1,697.90	6,735.00			3,597.46	9844629	N
1041	HOLT, JUDITH A.	173.32	8,120.00	1,579.95	8,120.00			4,658.67	9844630	N
2726	HOLT, KAREN L.	173.32	8,120.00	2,454.96	8,120.00			5,285.44	9844631	N
306605	HUGHES, RACHEL J.	173.32	3,995.00	1,341.43	3,995.00			2,918.40	9844632	N
409213	HUNTER, KARI L.	173.31	7,014.00	1,485.68	7,014.00			4,875.08	9844633	N
295036	JAMESON, BETTY S.	173.34	4,174.00	1,364.72	4,174.00			3,138.45	9844634	N
400651	JOHANSON, KRISTA M.	173.32	3,995.00	1,782.65	3,995.00			2,983.15	9844635	N
421429	JOHNSON, RENEE K.	173.31	5,513.00	1,250.34	5,513.00			3,993.29	9844636	N
358933	JONES, KIMBERLY D.	173.33	7,365.00	1,391.60	7,365.00			5,080.97	9844637	N
393427	KATULA, DAYNA R.	173.35	6,362.00	2,220.24	6,362.00			3,730.25	9844638	N
418812	KELLUM, LYNDSEY B.	104.00	3,695.00	747.78	3,695.00			2,750.70	9844639	N
245476	KENCH, DONALD C.	173.33	3,964.00	2,065.38	3,964.00			2,709.08	9844640	N
250913	KIESS, JOHN F.	173.32	9,685.00	3,019.56	9,685.00			6,640.16	9844641	N
421430	KINDSCHY, BRANDON J	173.32	5,250.00	2,473.19	5,250.00			3,680.21	9844642	N
16125	KNOOP, MELINA V.	173.31	6,735.00	1,697.90	6,735.00			4,471.07	9844643	N

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Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Msg
243184	KRUSE, CHARLES H.	173.35	6,830.00	2,281.14	6,830.00			4,401.11	9844644	N
327580	KUSHNER, SIRI E.	173.34	8,785.00	2,405.83	8,785.00			6,760.30	9844645	N
416539	LAIRD, MELISSA Y.	173.32	8,120.00	1,878.09	8,120.00			5,670.75	9844646	N
429748	LAU, ANDREW S.	165.60	4,913.87	1,485.97	4,913.87			3,700.37	9844647	N
285038	LYTLE, ROSS D.	173.31	6,735.00	2,073.76	6,735.00			4,371.67	9844648	N
388104	MAZUR, KARINA MARIA	173.35	6,882.00	1,717.03	6,882.00			4,619.93	9844649	N
421431	MCDOWELL, STACI M.	51.32	1,217.82	417.05	1,217.82			1,121.62	9844650	N
387088	MCKINNON, BRYAN M.	173.31	5,513.00	1,290.40	5,513.00			4,335.77	9844651	N
429377	MCNAMARA, NICOLE E.	156.00	4,176.00	936.26	4,176.00			3,352.59	9844652	N
279971	MOEN, ANNE M.	173.35	5,372.00	1,961.80	5,372.00			3,687.75	9844653	N
406607	MOONTREE, KAEAL L.	173.30	4,778.00	1,443.30	4,778.00			3,477.42	9844654	N
421227	MOORE, MEGAN R.	156.00	5,028.00	2,388.24	5,028.00			3,571.57	9844655	N
324204	MORGAN, WILLIAM NEW	156.00	6,422.00	1,975.01	6,422.00			4,392.85	9844656	N
312378	MORRIS, DAWN M.	138.68	4,246.00	903.41	4,246.00			3,068.16	9844657	N
406005	MURRAY, KEISHA R.	30.67	887.59	1.33	887.59			817.47	9844658	N
295033	NGUYEN, LOAN T.	138.69	3,524.00	1,894.88	3,524.00			2,224.85	9844659	N
430367	NICHOLS, ELIZABETH	115.31	4,577.72	1,096.86	4,577.72			2,804.78	9844660	N
208456	NICOLAISEN, NIELS K	173.31	6,735.00	2,268.77	6,735.00			4,778.89	9844661	N
3128	NOBLE, GREGORIA A.	173.31	5,000.00	1,168.04	5,000.00			3,262.58	9844662	N
22459	NORTH, EDWIN	173.34	8,785.00	2,445.89	8,785.00			6,431.61	9844663	N
405301	NUNO, CRYSTAL M.	173.33	6,382.00	1,263.71	6,382.00			3,635.40	9844664	N
426938	ONARHEIM, CARIN E.	173.33	4,127.00	970.33	4,127.00			2,941.44	9844665	N
243679	OUTHWAITE, MINDI L.	121.44	4,820.97	1,184.01	4,820.97			3,309.84	9844666	N
419118	PANDINO, LINDA E.	173.36	4,405.00	1,394.77	4,405.00			3,289.41	9844667	N
229901	PHIPPS, BETH M.	173.31	8,067.00	1,482.93	8,067.00			5,482.52	9844668	N
394466	PREWITT, SUSANA C.	173.35	4,294.00	992.06	4,294.00			3,244.17	9844669	N
1214	QUAYLE, TIMOTHY P.	173.34	6,930.00	2,294.15	6,930.00			4,627.33	9844670	N
419860	QUIST-THERSON, NII	189.09	8,498.20	2,368.52	8,498.20			6,273.65	9844671	N
418444	RAMUNNO, PHILIP M.	240.00	8,078.40	12.12	8,078.40			6,319.95	9844672	N
433650	RASSA, DEBORAH G.	98.30	2,894.94	409.04	2,894.94			2,028.44	9844673	N
324654	RHEA, SUSAN R.	174.57	4,038.22	1,347.06	4,038.22			2,919.20	9844674	N
267073	RIDGE, BETTI L.	173.31	6,884.00	1,717.29	6,884.00			4,680.46	9844675	N
404613	RORK, IAN M.	173.31	5,000.00	1,472.18	5,000.00			3,707.29	9844676	N
425553	SHUHLER, YANA	173.36	3,287.00	1,299.12	3,287.00			2,360.49	9844677	N
361388	SMITH, TERRI L.	173.33	7,531.00	1,801.47	7,531.00			5,229.47	9844678	N
427776	SOOTER, THADDEUS L.	173.31	5,948.00	2,563.99	5,948.00			4,317.85	9844679	N
347366	STEDMAN, KELSEY E.	173.33	7,044.00	1,433.97	7,044.00			4,621.56	9844680	N
433651	STEUSLOFF, BARBARA	88.00	1,988.80	283.97	1,988.80			1,588.02	9844681	N
423168	STEWART, TOBBI S.	173.32	5,250.00	252.04	5,250.00			3,850.52	9844682	N
433192	TJEMSLAND, AMANDA C	157.31	4,896.92	1,458.48	4,896.92			3,529.25	9844684	N
1682	TURNER, DENISE M.	173.30	4,856.00	2,030.31	4,856.00			2,953.79	9844685	N
401072	TURNER, SUSAN E.	173.33	15,555.00	3,422.25	15,555.00			8,530.33	9844686	N
429750	ULACIA, NICHOLAS J.	173.32	3,917.00	1,331.29	3,917.00			2,872.87	9844687	N
426251	WAGNER, MARY K.	121.35	2,416.00	871.11	2,416.00			1,710.66	9844688	N
392243	WALTHER, SUSAN B.	173.33	6,382.00	2,093.20	6,382.00			4,196.24	9844689	N
14545	WELLBORN, BRIAN D.	130.00	2,973.00	1,135.65	2,973.00			1,797.63	9844690	N
397255	WENDT, JAN E.	173.31	6,839.00	2,282.31	6,839.00			5,031.27	9844691	N
431493	WINCHESTER, LAYKEN	165.57	3,741.85	920.22	3,741.85			2,864.70	9844692	N
426939	WINTERS, CHRISTOPHE	173.36	5,017.00	1,474.40	5,017.00			3,749.93	9844693	N

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EMPLOYEE		Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I C	Err Msg
Number	Name										
301566	YANDA, KERRIE L.	173.32	7,780.00	1,939.28	7,780.00			5,299.78	9844694	N	
2908	ZIMNY, JAMES A.	173.33	6,382.00	1,617.65	6,382.00			4,601.84	9844695	N	
Total.		16270.33		158,109.48		79,505.13		388,844.31			
			569,624.44		569,624.44		101,275.00				