

SKAMANIA COUNTY BOARD OF COMMISSIONERS
Skamania County Courthouse
240 NW Vancouver Ave. Lower Level, Room 18
Stevenson, WA 98648
Agenda for August 25, 2020

Commissioner Meetings are open to public attendance with limited available seating, exercising social distancing. Seating will be on a first come, first serve basis. If there is more attendance than seating, you will be asked to leave the Courthouse and phone in using ZOOM using the following numbers.

1 346 248 7799 US 1 312 626 6799 US
1 646 558 8656 US 1 669 900 9128 US
1 253 215 8782 US
1 301 715 8592 US

Meeting ID: 813 4248 1018

Join Zoom Meeting

- Audio only from your computer <https://us02web.zoom.us/j/81342481018>

WRITTEN PUBLIC COMMENTS ACCEPTED AND ENCOURAGED BY MONDAY PRECEDING THE MEETING AT NOON. If you wish written comments to be listed on the agenda, they need to be submitted to the Clerk of the Board by noon on Thursday preceding the Tuesday meeting, otherwise they will be held for the following Tuesday. slack@co.skamania.wa.us

Tuesday, August 25, 2020

9:00 AM Staff Meeting
9:30 AM Call to Order,
 Pledge of Allegiance

Public Comments - (3 minutes) – See message above regarding seating in the Commissioner’s Meeting Room

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

1. Minutes of meeting for August 11, 2020
2. Set public hearing to take public comment, and consider approval of Resolution 2020-26, Supplemental Budget #3 for 2020 budget
3. Liquor license renewal for Whiskey Tree Distilling LLC., Columbia River View Vineyard, and Riverside Grocery & Café, Inc.
4. Cannabis license renewal for Bacon’s Cannabis, Inc.
5. Interagency agreement with Administrative Office of the Courts (AOC), BECCA grant, annual renewal
6. Grant application to County Road Administration Board for grinding and overlay on Metzger Road
7. Grant application to County Road Administration Board for reconstruction on Brooks Road
8. Contract Amendment #15 with Department of Health, Consolidated Contract, 2018-2020, to be ratified at Board of Health meeting on September 9 2020
9. Contract Amendment #4 with Connie Clark, BSN, MSN, ARNP for family planning services for Public Health, and limited Behavioral Health programs
10. Contract Amendment #1 with Washington State Department of Social and Health Services, extending period of service and funding through June 30, 2021 and funding for services in Klickitat County

WSU Extension Report
Voucher Approval
Meeting Updates (May be continued later in the meeting if more time is needed)

CONTINUED NEXT PAGE

Note: Agenda subject to change. Times listed are estimates only. The Commission reserves the right to move agenda items as needed and during the meeting, and may add and act on any item not included in the above agenda. Minutes are available at www.skamaniacounty.org on the Commissioners web page. If necessary, the Board may recess into executive session on scheduled meeting days.

SKAMANIA COUNTY BOARD OF COMMISSIONERS

Skamania County Courthouse

240 NW Vancouver Ave. Lower Level, Room 18

Stevenson, WA 98648

Agenda for August 25, 2020

10:00 AM Department Head Reports

10:45 AM Safety Committee Report

11:00 AM Workshop with Financial Management, Elected Officials and Department Heads to discuss County Finances

Lunch

1:30 PM Personnel Actions:

Reactivate the Lead Appraiser position in the Assessor's office and fill it with a current employee that meets requirements for the position, effective August 1, 2020 at Range 21.

New job description for Community Events Program Manager, set salary at Range 23, effective August 1, 2020. Replaces the Cultural Event Coordinator position.

Range Adjustment for Chief Criminal Deputy Prosecutor position, effective August 1, 2020. Increase to Range 34.

Range Adjustment for Human Resource Administrator position, effective August 1. Increase to Range 25.

Range Adjustment for Superior Court Administrator position, effective August 1, 2020. Increase to Range 26.

Adjourn

BOARD OF SKAMANIA COUNTY COMMISSIONERS
Skamania County Courthouse
240 NW Vancouver Ave. Lower Level, Room 18
Stevenson, WA 98648

Minutes for Meeting of August 11, 2020

The Commissioners met in their meeting room, 240 NW Vancouver Ave. in Stevenson, at 9:00 a.m. on August 11, 2020 for a staff meeting with Commissioners Richard Mahar, Tom Lannen and Robert Hamlin, Chair present. Alex Hays, Manager of Cultural Events and Recreation reported that 900 boxes of food will be distributed to the community from 9:00 a.m. to aa:00 a.m. on Saturday, August 15, 2020 at the Fairgrounds ball field from the Farm to Family program. It is for everyone not just low income. He encourages all to attend and collect a box and that leftover boxes will go to the Food Bank and others. He also reported preparations for the virtual Market Sale including cleaning the stock barn. Sophie Miller, Senior Services Program Manager reported on the mobility grant through WSDOT, budget shortfalls, and AAADSW CARES ACT funds. A workshop will be scheduled for the following week to discuss her 2020 budget. Toni Farris, Probation Officer reported on court being held everyday the week before, and other than that business as usual in the Probation Office. Heidi Penner, Financial Management Administrator reported on the State Auditor's Office audit, including weekly meetings, and the Entrance Exam meeting. She also reported on budgets, and CARES funding. She requested A-19 requests be turned in as she has only received one request from one department. She also reported to the Board on the contract with the EDC for CARES funding and mentioned the draft she received doesn't define everything that needs to be defined. Debi VanCamp, Human Resources Administrator didn't have anything to discuss or report on other than her written report. Debbie Slack, Clerk of the Board told the Board there were two written public comments received that she added as walk in items to their agenda for acknowledgement.

The meeting recessed at 9:21 a.m. and reconvened at 9:30 a.m. the same day with Commissioners Richard Mahar, Tom Lannen and Robert Hamlin, Chair present.

The Commissioners business meeting was called to order at 9:30 a.m. on August 11, 2020 at the Commissioners' Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Commissioners Richard Mahar, Tom Lannen and Robert Hamlin, Chair present.

The Pledge of the Allegiance was led by Clay Moser, Road Superintendent.

The meeting was then moved outside to allow social distancing while Clay Moser, Road Superintendent received a plaque from the Commissioners thanking him for 25 years of service to Skamania County.

The Board acknowledged receipt of written comments from Joe Kear, Teresa Robbins and Keith Brown regarding CMP-19-01 and REZ-19-01, asking that the Board affirm the Hearing Examiner's recommendations to deny a Comprehensive Plan Map amendment and Zoning Map amendment request to change the designation of a 104 acre property on Kellett Road in Washougal to West End Rural Lands 2 from West End Forest Lands 20. They also acknowledged receipt of written comments received after the agenda was posted from Sallie Tucker Jones, and James Hutchison also supporting affirmation of the Hearing Examiner's recommendations.

Public comment was taken from Keith Brown, Larry Keister, Sherry Irish, Joe Kear, George Morgan, Teresa Robbins and Sallie Tucker Jones asking the Board to affirm the Hearing Examiner's

recommendations to deny the CMP-19-01 and REZ 19-01 requesting change of designation of a 104 acre property on Kellett Road in Washougal to West End Rural Lands 2 from West End Forest Lands 20.

Mary Repar, Home Valley resident wished Clay Moser good luck on his retirement, the need for more technology regarding the ZOOM meetings. She also asked the Board to continue allowing employees to telecommunicate for their safety. She also asked the Board to ask Tim Elsea, Public Works Director who is cleaning the Picnic Pavilion bathrooms at the Fairgrounds as they haven't been cleaned and they are used a lot.

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

1. Minutes for meeting of July 14, 2020
2. Minutes for meeting of July 21, 2020
3. Acknowledge receipt of letter from Boundary Review Board regarding a proposed Metropolitan Park District
4. Authorization to Purchase washer and dryer replacement for the Jail and Contract with Washington Automated to replace the Jail washer and dryer utilizing CARES funds
5. Agreement with North County Emergency Medical Services for Title III program funding for 2020/2021
6. Agreement with Underwood Conservation District for Title III program funding for 2020/2021
7. Agreement with Skamania County Emergency Medical Services for Title III program funding for 2020/2021
8. Agreement with Skamania County Sheriff for Title III program funding for 2020/2021
9. Authorization to Purchase and approve purchase order for 8 radios for County Road vehicles
10. Contract with Clark Regional Emergency Services Agency to enhance Region IV's preparedness against threats of domestic and foreign terrorist activities
11. Contract with Area Agency on Aging & Disabilities of Southwest Washington to provide senior resource assistance, funding provided through ADRC/NWD Critical Relief for COVID-19 Pandemic Response
12. Agreement between Interlake Resort Company and Noxious Weed Control Program to provide funding to control noxious weeds at Interlaken Resort Company
13. Contract with FORTE, a CSG Company for merchant services for Solid Waste transfer sites
14. Contract with Military Department Emergency Management Division for supplemental funding to primary EMPG grant to support emergency management with their response to COVID-10

Commissioner Lannen moved, seconded by Commissioner Mahar and the motion carried unanimously to approve vouchers for the period dated August 11, 2020 in the amount of \$117,499.30 with \$52,811.95 being Current Expense, covering warrants numbers 177778 through 177835.

The meeting recessed at 9:57 a.m. and reconvened the same day at 10:03 a.m. with Commissioners Richard Mahar, Tom Lannen, and Robert Hamlin, Chair present.

The Board met for Department Head reports.

- Kirby Richards, Community Health Administrative Director, reported on Behavioral Health Court funding, SWACH Integrated Care Learning Network, Developmental Disabilities Advisory Board with Klickitat and

Skamania County's combined. She also reported interviewing is being done for a ½ time position for the front desk, and interviews next week for a Medical Assistant for the Public Health side. Tamara Cissell, Community Health Deputy Director/Manager will begin participating in Department Head reports. The Board will speak with her individually to identify what they would like her to report on.

- Tim Elsea, Public Works Director/County Engineer reported he has been working on Budgets submission for 2021. He said the final prospectus for RAP projects will be ready next week. He also reported on FLAP projects, RFP for panic system to be on next week's agenda and permitting. He reported COVID improvements are being made by the Buildings and Grounds crew. He also reported on campground revenue, Home Valley Park roof and restrooms, and Fairgrounds bathroom internal work. He also reported on the 25-road project and mentioned that the Wind River Business Park houses have not been used to quarantine COVID-19 cases yet.

The meeting recessed at 10:21 a.m. and reconvened the same day at 11:00 a.m. with Commissioners Richard Mahar, Tom Lannen, and Robert Hamlin, Chair present.

The Board held a workshop with Planning staff, Andrew Lembrick to consider the Hearing Examiner's recommendation on proposed Comp Plan and Zoning Map amendments for CMP-19-01/REZ-19-01 (Busschau). The property is on Kellett Road in Washougal. Andrew Lembrick, Planner gave a summary of the request, and answered the Boards questions relating to water availability, subdivision information critical areas, and development requirements. Comments were received from the public during the public comment portion of the Board meeting that day and are listed in these minutes. The workshop ended.

Commissioner Lannen moved, seconded by Commissioner Mahar to affirm the Hearing Examiner's recommendations to deny the Comprehensive Plan Map amendment and Zoning Map amendment requests to change the designation of a 104 acre property on Kellett Road in Washougal to west End Rural Lands 2 (WE-RL2 from West End Forest Lands 20 (WE-FL20) Zoning of CMP-19-10 and REZ-19-01 (Busschau). Discussion included Commissioner Mahar mentioning buildable lands inventory, critical areas, and needs for homes. The motion carried unanimously.

The meeting recessed at 11:24 a.m. and reconvened at 2:43 p.m. with Commissioners Richard Mahar, Tom Lannen, and Robert Hamlin, Chair present.

Commissioner Lannen moved, seconded by Commissioner Mahar and motion carried unanimously to approve a letter of support to the City of North Bonneville Planning Commission regarding AT & T's wireless communications facility application in North Bonneville, located within the Port of Skamania County's Cascades Business Park.

The Board reported on meetings they attended. Commissioner Lannen reported meetings with Skamania County Transportation Policy Committee, and Cherie Kearney of Columbia Land Trust. He also met Eric Wilson, the IT Department and Public Works Director, Tim Elsea to discuss hardware and software and single data source packages. Commissioner Mahar reported on attending Community Partners, Governor Inslee's Media Conference, Representative Gina Mosbrucker, and Lower Fish Recovery Board. Commissioner reported on Southwest Clean Air, MCEDD, and Bi State Recreation Insights group.

The meeting adjourned at 3:17 p.m.

ATTEST:

**BOARD OF COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON**

Commissioner

Commissioner

Clerk of the Board

Commissioner

Aye _____
Nay _____
Abstain _____
Absent _____

RESOLUTION 2020-26

(Supplemental Budget #3 for 2020 budget for various funds)

WHEREAS, various funds and departments have unanticipated expenditures and revenues for 2020; and

WHEREAS, pursuant to RCW 36.40.100, 36.40.195 and Resolution 1999-31, the Board has the authority to transfer, revise or supplement its budget and to increase budgets with unanticipated funds; and

WHEREAS, pursuant to RCW 36.40.100, the Board has the authority to transfer funds; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners hereby creates, transfers, revises or supplements the 2020 budget as described in “Attachment A”;

BE IT FINALLY RESOLVED that the Clerk of the Board is hereby directed to give due notice of a public hearing upon this resolution for adoption on the 15th day of September 2020 at 5:30 o'clock p.m.

PASSED IN REGULAR SESSION this 25th day of August 2020.

SKAMANIA COUNTY, WASHINGTON

Chairman

ATTEST:

Commissioner

Clerk of the Board

Commissioner

RESOLUTION NO. 2020-26 IS HEREBY APPROVED AND ADOPTED in regular session this 15th day of September 2020 upon public hearing having been held in accordance with the laws of the State of Washington.

**BOARD OF COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON**

Chairman

ATTEST:

Commissioner

Clerk of the Board

Commissioner

APPROVED AS TO FORM ONLY:

Prosecuting Attorney

For _____
Against _____
Abstain _____
Absent _____

DATE: August 25, 2020

TO: The Skamania County Pioneer
PO Box 250
Stevenson, WA 98648

FROM: Skamania County Commissioners
Clerk of the Board
PO Box 790
Stevenson, WA 98648

Please publish the following documents on the dates indicated:

1. Document: Notice of public hearing to accept public comment and consider Resolution 2020-26
Supplemental Budget #3 to the 2020 Budget
Publish as: Legal Notice
Publish on: September 2nd and September 9th, 2020
Send Bill to : Commissioners

NOTICE OF PUBLIC HEARING
Before the
Board of Skamania County Commissioners

PURPOSE: Skamania County Board of Commissioners hereby gives notice that a public hearing will be held to consider Resolution 2020-26 Supplemental Budget #3 for 2020 to supplement budgets for various funds due to unanticipated expenditures and revenues unknown at the time of approval of the 2020 Budget.

Oral and written comments will be considered at the public hearing by the Board of Commissioners. Written comments may be sent to Skamania County Board of Commissioners, Attn: Clerk of the Board, PO Box 790, Stevenson, WA 98648 or slack@co.skamania.wa.us Anyone interested may appear and be heard.

Copies of Supplemental Budget #3 are available to the public, after 1 p.m. on the Wednesday prior to the public hearing in the Commissioners' Office, Room 15, 240 NW Vancouver Avenue, Stevenson, WA.

DATE: September 15, 2020
TIME: 5:30 PM
PLACE: Skamania County Courthouse, Room No. 18 (lower level)
240 NW Vancouver Avenue
Stevenson, WA.

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1 346 248 7799 US 1 312 626 6799 US
1 646 558 8656 US 1 669 900 9128 US

Meeting ID: 813 4248 1018

Join Zoom Meeting Audio only from your computer
<https://us02web.zoom.us/j/81342481018>

Skamania County Courthouse is accessible for persons with disabilities. Please let us now if you will need any special accommodations in order to attend the meeting. (509) 427-3700.

DATED this 25th day of August 2020.

Debbie Slack
Clerk of the Board

Publish: September 2nd and September 9th, 2020

C091080-2

WASHINGTON STATE LIQUOR AND CANNABIS BOARD

DATE: 08/06/2020

LICENSED ESTABLISHMENTS IN UNINCORPORATED AREAS COUNTY OF SKAMANIA
(BY ZIP CODE) FOR EXPIRATION DATE OF 20201130

LICENSEE	BUSINESS NAME AND ADDRESS	LICENSE NUMBER	PRIVILEGES
1. WHISKEY TREE DISTILLING LLC	WHISKEY TREE DISTILLING 1162 WIND RIVER RD STE C CARSON WA 98610 3298	421357	CRAFT DISTILLERY
2. COLUMBIA RIVER VIEW VINEYARD L	COLUMBIA RIVER VIEW VINEYARD 12271 COOK UNDERWOOD RD UNDERWOOD WA 98651 0000	408571	DOMESTIC WINERY < 250,000 LITERS
3. RIVERSIDE GROCERY & CAFE, INC.	WASHOUGAL RIVER MERCANTILE 4232 CANYON CREEK RD WASHOUGAL WA 98671 0000	351034	GROCERY STORE - BEER/WINE

C092080-2

WASHINGTON STATE LIQUOR AND CANNABIS BOARD

DATE: 08/06/2020

LICENSED ESTABLISHMENTS IN UNINCORPORATED AREAS COUNTY OF SKAMANIA
(BY ZIP CODE) FOR EXPIRATION DATE OF 20210131

LICENSEE	BUSINESS NAME AND ADDRESS	LICENSE NUMBER	PRIVILEGES
1. BACON'S CANNABIS INC.	BACON'S BUDS 181 KATIES LN STE B WASHOUGAL WA 98671 7397	412288	NON-RETAIL PRIVILEGES MARIJUANA PROCESSOR

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Juvenile Department	 Signature
<u>AGENDA DATE</u>	August 25, 2020	
<u>SUBJECT</u>	BECCA - Annual Grant Renewal Contact (SFY 2021)	
<u>ACTION REQUESTED</u>	Sign contact and return a scanned copy via email	

SUMMARY/BACKGROUND

This annual state contract, administered by the Administrative Office of the Courts (AOC), is used by the Juvenile Department to support a portion of the Juvenile Court staff salary while facilitating several "civil" programs overseen by the Juvenile Court. Said programs include the Child in Need of Services (CHINS) petition, the At-Risk Youth (ARY) petition, the Community Truancy Board program and the formal handling of Truancy Petitions in Juvenile Court. Truancy is by far the most common use for Skamania County's Becca grant.

FISCAL IMPACT

This \$7,461.00 grant is revenue for the Juvenile Department. The amount is an increase from the previous fiscal year.

RECOMMENDATION

Sign contract

LIST ATTACHMENTS

One original contract – Interagency Agreement IAA21455 between the State of Washington Administrative Office of the Courts (AOC) and Skamania County Juvenile Court for BECCA Programs and Services.

Please return a scanned (color) copy of the signed agreement by email to contracts@courts.wa.gov

As delivered to
Debbie Slack
on Monday
8/17/20, for the
8/25/20 agenda.

INTERAGENCY AGREEMENT IAA21455
BETWEEN
WASHINGTON STATE ADMINISTRATIVE OFFICE OF THE COURTS
AND
SKAMANIA COUNTY JUVENILE COURT
FOR
BECCA PROGRAMS AND SERVICES

THIS AGREEMENT is entered into by and between the Administrative Office of the Courts (AOC) and Skamania County Juvenile Court (Contractor).

PURPOSE

The purpose of this Agreement is to engage the services of the Contractor to process Truancy, At Risk Youth and Child in Need of Services (Becca) programs and services within its jurisdiction and according to the intent of the Becca legislation chapter 13.32A RCW.

Funds received by the Contractor under this Agreement may only be used to supplement, not supplant, any other local, state or federal funds received by the Contractor.

STATEMENT OF WORK

The Contractor will process Truancy, At Risk Youth (ARY) and Child in Need of Services (CHINS) programs within the Contractor's jurisdiction pursuant to chapter 13.32A, RCW.

The Contractor shall submit summary reports to AOC documenting Becca activities. These reports shall provide both the number of petitions and the actual cost of processing such petitions, broken down as follows:

- a. CHINS petitions;
- b. ARY petitions; and,
- c. Truancy petitions.

The Becca Bi-Annual Report to the Administrative Office of the Courts shall be **submitted electronically**. The required form for bi-annual reporting, which is incorporated in this agreement, is located on the Inside Courts website under Court Resources> Court Management and choose the "Becca Bi-Annual Report to AOC".

Reporting schedule:

Period	Report Due
07/01/20 - 12/31/20	01/31/21
01/01/21 - 06/30/21	07/31/21

Failure to submit a report by the due date may adversely affect state funding of the Becca program.

If you have questions, please contact the AOC Program Manager Sondra Hahn at Sondra.Hahn@courts.wa.gov or (360) 705-5276

PERIOD OF PERFORMANCE

The execution of this Agreement shall constitute a ratification of an earlier verbal agreement between the parties that is now set forth in writing. Accordingly, the beginning date of

performance under this Agreement is July 1, 2020 regardless of the date of execution and it shall end on June 30, 2021, except for any remaining obligations of the Contractor as may exist.

COMPENSATION

- a. Contractor shall be reimbursed a maximum of \$7,461 for costs incurred during the period of performance. Payment for satisfactory performance of the work shall not exceed this amount unless the parties mutually agree to a higher amount in writing, except as governed by the REVENUE SHARING section of this agreement.
- b. Contractor shall receive payment for actual costs (within the amount identified) which are associated with the processing of CHINS, ARY and Truancy petitions. Contractor shall use Exhibit A BECCA Cost Guidelines (attached and incorporated into this agreement) as a guide for determining what costs should be reimbursed.
- c. Contractor shall not be reimbursed until properly-completed monthly A-19 invoice and Becca Monthly Detail Report (see Exhibit B attached and incorporated into this agreement) is received and approved by AOC.
- d. If this agreement is terminated, Contractor shall only receive payment for performance rendered or costs incurred in accordance with the terms of this agreement prior to the effective date of termination.
- e. Contractor shall submit invoices to AOC monthly.
- f. Payment will be made by the AOC upon receipt of a properly-completed invoice detailing reimbursable expenses. Invoices are to be sent to Financial Services, Administrative Office of the Courts, P.O. Box 41172, Olympia, WA 98504-1172. AOC will remit payment to the Contractor in a total amount not to exceed the value of this contract.
- g. Payments will be considered timely if made by the AOC within 30 days of receipt of a properly prepared invoice by the AOC or receipt of satisfactory services, whichever is later.
- h. Contractor shall maintain sufficient backup documentation of direct costs expenses under this Agreement.
- i. Allocated administrative court costs must be applied at a rate that is set forth and supported by a documented internal administrative rate plan that has been approved by the designated authority at the Superior Court and is readily accessible for review by AOC or the State Auditor.

REVENUE SHARING

AOC, in its sole discretion and upon notice, may reallocate funding among county Becca programs. If it appears Contractor may not expend the maximum contract amount, AOC may reduce the maximum contract amount. AOC may increase the maximum contract amount if additional funds become available through this revenue sharing program.

OTHER PROVISIONS FOR SERVICES

- a. **Background Check/Criminal History**
In accordance with Chapters 110-700 WAC, 7205 RCW, and 43.20A RCW, the Contractor is required to conduct background check/criminal history clearance for all employees, subcontractors and/or volunteers who may or will have regular access to any client/juvenile, prior to any access under this Agreement.

In addition, Contractor may be required to conduct background check/criminal history clearance for employees, subcontractors and/or volunteers who may or will have limited access to any client/juvenile, prior to any access under this Agreement.

The Contractor shall, based on the results from the criminal background check, determine whether each employee, volunteer, and subcontractor is suitable for access to clients/juveniles;

Contractor shall affirmatively acknowledge that it has met these requirements and submit that acknowledgement to AOC. Contractor shall also document the background check/criminal history clearance process it employs.

b. Sexual Misconduct

Contractor shall ensure that all employees, subcontractors and/or volunteers are knowledgeable about the requirements of RCW 13.40.570 and of the crimes set forth in Chapter 9A.44 RCW, "Sexual Offenses."

RECORDS MAINTENANCE

The parties to this Agreement shall each maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the service(s) described herein. These records shall be subject to inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration of this Agreement and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

RIGHTS IN DATA

Unless otherwise provided, data which originates from this Agreement shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by AOC. Data shall include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, video and/or sound reproductions. Ownership includes the right to copyright, patent, register, and the ability to transfer these rights.

INDEPENDENT CAPACITY

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

AGREEMENT ALTERATIONS AND AMENDMENTS

This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the

parties. This clause does not apply to the provisions of the REVENUE SHARING section in this Agreement.

TERMINATION

a. Termination for Convenience

Except as otherwise provided in this Agreement, either party may terminate this Agreement by providing written notice of such termination to the other specifying the effective date thereof, at least five (5) calendar days prior to such date. If this contract is so terminated, the AOC shall be liable only for payment for work completed and accepted prior to the effective date of termination.

b. Termination for Cause

If either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other party.

DISPUTES

In the event that a dispute arises under this Agreement, it shall be determined by a Dispute Board in the following manner: Each party to this Agreement shall appoint one member to the Dispute Board. The members so appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts, agreement terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Board shall be final and binding on the parties hereto.

GOVERNANCE

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement shall be construed to conform to those laws.

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

- a. Applicable state and federal statutes and rules;
- b. Statement of work; and
- c. Any other provisions of the Agreement including materials incorporated by reference.

ASSIGNMENT

The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent shall not be unreasonably withheld.

SAVINGS

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to normal completion, the AOC may terminate the Agreement under the "Termination for Convenience" clause, without the five day notice requirement, subject to renegotiation under those new funding limitations and conditions. AOC, at its discretion, may also elect to amend the Agreement to reflect a budget reduction

without terminating the contract as long as AOC gives notice of the budget reduction to the other party and the other party agrees to the amendment. The other party understands that refusing to agree to a budget reduction amendment will necessitate termination of this agreement.

COUNTERPARTS

Each party agrees that a facsimile (FAX) or scanned transmission of any original document shall have the same effect as the original. Any signature required on an original shall be completed and sent to the other party, as applicable, when a facsimile copy has been signed. The parties agree that signed facsimile or scanned copies of documents shall be given full effect as if an original.

CONTRACT MANAGEMENT

The program manager for each of the parties shall be responsible for and shall be the contact person for all communications and billings regarding the performance of this Agreement:

AOC Program Manager: Sondra Hahn Court Association Coordinator PO Box 41170 Olympia, WA 98504-1170 sondra.hahn@courts.wa.gov (360) 705-5276	Contractor Program Manager: Angie Hollis, Juvenile Court Administrator 240 Vancouver Ave, PO Box 790 Stevenson, WA 98648-0790 angieh@co.skamania.wa.us 509-427-3717
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ENTIRE AGREEMENT

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this contract shall be considered to exist or to bind any of the parties to this Agreement unless otherwise stated in this Agreement.

AGREED:

**THE ADMINISTRATIVE OFFICE
OF THE COURTS**

**SKAMANIA COUNTY
JUVENILE COURT**

_____ <i>Signature</i>	_____ <i>Date</i>	 _____ <i>Signature</i>	 _____ <i>Date</i>
Ramsey Radwan _____ <i>Name</i>		 _____ <i>Name</i>	
Director, AOC Management Services _____ <i>Title</i>		 _____ <i>Title</i>	

Dated this ____ day of _____, 2020.

ATTEST:

**BOARD OF COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON**

Chairman

Commissioner

Clerk of the Board

Commissioner

Approved as to form only:

Skamania County Prosecuting Attorney

Aye _____
Nay _____
Abstain _____
Absent _____

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	<u>Public Works</u> Department	 Signature
<u>AGENDA DATE</u>	<u>August 25, 2020</u>	
<u>SUBJECT</u>	<u>Metzger Road Final Prospectus</u>	
<u>ACTION REQUESTED</u>	<u>Approve Final Prospectus</u>	

SUMMARY/BACKGROUND

The Metzger Road Project was submitted with the “Call for Projects” by RAP in 2020, it was in the preliminary prospectus stages when we were told of the funding amount cap for projects. July 2020 we were notified to resume the Final Prospectus. The intent of this Agenda Item is for the Board of Commissioners to approve Final Prospectus for Metzger Road CRP #2020-01.

- October 2019 call for Rural Arterial Programs for projects to be submitted by March 1, 2020, four (4) projects were submitted under this call.
- Resolution 2020-07 signed by Board adding Metzger Road CRP # 2020-01
- July 1, 2020 notification to submit the Final Prospectus due by Sept. 1, 2020

FISCAL IMPACT

RAP funds requested \$433,000.00

This project is for construction during the 2021 construction seasons.

RECOMMENDATION

That the Board of County Board of Commissioners, by motion action, approves Metzger Road Final Prospectus to submit to CRAB.

LIST ATTACHMENTS

- Resolution No. 2020-07
- Final Prospectus on Metzger Road

STATE OF WASHINGTON - COUNTY ROAD ADMINISTRATION BOARD
**RURAL ARTERIAL PROGRAM
 FINAL PROSPECTUS**

Biennium: 2021 - 2023

Region: SW County: Skamania

IDENTIFICATION

State Legislative District: 14 Six-Year T.I.P. Priority No: 3 Total Points: 37.63

Road Number(s)	Road Name(s)	FFC(s)	TRC(s)	BMP(s)	EMP(s)
20490	Metzger Road	08	99	1.230	2.070

PROJECT TYPE

Project Type: 2R - Resurface and Restore

DESCRIPTION OF PROPOSED IMPROVEMENTS - Attach Rating Worksheets

Roadway Structural Section, or Bridge Condition:

Asphalt surface will be milled to a depth of 2.0" and replaced with a new wearing surface, shoulder treatments as necessary

Horizontal Alignment:

only one curve on project and meets design speed limit of 25 mph on this project

Vertical Alignment:

Sight distance is not a problem with the design speed of 25 mph

Width:

Existing road widths are 12'+ lane widths with shoulder widths of 9' & 5' for the first 1,108' and 3' & 3' for the rest of the project

Other: Clear Zone, Slopes, Guardrail, Illumination, signals etc.:

On the outside edge of the only corner is a large open area that transitions into a junction of two other roads (Eyman Cemetery Road & Bastrom Road) this large runoff area we plan to mill & fill also to clean up this corner and help with transition at this intersection.

ESTIMATED FUNDING AND TIMING

Estimated Year

Phase	Est Total Cost	RATA Amount	Start	End
Design/Prelim. Engr.				
Right of Way		\$0		
Construction	\$482,000	\$433,800	Jul-21	Dec-21
TOTAL	\$482,000	\$433,800	Schedule of CRAB reimbursements for Construction will be or dependent on Project	

SPECIAL CONSIDERATIONS THAT MAY AFFECT PROJECT SCHEDULE:

- Wetlands
 NMFS
 R.O.W.
 Shorelines
 USFWS
 BIA
 HPA
 RR
 USACE
 WDFW
 Cultrual (Hist. Arch. Paleo.)
 Tied (Other agency work)
 Other

LOCAL PROJECT APPROVAL

RAP Project Prospectus prepared under the supervision of:


 Signature - County Engineer / Date

RAP Project Prospectus submitted to CRAB with the approval of:

Signature of Chair of the Board of County Commissioners or County Executive / Date

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Public Works Department	 Signature
<u>AGENDA DATE</u>	August 18, 2020	
<u>SUBJECT</u>	Brooks Road Final Prospectus	
<u>ACTION REQUESTED</u>	Approve Final Prospectus	

SUMMARY/BACKGROUND

The Reconstruction (RC) project of Brooks Road was submitted with the "Call for Projects" by Rural Arterial Program (RAP) in 2020. It was in the preliminary prospectus stages when we were told the cap amount of the RAP funding. In July 2020, the County Road Administration Board (CRAB) notified us to resume the final prospectuses for projects. The intent of this Agenda Item is for the Board of County Commissioners to approve the Brooks Road (CRP #2018-09) Final Prospectus.

- In October 2019, RAP "Called for projects" to be submitted by March 1, 2020. The County submitted four (4) projects.
- The Board of County Commissioner signed Resolution 2019-01 to add CRP #2018-09 to the Brooks Road RC project.
- The County was notified on July 1, 2020 to submit the final prospectuses for projects by Sept. 1, 2020

FISCAL IMPACT

The County is requesting \$2,106,000 of RAP funds.
This project is scheduled for construction during the 2024 construction seasons.

RECOMMENDATION

The Board of County Board of Commissioners, by motion action, approves Brooks Road Final Prospectus to submit for RAP funds.

LIST ATTACHMENTS

- Resolution No. 2019-01
- Final Prospectus on Brooks Road

STATE OF WASHINGTON - COUNTY ROAD ADMINISTRATION BOARD
RURAL ARTERIAL PROGRAM
FINAL PROSPECTUS

Biennium: 2021 - 2023

Region: SW County: Skamania

IDENTIFICATION

State Legislative District: 14 Six-Year T.I.P. Priority No: 9 Total Points: 58.67

Road Number(s)	Road Name(s)	FFC(s)	TRC(s)	BMP(s)	EMP(s)
20510	Brooks Road	08	99	0.000	0.625

PROJECT TYPE

Project Type: RC - Reconstruction

DESCRIPTION OF PROPOSED IMPROVEMENTS - Attach Rating Worksheets

Roadway Structural Section, or Bridge Condition: Deviation Anticipated?

N/A

Horizontal Alignment: Deviation Anticipated?

One (1) substandard horizontal curve at ~ STA 26+00 that will be improved with horizontal alignment signage including advisory speed plaques of 10 MPH. A geometric deviation may need to be considered during the design phase.

Vertical Alignment: Deviation Anticipated?

Steep 7.20% grade at STA 26+00 (~MP 0.50) will be flattened to improve sight distance. All sections meet current design standards.

Width: Deviation Anticipated?

Existing 10 ft lanes and a variation of 1 to 3 ft gravel shoulders will be widened to 11 ft lanes, 6 ft multi-use path and 2 - 6 ft gravel shoulders dependent on the right-of-way.

Other: Clear Zone, Slopes, Guardrail, Illumination, signals etc.: Deviation Anticipated?

The clear zone will be improved by 1) removing vegetation and trees, 2) providing slope stability with retaining walls, 3) controlling storm-water runoff with drainage structures and turnpike system, 4) relocating above-ground utilities, 5) installing a pedestrian multi-use path, and 6) flattening slopes where warranted.

ESTIMATED FUNDING AND TIMING

Phase	Est Total Cost	RATA Amount	Estimated Year	
			Start	End
Design/Prelim. Engr.	\$468,000	\$421,200	Jan-23	Dec-23
Right of Way	\$250,000		Jan-23	Dec-26
Construction	\$1,872,000	\$1,684,800	Jan-24	Dec-26
TOTAL	\$2,590,000	\$2,106,000	Schedule of CRAB reimbursements for Construction will be or dependent on Project	

SPECIAL CONSIDERATIONS THAT MAY AFFECT PROJECT SCHEDULE:

- Wetlands
 NMFS
 R.O.W.
 Shorelines
 USFWS
 BIA
 HPA
 RR
 USACE
 WDFW
 Cultural (Hist. Arch. Paleo.)
 Tied (Other agency work)
 Other

LOCAL PROJECT APPROVAL

RAP Project Prospectus prepared under the supervision of:

[Handwritten Signature] 8/13/20

 Signature - County Engineer / Date

RAP Project Prospectus submitted to CRAB with the approval of:

 Signature of Chair of the Board of County Commissioners or County Executive / Date

RESOLUTION 2019-01

Assign County Road Project (CRP) numbers to upcoming road projects listed on the Six Year Transportation Improvement Program (TIP) 2019-2024 approved by resolution 12/18/2018.

WHEREAS, the Skamania County Engineer has submitted his Six Year TIP for 2019 and has listed several projects, Skamania County Public Works is requesting CRP numbers for the following projects:

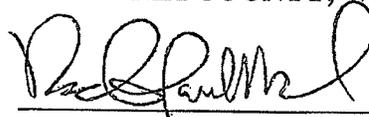
Washougal River Bridge Repair	CRP 2018-05
Boyd Street Culvert Replacement	CRP 2018-06
Butler Eddy Bridge Repair	CRP 2018-07
Kanaka Creek Road Overlay	CRP 2018-08
Brooks Road Reconstruction	CRP 2018-09
Mt. Pleasant Road Re-Alignment	CRP 2018-10

WHEREAS, the Skamania County Board of Commissioners believes it is in the best interest of the County to construct these projects,

NOW THEREFORE, BE IT RESOLVED, that the Skamania County Board of County Commissioners hereby assigns the above listed County Road Project numbers to the projects listed on the Six Year TIP.

PASSED IN REGULAR SESSION this 8th day of January 8, 2019.

**BOARD OF COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON**



Commissioner



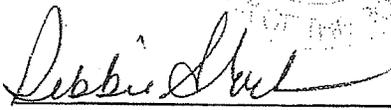
Commissioner



Commissioner

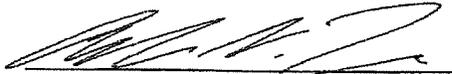


ATTEST:



Clerk of the Board

APPROVED AS TO FORM ONLY:



Prosecuting Attorney

AYE	<u>3</u>
NAY	<u>0</u>
ABSTAIN	<u>0</u>
ABSENT	<u>0</u>

RESOLUTION NO. 2018 - 75

BEFORE THE BOARD OF COUNTY COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON

In the Matter of Establishing the Six-Year Transportation Improvement Program

WHEREAS, in accordance with R.C.W. 36.81.121, the County Engineer has submitted to this Board a comprehensive Transportation Improvement Program for the years 2019-2024.

WHEREAS, a priority array of potential projects on the county's arterial system was proposed by the County Engineer and available to the Board of Commissioner's during the preparation of this program, and

WHEREAS, the County Engineer's 2018 Bridge Inspection Report was submitted to the Board of County Commissioners, and

WHEREAS, the Board of County Commissioners has received and inspected said program, reports and priorities and made changes and additions as deemed necessary, and

WHEREAS, a public hearing as required by statute was held on December 18, 2018 in the Commissioners' Meeting Room in the Skamania County Courthouse, Stevenson, Washington.

THEREFORE, BE IT RESOLVED that the Board of County Commissioners of Skamania County, Washington, adopt the attached 2019-2024 Six-Year Transportation Improvement Program and do hereby direct the County Engineer to proceed with the engineering on the listed projects.

PASSED this 18th day of December 2018.

SEAL



Attest:

Debbie Law
Clerk of the Board

Approved as to form only:

[Signature]
Prosecuting Attorney

BOARD OF COUNTY COMMISSIONERS
SKAMANIA COUNTY, WASHINGTON

[Signature]
Chairman

[Signature]
Commissioner

[Signature]
Commissioner

[Signature]

SIX-YEAR TRANSPORTATION IMPROVEMENT PROGRAM 2019-2024

A B C D E F G H I J K L M N O P Q R S

SKAMANIA COUNTY
 DATE RECOMMENDED PROGRAM SUBMITTED: 11/20/2018
 COUNTY SKAMANIA
 RESOLUTION: 2018-64
 DATE OF FINAL ADOPTION: 12/19/2018

SKAMANIA COUNTY
 COUNTY NUMBER 30

PROJECT IDENTIFICATION AND DESCRIPTION OF WORK (WITH ROAD NAME AND NUMBER)	MAJOR CLASS OF WORK	WORK CODES	MILEPOST BEGIN END	L T E O N G R O A D S	C A R R Y O V E R	OBLIGATION SCHEDULE				PROJECT COSTS IN THOUSANDS OF DOLLARS FUNDING SOURCE			TOTAL FUNDS		
						YEAR				FEDERAL	STATE	LOCAL			
						1	2	3	4-5					AMOUNT PROGRAM	PAO UAB OR CAPP
2019															
1 WIND RIVER ROAD @ SR14 INTERSECTION - Hot Springs FEMA	03.07	ABD	0.00	0.10	7	607.5				472.5	FEMA	67.5	WEMD	67.5	607.5
2 SKAMANIA LANDING ROAD - RR Crossing Improvements (BNSF)	12	G	1.04	1.05	9	440				440	UTC				440
3 SMITH-BECKON ROAD - Asphalt Grid and Overlay	07	D	0.26	1.33	7	393.8				\$340.6	STP	\$52.2	CAPP		393.8
FISCAL YEAR 2019 TOTAL						1441				\$813.1		\$560.7		67.5	1441.3
2020															
4 WASHOUGAL RIVER ROAD - Overlay/Pavement Repair	03.07	D	11.60	12.75	7			1500				1225	RAP_CAPP	275	1500
FISCAL YEAR 2020 TOTAL								1500		0		1225		275	250
2021															
5 WIND RIVER ROAD - Grind-in-Places Overlay	07	BD	16.57	20.41	7			950		822	FLAP	128	CAPP	0	950
6 WASHOUGAL RIVER BRIDGE - Repair and Painting	11	I	4.16	4.20	7			250						250	250
7 BOYD STREET CULVERT - Replacement	08	I	0.05	0.08	9			250						250	250
FISCAL YEAR 2021 TOTAL								1200		822		128		250	1200
2022-2024															
8 BUTLER EDDY BRIDGE - Repair	10	I	0.93	0.96	9			1000		800	BRAC			200	1000
9 KAMAKA CREEK ROAD (Contract Overlay)	07	D	0.37	2.00	8			650				400	CAPP	250	650
10 BROOKS ROAD - Grading and Drainage - Reconstruction, Design	03.05.06.07	ABD	0.00	0.48	9			750				675	RAP	75	750
11 MT. PLEASANT ROAD (Design, R/W, and Construction)	02	ABDG	0.00	2.03	8			1000				880	RAP	120	1000
FISCAL YEARS 2022-2024 TOTALS								3400		800		1955		645	3400

MAJOR CLASS OF WORK	WORK CODES	AMOUNT
01 New construction on new alignment		
02 Relocation		
03 Reconstruction		
04 Major Widening		
05 Minor Widening		
06 Other Enhancements		
07 Resurfacing		
08 New Bridge Construction		
09 Bridge Replacement		
10 Bridge Rehabilitation		
11 Minor Bridge Rehabilitation		
12 Safety/Traffic Operation/TSM		
13 Environmentally Related		
14 Bridge Program Special		
21 Transit Capital Project		
22 Transit Operational Project		
23 Transit Planning		
24 Transit Training/Administration		
31 Non Capital Improvement		
32 Non Motor Vehicle Project		

08 New Bridge Construction
 09 Bridge Replacement
 10 Bridge Rehabilitation
 11 Minor Bridge Rehabilitation
 12 Safety/Traffic Operation/TSM
 13 Environmentally Related
 14 Bridge Program Special
 21 Transit Capital Project
 22 Transit Operational Project
 23 Transit Planning
 24 Transit Training/Administration
 31 Non Capital Improvement
 32 Non Motor Vehicle Project

[A] Grading & Drainage [B] Base & Top Course [C] Bituminous Surface Treatment [D] A.C. or P.C.C. Pavement [E] Cuts and Gutters [F] Sidewalks [G] Traffic Facilities [H] Paths, Trails, Bikeways, [I] Bridges [J] Ferry Facilities
 WEMD - Washington State Emergency Management Department
 BRAC - Federal Bridge Repair and Construction Program
 STP - Washington State Highways and Local Programs - Federal STP Program
 CAPP - CRAA County Preservation Program
 UTG - Utilities and Transportation Commission
 RAP - CRAB Rural Arterial Program
 CAPP - CRAA County Preservation Program

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOCC 8/25/2020	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2018-2020 Amendment #15	
<u>ACTION REQUESTED</u>	BOCC Signature and ratify at next BOH meeting	

SUMMARY/BACKGROUND

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

Adds Statement of Work for ELC COVID CARES funds. Amends Statement of Work for Women, Infants and Children Nutrition Program to add funding and special requirement language. Amends Statement of Work for Family Planning Program to provide additional funding.

FISCAL IMPACT

REVENUE CONTRACT

\$39,833

RECOMMENDATION

Sign Contract at next BOH meeting

LIST ATTACHMENTS

- Face Sheet
- Amendment #15
- Exhibit A: Statements of Work
- Exhibit B: Allocations

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

CONTRACT NUMBER: CLH18260

AMENDMENT NUMBER: 15

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

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

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:
 - Adds Statements of Work for the following programs:
 - ELC COVID-19 - Effective June 1, 2020
 - Amends Statements of Work for the following programs:
 - Family Planning - Effective December 1, 2019
 - WIC Nutrition Program - Effective January 1, 2018
 - Deletes Statements of Work for the following programs:

2. Exhibit B-15 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-14 Allocations as follows:
 - Increase of \$39,833 for a revised maximum consideration of \$634,574.
 - 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-13 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-12.

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

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

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

SKAMANIA COUNTY PUBLIC HEALTH
DEPARTMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

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

DOH Program Name or Title: ELC COVID-19 - Effective June 1, 2020 3
DOH Program Name or Title: Family Planning - Effective December 1, 2019 5
DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2018 12

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: ELC COVID-19 - Effective June 1, 2020

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

SOW Type: Original Revision # (for this SOW)

<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: June 1, 2020 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to build and strengthen epidemiology, laboratory and health information systems capacity in local health jurisdictions.

Note: Pending execution of an extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, DOH plans to extend the period of performance and funding in this statement of work through December 31, 2021. Unspent funds through December 31, 2020 will be carried forward into the new consolidated contract period beginning January 1, 2021 and will allow for work to continue through December 31, 2021.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY19 COVID CARES	93.323	333.93.32	1891029A	06/01/20 12/31/20	0	27,894	27,894
TOTALS					0	27,894	27,894

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Establish a spending plan and staffing proposal to support the work of COVID-19 case investigation and contact tracing. The spending plan and staffing proposal should include proposed positions and define roles.		Submit spending plan and staffing proposal summary to the DOH Contract Manager.	August 15, 2020	\$27,894 – MI 1891029A – COVID CARES
2	Hire, orient and/or train staff based on the negotiated staffing proposal. Develop a training plan in consultation with DOH that is consistent with the DOH COVID-19 guideline. Training plan will be flexible depending on staff experience and based on for onboarding into new systems.		Staff summary and training plan	September 30, 2020	(\$27,894 for the period 06/01/20-12/31/21)

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Conduct case investigations, contact tracing and monitoring in accordance with DOH COVID-19 Infection Reporting and Surveillance Guidelines (DOH 420-107), Appendix 1: Case and Contact Investigation, pages 16-21: https://www.doh.wa.gov/Portals/1/Documents/5100/420-107-Guideline-COVID-19.pdf		Data collected and reported into DOH systems	Daily	

***For Information Only:**

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Specific Requirements/Narrative

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH by July 15, 2020.

Special Billing Requirements

Payment: Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Submission of Invoice Vouchers: The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

DOH Program Contact
Mike Boysun

DOH, Communicable Disease EPI
1610 NE 150th St, Shoreline, WA 98155
Ph: 206-418-5518 / Mike.Boysun@doh.wa.gov

DOH Fiscal Contact
Summer Wurst

DOH, Office of Program Financial Management
PO Box 47840, Olympia, WA 98504-7841
Ph: 360-236-3486/Fax: 360-664-2216 / Summer.Wurst@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: Family Planning - Effective December 1, 2019

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

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

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

Period of Performance: December 1, 2019 through December 31, 2020

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

Due dates after December 31, 2020 are for reporting only. LHJ may not bill under this statement of work for work done in January 2021.

Revision Purpose: The purpose of this revision is to provide additional family planning funding to be spent by 6/30/20.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
Family Planning Cost Share	N/A	334.04.91	78440100	12/01/19 12/31/20	16,434	0	16,434
Family Planning Cost Share	N/A	334.04.91	78440100	12/01/19 06/30/20	0	11,780	11,780
TOTALS					16,434	11,780	28,214

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Family Planning Services—excluding abortion and other surgical procedures related to family planning A. Comply with Washington State 2019 Family Planning Manual, Family Planning Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below. B. Provide medical services, community education and outreach, and staff training, consistent with state requirements:		<ul style="list-style-type: none"> A19 invoice vouchers submitted timely and accompanied with an R&E showing revenue and expenses for the month billed and back up documentation per DOH policy. <i>During the COVID19 crisis you may enter FTE related expenses for family planning staff temporarily assigned to other duties due to COVID19 or staff not working due to</i> 	No more than monthly and no less than quarterly.	Billing must be based on a current cost methodology approved by DOH (see Reporting Requirements table). DOH reserves the right to withhold payment until: <ul style="list-style-type: none"> Compliance issues related to this or a previous SOW are resolved in a way accepted by DOH

AMENDMENT #15

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW.</p> <p>2. Medical, laboratory, and other services related to abortion are not covered by this task.</p> <p>3. Community education services must be based on the needs of the community.</p> <p>4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity.</p> <p>Washington State Family Planning Network priority populations are:</p> <ul style="list-style-type: none"> • People under 20 years old • People with incomes at or below 250% FPL • People who are uninsured or underinsured • People who require an extra level of confidentiality • People with low English proficiency <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>Provide all services in accordance with:</p> <ul style="list-style-type: none"> • DOH Family Planning Manual • Other state and federal requirements • LHJ's Current Scope Report (defined below) <p>C. Collect, maintain, and provide data about each family planning clinic visit as defined in the Family Planning Manual.</p> <ol style="list-style-type: none"> 1. Maintain a computer system that includes normal safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 		<p><i>COVID19, but still being paid by your organization as paid leave.</i></p> <ul style="list-style-type: none"> • All reports described in Reporting Requirements table below. • Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH site-visits—appropriate staff and documentation readily available prior to and during review. <p>DOH performs site visits at least every three-years. Follow-up site visits are performed until identified issues are resolved.</p> <p>CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> • Data for each month • Corrected CVR data 	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p> <p>The last day of the next month. Within thirty (30) days of receiving error/rejection report or request from DOH family</p>	<p>Current data is submitted to, and accepted by, Ahlers.</p> <ul style="list-style-type: none"> • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met. <p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> • Actual allowable costs according to your approved cost methodology (see Reporting Requirements table). <p>or</p> <ul style="list-style-type: none"> • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less. <p>Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).</p> <p>All services through 12-31-20 must be billed by 01-31-21.</p>

AMENDMENT #15

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee.</p> <p>D. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. • Any other change that might affect LHJ's ability to provide the family planning services described in this SOW. 		<p>Email briefly describing change.</p>	<p>planning data manager.</p> <p>As needed to keep information current.</p>	
<p>2.</p> <p>Abortion and other surgical procedures related to family planning</p> <p>A. LHJ may choose to use up to 3% of its total SOW funds for medical and surgical abortions and other family planning related surgical procedures.</p> <p>B. LHJ must notify the DOH contract manager prior to providing services with SOW funds. DOH will move the appropriate amount to the appropriate funding source. This may or may not require an amendment.</p> <p>C. Comply with Washington State 2019 Family Planning Manual, Family Planning Network requirements and all state laws. Also see Program Manual, Handbook, Policy References section below.</p> <p>D. Eligible clients are those with incomes at or below 250% FPL.</p> <p>E. If LHJ bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHJ is responsible for ensuring that the outside provider does not seek additional payment from the client or</p>			<p>Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Forms form for each visit billed.</p> <p>DOH will provide Surgical Services Summary forms and surgical A19s as part of R&E workbook for all LHJ's who receive surgical funds.</p>	<p>No more than six (6) months after date service was provided.</p>	<p>DOH will only reimburse LHJ for these services if this SOW includes surgical funds.</p> <p>DOH will pay for services at Health Care Authority (HCA) Medicaid reimbursement amounts.</p> <ul style="list-style-type: none"> • This will be considered payment in full. • LHJ will not seek additional payment from the client or any other person or organization.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	any other person or organization. (Also see Payment column.)				

Reporting Requirements:

Title and Purpose	Description	Due
<p>1. Current Scope Report</p> <p>Information required at the beginning this SOW period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides.</p> <p>In addition, elements of this report allow DOH to ensure that Washington State Family Planning Network requirements regarding client fees, required services, requirements. It also provides other information to assist DOH to manage this SOW and the Washington State Family Planning Network as a whole.</p>	<p>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 01-31-20 It will include:</p> <p>Information about your agency contacts and your organization's staffing</p> <ul style="list-style-type: none"> A. Head of Organization B. Head of Finance C. Medical Director D. The following (one person might fill more than one role) <ul style="list-style-type: none"> a. Contract Coordinator b. Clinical representative c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information <p>Information regarding family planning related services offered at each clinic site:</p> <ul style="list-style-type: none"> A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ no more than three years prior to the start date of this SOW. B. Sliding fee schedule that includes all services required in the Family Planning Manual. Additional Task 1 family planning-related services may also be included on LHJ's sliding fee schedule. <ul style="list-style-type: none"> a. Sliding fee schedule must be based on cost analysis described above. b. LHJ may use the last fee schedule approved prior to this SOW as long as it was approved later than 04-01-19. LHJ must email the DOH contract manager letting them know it is using a prior approved fee schedule. c. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH. C. Income conversion tables must be updated annually and approved by DOH <p>Information related to current Community Outreach Plan</p> <p>LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs, this process must include the following steps:</p> <ul style="list-style-type: none"> A. Define the populations LHJ serves and identify opportunities to expand reach within 	<p>01-31-20</p> <p>AND</p> <p>As needed to maintain accuracy of information.</p>

<p>those populations and to unreached populations in each community it serves.</p> <ul style="list-style-type: none"> B. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. C. Gather available data and current assessments (secondary data) D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data) E. Aggregate secondary and primary data and analyze aggregated data F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities G. Document and disseminate the community health needs assessment to LHJ's FFP consultant and appropriate stakeholders 	<p>Information related to current Washington State Family Planning Network work plan</p> <p>Periodically, the Family Planning Network develops a statewide work plan. LHJ will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them.</p> <p>Describe plans to address portions of the Network work plan that LHJ is responsible for or involved in. Include a description of the staff involved and timelines related to your activities.</p> <p>Information related to billing and client fees</p> <p>Cost methodology: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHJ cost methodology was approved by DOH after 04-01-19, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.</p>	<p>This information must be reported using the template or format provided by DOH. It will include information about LHJ's work during the previous SOW:</p> <ul style="list-style-type: none"> A. Progress on portions of the Network work plan LHJ was responsible for or involved in. B. Community education and outreach strategies and activities and a discussion of their effectiveness. C. Staff training. <p>Organization-level data on clinical services emailed to DOH family planning data manager</p> <p>Number of:</p> <ul style="list-style-type: none"> A. Pap tests with an ASC or higher result B. Pap tests with an HSIL or higher result C. HIV Positive confidential tests D. HIV Anonymous tests E. FTE required to provide Title X services:
<p>2. Progress Summary Report</p> <p>Summary of activities from previous Family Planning services SOW. This information allows DOH to provide required reports to the federal Office of Population of Affairs.</p> <p>It also informs quality improvement of the Washington State Family Planning Network.</p>	<p>3. Family Planning Annual Report (FPAR)</p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2020 (January through December 2020).</p>	<p>01-31-20</p>

AMENDMENT #15

	<ul style="list-style-type: none"> Physicians Physician assistants + nurse practitioners + certified nurse midwives Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. <p>Financial data emailed to DOH Contract Manager</p> <p>A. R&E showing Other Revenue through 12-31-20 as described in item 5, below.</p>	
<p>4. Clinic Visit Reports (CVRs)</p>	<p>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at:</p> <p>https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRRManual.pdf.</p> <p>CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> Each month's CVR data Corrected CVR data 	<p>The last day of the next month</p> <p>Within thirty (30) days of receiving error or rejection report or request from DOH family planning data manager.</p>
<p>5. Revenue and Expense Reports (R&E)</p>	<p>Completed R&E for time period that shows all revenue (including program income) that support Task 1 Family Planning Services and all expenses related to providing those services. R&E workbook will be provided by DOH.</p> <ul style="list-style-type: none"> Expenses must match General Ledger. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses. 	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly.</p> <p>R&E showing all sources of revenue that support services for:</p> <ul style="list-style-type: none"> January-December 2019 due 01-31-20 January-December 2020 due 01-31-21

***For Information Only:**

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

Program Manual, Handbook, Policy References

LHJ must comply with all state and DOH Family Planning requirements, policies, and regulations and with their DOH approved Current Scope Report. Reference documents include:

- DOH Family Planning Manual (DOH publication 930-122, available at [https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManual\[Complete.pdf\]](https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManual[Complete.pdf])). Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- Current Washington State Family Planning Network work plan
- LHJ's approved Current Scope Report

Special Billing Requirements

See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Special Instructions
Accessibility of Services

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to target populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must comply with the Americans with Disabilities Act.
 - Facilities must meet applicable standards established by the Federal, State, and local governments, including local fire, building, and licensing codes.
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be provided solely on a voluntary basis. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, services in any non-family planning programs of the LHJ.

Availability of Emergency Services

The LHJ must have written plans and procedures for the management of on-site medical emergencies, including emergencies that require transport and after-hours management of contraceptive emergencies. (See DOH Family Planning Manual)

DOH Program Contact

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

Exhibit A
Statement of Work
Contract Term: 2018-2020

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2018

Local Health Jurisdiction Name: Skamania County Community Health

Department
Contract Number: CLH18260

SOW Type: Revision Revision # (for this SOW) 7

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: The purpose of this revision is to add FFY20 USDA FMNP Program Management funds and add Special Requirement language.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY18 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211280	01/01/18 09/30/18	31,155	0	31,155
FFY19 CSS USDA WIC PROGRAM MGNT	10.557	333.10.55	76211290	10/01/18 09/30/19	36,475	0	36,475
FFY20 USDA WIC PROGRAM MGNT CSS	10.557	333.10.55	76101202	10/01/19 09/30/20	0	0	0
FFY21 USDA WIC PROGRAM MGNT CSS	10.557	333.10.55	76101212	10/01/20 12/31/20	0	0	0
FFY18 CSS USDA FMNP PROGRAM MGNT	10.572	333.10.57	76211284	01/01/18 09/30/18	166	0	166
FFY16 CASCADES USDA WIC PROGRAM MGNT-MIS	10.578	333.10.57	76411261	10/01/18 09/30/19	1,095	0	1,095
FFY19 CSS USDA FMNP PROGRAM MGNT	10.572	333.10.57	76211294	01/01/19 09/30/19	166	0	166
FFY20 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101204	10/01/19 09/30/20	39,070	0	39,070
FFY21 USDA WIC CLIENT SVS CONTRACTS	10.557	333.10.55	76101214	10/01/20 12/31/20	9,250	0	9,250
FFY20 USDA FMNP PROGRAM MGMT	10.572	333.10.57	76540201	10/01/19 09/30/20	0	159	159
TOTALS					117,377	159	117,536

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program				See "Special Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at the state WIC office.	7.2	Outcomes based on monthly participation data from state WIC caseload management reports.		

AMENDMENT #15

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>The Department of Health (DOH) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when:</p> <ol style="list-style-type: none"> Unanticipated funding situations occur. Reallocations are necessary to redistribute caseload statewide. <p>Authorized participating caseload for January 2018 through December 2020 = 115 Authorized participating caseload for January 2019 through December 2020 = 110</p>				
1.2	Submit the annual Nutrition Services Plan for each year of the Contract.	9.2	Nutrition Services Plan	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the Contract.	11.2	Nutrition Services Expenditure Report	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20	Payment withheld if not received by due date.
1.4	Tell clients about other health services in the agency. If needed, develop written agreements with other health care agencies and refer clients to these services.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.5	Provide nutrition education services to clients and caregivers in accordance with federal and state requirements.	3.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.6	Issue WIC checks while assuring adequate check security and reconciliation.	11.2	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	7.1	Documentation must be available for review by WIC monitor staff.	Biennial WIC monitor	
1.8a	Submit WIC Budget Workbook for each year of the contract.	11.2	Budget Workbook	First year due 10/31/18 Second year due 09/30/19	

AMENDMENT #15

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A19-invoice and submit entire revised WIC Budget Workbook for each year of the contract.	11.2	Rev-Exp Report and revised Budget Workbook.	Third year due 09/30/20 Mid-year revision due 04/30/19 Mid-year revision due 04/30/20	
2	Breastfeeding Promotion				See "Special Billing Requirements" below
2.1	Provide breastfeeding promotion and support activities in accordance with federal and state requirements	3.1	Status report of chosen activities in Nutrition Services Plan.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20 Biennial WIC monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: <ul style="list-style-type: none"> ▪ Change worksite policies of employers who likely employ low income women ▪ Provide breastfeeding education to health care providers who serve low income pregnant and breastfeeding women ▪ Work with birthing hospitals to improve maternity care practices that affect WIC client breastfeeding rates ▪ Provide clients access to lactation consultants ▪ Provide staff and community partners breastfeeding training Other projects will need pre-approval from the State WIC Office.	4.2	Documentation must be available for review by WIC monitor staff. Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/18 Second year due 11/30/19 Third year due 11/30/20 Biennial WIC monitor	

AMENDMENT #15

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Farmers Market Nutrition Program (FMNP)				See "Special Billing Requirements" below
3.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC clients between June and September 30 of current year.		Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2018 Weekly June-Sept. 2019 Weekly June-Sept. 2020 All registers sent by Oct. 1, 2018; Oct. 1, 2019, and Oct. 1, 2020 Biennial WIC Monitor	

***For Information Only:**

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

Program Specific Requirements/Narrative

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References:

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

- WIC Federal Regulations, USDA, FNS 7CFR Part 246, 3016, 3017 and 3018
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the Contract

Staffing Requirements:

The LHJ must:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine client eligibility, prescribe an appropriate food package and offer nutrition education based on the clients' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk clients, to include development of a high risk care plan. The RD is also responsible for quality assurance of WIC nutrition services. See WIC Policy for qualifications for a Registered Dietitian and other qualified nutritionist.
- Assign a qualified person to be the Breastfeeding Coordinator to organize and direct local agency efforts to meet federal and state policies regarding breastfeeding promotion and support. The Breastfeeding Coordinator must be an International Board Certified Lactation Consultant or attend an intensive lactation management course, or other state approved training.

Restrictions on Funds:

The LHJ shall follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs.

Monitoring Visits:

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

The LHJ must maintain on file and have available for review, audit and evaluation:

- 1) All criteria used for certification, including information on income, nutrition risk eligibility and referrals
- 2) Program requirements
- 3) Nutrition education
- 4) All financial records

Definitions:

What is the WIC program?

- (1) The WIC program in the state of Washington is administered by DOH.
- (2) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.
- (3) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program. These regulations define the rights, responsibilities, and legal procedures of WIC employees, clients, persons acting on behalf of a client, and retailers. They are designed to promote:
 - (a) High quality nutrition services;
 - (b) Consistent application of policies and procedures for eligibility determination;
 - (c) Consistent application of policies and procedures for food benefit issuance and delivery; and
 - (d) WIC program compliance.
- (4) The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.
- (5) The WIC program may impose sanctions against WIC clients for not following WIC program rules stated on the WIC rights and responsibilities.
- (6) The WIC program may impose monetary penalties against persons who misuse WIC checks or WIC food but who are not WIC clients.

Assurances/Certifications:

1. Computer Equipment Loaned by the DOH WIC Nutrition Program

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

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

The LHJ agrees to:

- a. Defend, protect and hold harmless DOH or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation.
DOH may enforce this by:
 - 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
 - 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by DOH), or
 - 3) Assertion of a lien against the LHJ's property.
- c. Notify DOH immediately of any damage to Loaned Equipment.
- d. Notify DOH prior to moving or replacing any Loaned Equipment.

The Department recommends LHJs carry insurance against possible loss or theft.

2. Civil Rights Assurance

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

- a. “The LHJ hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the LHJ receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this Contract.
- b. “By accepting this assurance, the LHJ agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the LHJ, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from DOH. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the LHJ.”

3. 7CFR Parts 3016, 3017, 3018

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

Special Billing Requirements:

1. Definitions

Contract Period: January 1, 2018-December 31, 2020

Contract Budget Period: The time period for which the funding is budgeted.

- There are four federal budget periods

January 1, 2018 through September 30, 2018;
October 1, 2018 through September 30, 2019;
October 1, 2019 through September 30, 2020;
October 1, 2020 through December 31, 2020.

2. Billing Information

- a. Billings are submitted on an A19-1A form, which is coded and provided by DOH prior to each federal fiscal budget period. Submit summary level financial data to support each individual program billing.
- b. A19-1A forms are submitted monthly following the close of each calendar month or upon completion of services, before the end of the federal contract budget period.
- c. Funds are allocated by budget categories (refer to Chart of Accounts Program names) and by state and federal budget periods (refer to the allocation sheet).
- d. Expenses are incurred only during the budget period; no carry forward from previous time periods, or borrowing from future time periods is allowed. Advance payments are not allowed.
- e. Payments for a budget period are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs, with back up documentation retained by the LHJ and available for inspection by DOH or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special Instructions:

The LHJ shall:

- 1) Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.
- 2) Provide, as necessary, a single audit in accordance with the provisions of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This circular requires the LHJ to have a single audit performed should LHJ spend \$750,000 or more of federal grants or awards from all sources. The LHJ is a subrecipient of federal funds.
- 3) Staff must use Breastfeeding Peer Counseling (BFPC) Program funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC clients. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs. The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC clients.

Special Requirements:

Contract Funding Period	Time Period Special Requirement Funds Available	Amount	Description of Special Requirement
January 2018- September 2018	January 2018- September 2018	\$3,000	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings. This doesn't include out of state trainings.
October 2018 - September 2019	October 2018- September 2019	\$3,090	Added in the USDA/WIC Program Management "Other" category to fund training and travel expenses for WIC staff to attend WIC-related trainings and for WIC staff salaries to complete local agency provided WIC-related trainings. This doesn't include out of state trainings.
October 2018 - September 2019	October 2018 - September 2019	\$1,095	Added in the FFY16 Cascades USDA WIC Program Management-MIS category to fund training and travel expenses for WIC staff to attend Cascades trainings.
October 2019 - September 2020	January 2020 - September 2020	\$1,550	Added in the USDA WIC Client Services Contracts category to fund training and travel expenses for all WIC staff to participate in WIC-related trainings. <i>With this amendment, these training funds may be used to purchase items to support COVID-19 Remote Access needs. All COVID-19 Remote Access purchases must be approved by the Local Program Operations supervisor or designee prior to purchase.</i>

Other

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

DOH Program Contact
 Michael Schweizer HSC
 WIC Nutrition Program
 PO Box 47886, Olympia, WA 98504-7886
mike.schweizer@doh.wa.gov
 360-236-3714

DOH Fiscal Contact
 Chris Keese, FA
 WIC Nutrition Program
 PO Box 47886, Olympia, WA 98504-7886
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 360-236-3631 or 1-800-841-1410 x 3631

**EXHIBIT B-15
ALLOCATIONS
Contract Term: 2018-2020**

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS		Statement of Work		DOH Use Only		Funding Period	Chart of Accounts
				Revenue	Code**	Funding Period	Start Date	Funding Period	Start Date		
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 14	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20		\$0	\$67,630
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	Amd 6	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20			(\$135)
FFY21 USDA WIC Program Mgmt CSS	NGA Not Received	N/A	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20			\$9,385
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20		\$0	(\$37,000)
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	Amd 6	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20			(\$540)
FFY20 USDA WIC Program Mgmt CSS	207WAWA7W1003	N/A	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20			\$37,540
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 6	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19		\$36,475	(\$4,155)
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 5	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19			\$3,090
FFY19 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	10/01/18	09/30/19	10/01/18	09/30/19			\$37,540
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	Amd 2	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18		\$31,155	\$3,000
FFY18 CSS USDA WIC Program Mgmt	187WAWA7W1003	N/A	10.557	333.10.55	01/01/18	09/30/18	10/01/17	09/30/18			\$28,155
FFY21 USDA WIC Client Svs Contracts	NGA Not Received	Amd 14	10.557	333.10.55	10/01/20	12/31/20	10/01/20	12/31/20		\$9,250	\$48,320
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20		\$520	\$39,070
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 14	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20		\$37,000	
FFY20 USDA WIC Client Svs Contracts	207WAWA7W1003	Amd 11	10.557	333.10.55	10/01/19	09/30/20	10/01/19	09/30/20		\$1,550	
FFY20 USDA FMNP Prog Mgmt	207WAWA7Y8604	Amd 15	10.572	333.10.57	10/01/19	09/30/20	10/01/19	09/30/20		\$159	\$491
FFY19 CSS USDA FMNP Prog Mgmt	197WAWA7Y8604	Amd 8	10.572	333.10.57	01/01/19	09/30/19	10/01/18	09/30/19		\$166	\$166
FFY18 CSS USDA FMNP Prog Mgmt	187WAWA7Y8604	Amd 2	10.572	333.10.57	01/01/18	09/30/18	10/01/17	09/30/18		\$166	\$166
FFY16 Cascades USDA WIC Prog Mgmt-MIS	16157WAWA6W522	Amd 6, 8	10.578	333.10.57	10/01/18	09/30/19	03/11/16	09/30/19		\$1,095	\$1,095
FFY18 EPR PHEP BP1 Supp LHJ Funding	NIU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19		\$19,894	\$19,894
FFY18 EPR PHEP BP1 Supp LHJ Funding	NIU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19		\$358	\$19,536
FFY17 EPR PHEP BP1 LHJ Funding	NIU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18		\$8,401	\$8,401
FFY17 EPR PHEP BP1 LHJ Funding	NIU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18		\$8,030	
FFY19 PHEP BP1 LHJ Funding	NIU90TP922043	Amd 9	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20		\$19,894	\$19,894
FFY19 Family Planning Title X	FPHPA006462	Amd 8, 11	93.217	333.93.21	04/01/19	06/30/19	04/01/19	03/31/20		\$4,164	\$11,556
FFY18 Family Planning Title X	FPHPA006359	Amd 4	93.217	333.93.21	09/01/18	03/31/19	09/01/18	08/31/19		\$2,910	\$2,910
FFY17 Family Planning Title X	FPHPA106286	Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	08/31/18		\$4,482	\$3,350
FFY17 Family Planning Title X	FPHPA106286	N/A, Amd 3	93.217	333.93.21	01/01/18	08/31/18	04/01/17	03/31/18		\$1,132	
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18		\$144	\$144
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18		\$553	\$553

Skamania County Community Health Department

EXHIBIT B-15
ALLOCATIONS

Contract Number: CLH18260
Date: May 15, 2020

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA* Code**	BARS Revenue	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					Funding Period Start Date	Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 5	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	(\$5,600)	\$0	\$0
FFY17 Increasing Immunization Rates	NGA Not Received	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$5,600		
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$186	\$186	\$186
FFY19 COVID CARES	NU50CK000515	Amd 15	93.323	333.93.32	06/01/20	12/31/20	06/01/20	06/30/21	\$27,894	\$27,894	\$27,894
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	NU90TP922069	Amd 13	93.354	333.93.35	01/20/20	12/31/20	01/01/20	06/30/21	\$78,522	\$78,522	\$78,522
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$29,551	\$29,551	\$81,625
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$29,551	\$29,551	
FFY18 MCHBG LHJ Contracts	B04MC31524	Amd 2	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$359	\$22,523	
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$22,164		
SFY20 Family Planning Cost Share		Amd 11	N/A	334.04.91	12/01/19	12/31/20	07/01/19	06/30/21	\$16,434	\$16,434	\$56,991
SFY20 Family Planning Cost Share		Amd 15	N/A	334.04.91	12/01/19	06/30/20	07/01/19	06/30/21	\$11,780	\$11,780	
SFY20 Family Planning Cost Share		Amd 8, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$5,704	\$7,195	
SFY20 Family Planning Cost Share		Amd 4, 9, 11	N/A	334.04.91	07/01/19	11/30/19	07/01/19	08/31/19	\$1,491		
SFY19 Family Planning Cost Share		Amd 7	N/A	334.04.91	09/01/18	03/31/19	07/01/18	06/30/19	\$822	\$822	
SFY19 Family Planning Cost Share		Amd 8	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$219	\$7,675	
SFY19 Family Planning Cost Share		Amd 4	N/A	334.04.91	09/01/18	06/30/19	07/01/18	06/30/19	\$7,456		
SFY19 Family Planning Cost Share		Amd 3	N/A	334.04.91	07/01/18	08/31/18	07/01/18	06/30/19	\$4,018	\$4,018	
SFY18 Family Planning Cost Share		Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$6,038	\$9,067	
SFY18 Family Planning Cost Share		N/A, Amd 1	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/18	\$3,029		
FY20/21 COVID-19 Disaster Response Acct		Amd 13	N/A	334.04.92	01/20/20	12/31/20	01/01/20	06/30/21	\$71,478	\$71,478	\$71,478
SFY2 Lead Environments of Children		Amd 8	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$1,500)	\$0	\$1,500
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$1,500		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$1,500	\$1,500	
FPFH Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$42,000	\$42,000	\$126,000
FPFH Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$42,000	\$42,000	
FPFH Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$42,000	\$42,000	
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$3,600)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$3,600		

Skamania County Community Health Department

EXHIBIT B-15
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18260
Date: May 15, 2020

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA * Code**	BARS Revenue		Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
				Code**	Revenue	Start Date	End Date	Start Date	End Date			
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,400)	\$3,000	\$3,000	
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$800			
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$3,600			
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$1,400	\$2,200	\$2,200	
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 11	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	\$800			
Sanitary Survey Fees (FO-SW) SS State		Amd 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	06/30/21	\$1,400	\$5,200	\$5,200	
Sanitary Survey Fees (FO-SW) SS State		Amd 10	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	(\$600)			
Sanitary Survey Fees (FO-SW) SS State		Amd 6, 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	\$800			
Sanitary Survey Fees (FO-SW) SS-State		Amd 3, 6, 11	N/A	346.26.65	01/01/18	12/31/20	07/01/17	12/31/19	\$3,600			
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0	
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$2,000			
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$4,000)	\$0	\$0	
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000			
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$2,000			
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 11	N/A	346.26.66	01/01/19	12/31/20	01/01/19	06/30/21	\$2,000	\$2,000	\$2,000	

TOTAL

\$634,574

\$634,574

\$2,000

Total consideration:

\$594,741

\$39,833

\$634,574

GRAND TOTAL

GRAND TOTAL

\$634,574

Total Fed

\$366,205

Total State

\$268,369

*Catalog of Federal Domestic Assistance

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

Exhibit C-13 Schedule of Federal Awards

AMENDMENT #15

Date: May 15, 2020

SKAMANIA COUNTY COMMUNITY HEALTH-SWV0011110-01
 CONTRACT CLH18280 - Skamania County Community Health Department
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY21 USDA WIC CLIENT SVS CONTRACTS	333.10.55	NGA Not Received	NGA Not Received	10/01/20	12/31/20	\$9,250	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY20 USDA WIC CLIENT SVS CONTRACTS	333.10.55	10/01/19	\$6,161,312	10/01/19	09/30/20	\$39,070	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	207WAWAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY19 CSS USDA WIC PROGRAM MGMT	333.10.55	10/01/17	\$40,101,357	10/01/18	09/30/19	\$36,475	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWAWA7W1003	WOMEN, INFANTS AND CHILDREN
FFY18 CSS USDA WIC PROGRAM MGMT	333.10.55	10/02/17	\$27,576,710	01/01/18	09/30/18	\$31,155	10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	Department of Agriculture Food and Nutrition Service	187WAWAWA7W1003	USDA-WIC ADMIN
FFY20 USDA FMNP PROG MGMT	333.10.57	10/01/19	\$129,791	10/01/19	09/30/20	\$159	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	207WAWAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY19 CSS USDA FMNP PROG MGMT	333.10.57	10/01/18	\$130,973	01/01/19	09/30/19	\$166	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture-Food and Nutrition Service	197WAWAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY18 CSS USDA FMNP PROG MGMT	333.10.57	10/01/17	\$86,117	01/01/18	09/30/18	\$166	10.572	WIC Farmers' Market Nutrition Program (FMNP)	Department of Agriculture Food and Nutrition Service	187WAWAWA7Y8604	COMMODITY ASSISTANCE PROGRAM
FFY16 CASCADES USDA WIC PROG MGMT-MIS	333.10.57	03/11/16	\$2,224,476	10/01/18	09/30/19	\$1,095	10.578	WIC Grants to States (WGS)	Department of Agriculture Food and Nutrition Service	16157WAWAWA6W522	WOMEN, INFANTS AND CHILDREN WIC SAM PROJECTS
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$19,894	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
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	09/01/18	\$11,062,782	07/01/18	06/30/19	\$19,894	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	\$8,401	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 FAMILY PLANNING TITLE X	333.93.21	03/26/19	\$4,100,000	04/01/19	06/30/19	\$4,164	93.217	Family Planning Services	Department of Health and Human Services Office of Population Affairs	FFHPA006462	TITLE X FAMILY PLANNING SERVICES
FFY18 FAMILY PLANNING TITLE X	333.93.21	09/12/18	\$2,783,000	09/01/18	03/31/19	\$2,910	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FFHPA006359	TITLE X FAMILY PLANNING SERVICES
FFY17 FAMILY PLANNING TITLE X	333.93.21	03/30/17	\$1,940,000	01/01/18	06/31/18	\$4,482	93.217	Family Planning_Services	Department of Health and Human Services Office of Population Affairs	FFHPA106286	TITLE X FAMILY PLANNING SERVICES GRANT

Exhibit C-13 Schedule of Federal Awards

AMENDMENT #15

Date: May 15, 2020

SKAMANIA COUNTY COMMUNITY HEALTH-SWV0011110-01
 CONTRACT CLH18260 - Skamania County Community Health Department
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$186	93.266	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP0000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/18	\$553	93.266	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP0000762-05-00	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	\$144	93.266	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP0000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY18 COVID CARES	333.93.32	04/23/20	\$22,581,799	06/01/20	12/31/20	\$27,694	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK0000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY, LABORATORY & PUBLIC HEALTH EMERGENCY RESPONSE FOR HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE	333.93.35	03/16/20	\$13,230,799	01/20/20	12/31/20	\$78,522	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
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$29,551	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	\$29,551	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	\$22,523	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						\$366,205					

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	Board of County Commissioners, 8/25/2020	
<u>SUBJECT</u>	Connie Clark, BSN, MSN, ANP Amendment #4	
<u>ACTION REQUESTED</u>	Signature	

SUMMARY/BACKGROUND

Amends Professional services contract for Nurse Practitioner to provide additional funding for family planning services for Public (Personal) Health and limited Behavioral Health programs.

FISCAL IMPACT

EXPENSE CONTRACT

\$60,000

RECOMMENDATION

Sign

LIST ATTACHMENTS

- Face Sheet
- Contract
- Attachment A-Scope of Practice

**SKAMANIA COUNTY - PROFESSIONAL SERVICE CONTRACT
BETWEEN SKAMANIA COUNTY
AND CONNIE CLARK, BSN, MSN, ARNP
(2018 - Ongoing)**

THIS CONTRACT, by and between **SKAMANIA COUNTY**, a municipal corporation, hereinafter referred to as the "**COUNTY**", and **CONNIE CLARK**, hereinafter referred to as the "**CONTRACTOR**",

WITNESSETH THAT:

1. **AUTHORITY TO CONTRACT.**

- A. The **CONTRACTOR** covenants that the person whose signature appears as the representative of the **CONTRACTOR** on the signature page of this contract is the **CONTRACTOR'S** contracting officer and is authorized to sign on behalf of the **CONTRACTOR** and, in addition, to bind the **CONTRACTOR** in any subsequent dealings with regard to this contract, such as modifications, amendments, or change orders.
- B. The **CONTRACTOR** covenants that all licenses, tax I.D. Nos., bonds, industrial insurance accounts, or other matters required of the **CONTRACTOR** by federal, state or local governments in order to enable the **CONTRACTOR** to do the business contemplated by this agreement, have been acquired by the **CONTRACTOR** and are in full force and effect.
- C. The **COUNTY** represents that the services contracted for herein have been, or will be, appropriately budgeted for and that the **COUNTY** has the authority to contract for such services; that the contracting officer for the **COUNTY** is KIRBY RICHARDS; provided that changes that require a change in the amount of the contract price, shall require the approval of the Skamania County Board of Commissioners.

2. **INDEPENDENT CONTRACTOR STATUS.**

- A. The parties intend the **CONTRACTOR** to be an independent contractor, responsible for its own employer/employee benefits such as Workman's Compensation, Social Security, Unemployment, and health and welfare insurance. The parties agree that the **CONTRACTOR'S** personal labor is not the essence of this contract; that the **CONTRACTOR** will own and supply its own equipment necessary to perform this contract; that the **CONTRACTOR** will employ its own employees; and that, except as to defining the work and setting the parameters of the work, the **CONTRACTOR** shall be free from control or direction of the **COUNTY** over the performance of such services.
- B. The **CONTRACTOR** represents that it is capable of providing the services contracted for herein; that it is the usual business of the **CONTRACTOR** to provide such services.

3. **SERVICES TO BE RENDERED.**

- A. The work to be performed by the CONTRACTOR consists of those services that are fully described in the contract documents marked Attachments A, B and C, which have been initialed by the parties, attached hereto, and by this reference incorporated herein.
- B. Amendments, modifications, or change orders to this contract must be in writing and signed by the parties designated in this contract to be the contracting officers; provided that, change orders affecting the total contract price must be signed by the Board of Commissioners for the COUNTY.

4. **TERMS OF CONTRACT**

The contract shall begin on January 1, 2018 and be ongoing until such time that either party terminates this agreement; PROVIDED that, in the event this contract is a personal services contract, not exempt under Chapter 39.29 of the Revised Code of Washington, this contract shall not be effective until the requirements of said statute have been met. The County may terminate this contract upon seven (7) days written notice.

5. **PAYMENTS FOR SERVICES.**

- A. The consideration for the services to be performed by the CONTRACTOR shall not exceed ~~\$35,000, \$70,000, \$105,000,~~ 165,000 including Washington sales tax, and shall be paid as outlined below or in Attachment A. Travel costs (including mileage, lodging and per diem) will be paid at government rates to CONTRACTOR for attending trainings at the request of COUNTY. These travel payments will be in addition to the amount listed.
- B. Payment on the account of the contracted services shall be made not more than monthly, based on submission by the CONTRACTOR to the COUNTY'S contracting officer of reports and invoices describing the services performed in sufficient detail to enable the COUNTY'S contracting officer to adequately determine the services for which payment is sought. Payment is due within thirty (30) days of submission of accepted detailed invoice.

6. **INDEMNIFICATION**

The COUNTY shall hold CONTRACTOR harmless and the COUNTY has agreed to defend and indemnify CONTRACTOR for claims arising out of services provided within the Scope of Practice (Attachment A) of this contract.

7. **INSURANCE**

The CONTRACTOR will be deemed an agent of the COUNTY and shall be covered by Skamania County and through its joint self-insurance membership in the Washington Counties Risk Pool for bodily injury, general liability for liability arising out of any activities of the CONTRACTOR pursuant to this contract and resulting from the CONTRACTOR'S negligence, not to include intentional action/inactions or gross negligence.

8. **GOVERNING LAW.**

The parties agree that this contract shall be governed by the laws of the State of Washington and that venue for any action pursuant to this contract, either interpreting the contract or enforcing a provision of the contract, or attempting to rescind or alter the contract, shall be brought in Skamania County, Washington; that the prevailing party shall be entitled to all costs, including reimbursement for attorney's fees at a reasonable rate.

9. **ASSIGNABILITY.**

The CONTRACTOR shall not assign nor transfer any interest in this contract.

10. **EQUAL EMPLOYMENT OPPORTUNITY.**

- A. The CONTRACTOR shall not discriminate on the basis of race, color religion, sex, national origin, age, disability, marital or veteran status, political affiliation, or any other legally protected status in employment or the provision of services.
- B. The CONTRACTOR shall not, on the grounds of race, color, sex, religion, national origin, creed, age or disability:
- (1) Deny an individual any services or other benefits provided under this agreement.
 - (2) Provide any service(s) or other benefits to an individual which are different, or are provided in a different manner from those provided to others under this agreement.
 - (3) Subject an individual to unlawful segregation, separate treatment, or discriminatory treatment in any manner related to the receipt of any service(s), and/or the use of the contractor's facilities, or other benefits provided under this agreement.
 - (4) Deny any individual an opportunity to participate in any program provided by this agreement through the provision of services or otherwise, or afford an opportunity to do so which is different from that afforded others under this agreement. The CONTRACTOR, in determining (1) the types of services or other benefits to be provided or (2) the class of individuals to whom, or the situation in which, such services or other benefits will be provided or (3) the

class of individuals to be afforded an opportunity to participate in any services or other benefits, will not utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, sex, religion, national origin, creed, age, or disability.

11. **NONCOMPLIANCE WITH NONDISCRIMINATION PLAN**

In the event of the **CONTRACTOR's** noncompliance or refusal to comply with the above nondiscrimination plan, this contract may be rescinded, canceled or terminated in whole or in part, and the contractor may be declared ineligible for further contracts with the **COUNTY**. The **COUNTY** shall, however, give the **CONTRACTOR** reasonable time to cure this noncompliance. Any dispute may be resolved with the "Disputes" procedure set forth herein.

12. **DISPUTES**

Except as otherwise provided in this contract, when a genuine dispute arises over an issue related to the contract between the **COUNTY** and the **CONTRACTOR** and it cannot be resolved, either party may submit a request for a dispute resolution to the Board of County Commissioners. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal. A party's request for a dispute resolution must:

- a. be in writing; and
- b. state the disputed issues; and
- c. state the relative positions of the parties; and
- d. state the **CONTRACTOR'S** name, address, and the **COUNTY** department the contract is with; and
- e. be mailed to the Board of Commissioners, P.O. Box 790, Stevenson, Washington 98648, within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes. This dispute resolution process constitutes the sole administrative remedy available under this contract.

13. **WAGE AND HOUR COMPLIANCE.**

The **CONTRACTOR** shall comply with all applicable federal and state provisions concerning wages and conditions of employment, fringe benefits, overtime, etc., as now exists or is hereafter enacted during the term of this contract, and shall save the County harmless from all actions, claims, demands, and expenses arising out of the **CONTRACTOR'S** failure to so comply.

14. **DEFAULT/TERMINATION/DAMAGES**

- A. The parties hereto agree that TIME IS OF THE ESSENCE of this contract.
- B. If the **CONTRACTOR** shall fail to fulfill in a timely manner any of the covenants of this agreement, the **COUNTY** shall have the right to terminate this agreement by giving

the **CONTRACTOR** seven (7) day's notice, in writing, of the **COUNTY'S** intent to terminate and the reasons for said termination. And in the event of any such termination the **CONTRACTOR** shall be liable for the difference between the original contract and the replacement or cover contract as well as all administrative costs directly related to the replacement contract; that in such event the **COUNTY** may withhold from any amounts due the **CONTRACTOR** for such work or completed services any balances due the Contractor, and said amounts shall be used to totally or partially offset the **COUNTY'S** damages as a result of the **CONTRACTOR'S** breach to the extent they are adequate.

C. Either party may cancel the contract, without fault, by giving the other party 14 days written notice.

15. **OWNERSHIP OF WORK PRODUCTS.**

Upon completion of the project or termination for whatever reason, all finished and unfinished documents, data, studies, drawings, service maps, models, photographs and other work product resulting from this agreement shall become the **COUNTY'S** property.

IN WITNESS WHEREOF, the **COUNTY** has caused this Contract to be duly executed on its behalf, and thereafter the **CONTRACTOR** has caused the same to be duly executed on its behalf.

DATED: _____, 20__.

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

CONNIE CLARK, BSN, MSN, ARNP

Chairman

Commissioner

Date

Commissioner

APPROVED AS TO FORM ONLY:

ATTEST:

Prosecuting Attorney

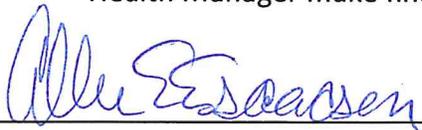
Clerk of the Board

Attachment A

Connie Clark, BSN, MSN, ARNP Scope of Practice for Nurse Practitioner

Important Note: For federal funding purposes this is considered a Vendor Contract Agreement.

- 1) Licensed through DOH and able to perform medical exams, Family Planning procedures and follow-up mental health prescribing.
- 2) Charting will be completed in Credible or assigned electronic records system, for each client by the end of the appointment work day.
- 3) Contractor will implement Family Planning policies and procedures and medical standing orders as approved by the Regional Health Officer.
- 4) Follow state and federal Family Planning guideline, maintaining verifiable records of services provided to the clients and forms necessary for local, state and federal programs.
- 5) Conduct oneself accordingly in the organizational culture of the County with regards to professional conduct and client confidentiality.
- 6) Negotiate a work schedule with the clinic at least one month in advance; notify staff of needed time off in a timely manner.
- 7) Document time worked in each program; submit time to fiscal contract on a monthly basis.
- 8) Contractor will be responsible for their own benefits and taxes.
- 9) Contractor will be available for consultation with County, State and Federal Program representatives.
- 10) Contract shall not exceed ~~\$35,000~~ ~~\$70,000~~ ~~\$105,000~~, \$165,000 for clinical services. County required training costs will be additional.
- 11) Payment for services will be at the rate of \$65 per hour. No additional payment will be made for travel, per diem or incidental costs. Travel costs (including mileage, lodging and per diem) related to trainings required by COUNTY will be paid at government rates to CONTRACTOR
- 12) Contractor may apply for Family Planning Education funds (if they are available) to help offset the cost of FP training registration fees. The PH Nurse Manager and Behavioral Health Manager make final decisions on the allocation of training funds.



Community Health

Connie Clark, BSN, MSN, ARNP



Date

Date

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOCC, 8/25/2020	
<u>SUBJECT</u>	DSHS – County Program Agreement for DDA services	
<u>ACTION REQUESTED</u>	Signature	

SUMMARY/BACKGROUND

Amends DSHS – DDA Contract to extend period of service and funding through 6/30/2021 and add funding for services in Klickitat County.

FISCAL IMPACT

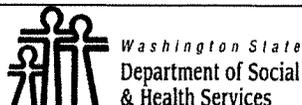
Funding \$226,236 REVENUE CONTRACT.

RECOMMENDATION

Sign

LIST ATTACHMENTS

Face Sheet
Contract (including Exhibit B)



Transforming lives

CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:
1963-57637

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
Click here to enter text.
Contractor Contract Number

CONTRACTOR NAME Skamania County	CONTRACTOR doing business as (DBA) Skamania County DDA County Services
---	--

CONTRACTOR ADDRESS PO Box 369 Stevenson, WA 98648-	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 301-000-403	DSHS INDEX NUMBER 1238
---	--	----------------------------------

CONTRACTOR CONTACT Kirby Richards	CONTRACTOR TELEPHONE (509) 427-3850	CONTRACTOR FAX (509) 427-0188	CONTRACTOR E-MAIL ADDRESS richards@co.skamania.wa.us
---	---	---	--

DSHS ADMINISTRATION Developmental Disabilities Admin	DSHS DIVISION Division of Developmental Disabilities	DSHS CONTRACT CODE 1769CS-63
--	--	--

DSHS CONTACT NAME AND TITLE Wendi Winchel Regional Business Manager	DSHS CONTACT ADDRESS PO BOX 45315 Olympia, WA 98504-5315
--	---

DSHS CONTACT TELEPHONE (360) 725-4264	DSHS CONTACT FAX (360) 586-6502	DSHS CONTACT E-MAIL ADDRESS winchwa@dshs.wa.gov
---	---	---

IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS
--	---------------------

AMENDMENT START DATE 07/01/2019	CONTRACT END DATE 06/30/2021
---	--

PRIOR MAXIMUM CONTRACT AMOUNT \$128,894.00	AMOUNT OF INCREASE OR DECREASE \$226,236.00	TOTAL MAXIMUM CONTRACT AMOUNT \$355,130.00
--	---	--

REASON FOR AMENDMENT;
CHANGE OR CORRECT CHOOSE ONE:

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:
 Additional Exhibits (specify):

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
-----------------------------	-------------------------------	--------------------

DSHS SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
-----------------------	-------------------------------	--------------------

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. The Total Maximum Contract Amount is hereby increased in the amount of \$226,236.00 for a new Contract Amount of \$355,130.00. This amount is for services provided during the added fiscal year.
2. The Program Agreement end date is extended to June 30, 2021.
3. Section 1. Definition Specific to Program Agreement Item c.(3) (c) will be replaced with the following language:
 - a. (3) (c) "Partnership Project". Collaborative partnerships with school districts, employment providers, DVR, families, employers and other community collaborators needed to provide the employment supports and services young adults with developmental disabilities require to become employed during the school year they turn twenty-one (21). Supports provided should complement and not replace what the student(s) receive through the Individualized Education Program (IEP).
4. Section 1. Definition specific to Program Agreement will include the following definitions:
 - v. Competitive Integrated Employment - work performed by an individual on a part-time or full-time basis, within an integrated setting within the community that meets HCBS settings requirements. The individual must be compensated at minimum wage or higher, using the higher of the Federal, State, or local rate, and at a rate comparable to the wage paid to non-disabled workers performing the same tasks, including receiving the same benefits and opportunities for advancement.
 - w. Employment Outcome Payment – A document derived from [employment readiness activities](#) performed by transition students who are between ages 19 through 20 that identifies actionable next step for employment. The employment service providers developing the Job Foundation report will be supporting transition students with employment activities for an average of 35 hours until student moves to Job Development phase of employment activities.
 - x. Job Foundation document – A document derived from employment readiness activities performed by transition students that identifies actionable next step for employment.
5. Section 6. Statement of Work is revised to include the following:
 - q. Partnership Project.
 - (1) A Job Foundation document will be completed per guidelines for eligible students. Eligible students are DDA clients who were born between 9/1/00 through 8/31/01, currently attending school and have completed an application to participate in this Value Based Payment project. The VBP project application will include the following minimum criteria identified in the sample application found at:
https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Job%20Foundation%20Application_040720%20%28002%29.docx
 - (2) Qualified providers will collaborate with School District staff to complete the Job Foundation document and then provide a copy to the County. To be a qualified provider for the Partnership Project the Counties must require the provider to have a current contract with the Division of Vocational Rehabilitation; a contract in good standing with the County and cannot be in provisional status; a minimum of two years' experience providing Individual Employment with

demonstrated job placement skills. If the Job Foundation recommendation is for subminimum wage work / group work, service provider may not continue support.

(3) County participating in the Partnership Project must have the ability to work collaboratively with School Districts to identify DDA students in high school, collect and track information, be proficient in electronic spreadsheets, and ability to evaluate if completed Job Foundation document(s) meet quality standards.

r. Employment Outcome Payment. – Providers, with transition students born between 9/1/00 through 8/31/01, high acuity and authorized for Individual employment, may receive one outcome payment if student obtains a competitive integrated job approved by the County within timeframes described in the chart below. If the County is also the service provider DDA will provide the job approval. If the job is at a minimum of ten hours of work per week an additional amount will be include in the payment.

6. Section 8. Billing and Payment, will include the following:

l. Reimbursement for Partnership project: a claim of \$2,400 per student for each completed Job Foundation document that is at a satisfactory or above rating will be requested through the AWA system as other monthly cost

m. 94 Partnership line item. A copy of the completed Job Foundation document will be sent electronically to DDA Employment and Day HQ staff.

m. Job placement verification for transition students: The AWA Employment Output for Individual Employment will be completed and submitted with payment request to verify employer, job start date, job type, etc.

7. Adding two new section as follows effective 7/1/2019:

Section 12. Confidential Information. All Counties and their subcontractors must:

- A. Ensure the security of Confidential Information;
- B. Use a Trusted Network when available;
- C. When transporting outside of a Secure Area, Portable Devices and Portable Media with DSHS Confidential Information must be under the physical control of staff with authorization to access the Data, even if the Data is encrypted.
- D. When transporting data containing DSHS Confidential Information outside a Secure Area must encrypt the data.

Section 13. Data Security Requirements. Exhibit A shall only apply to the County if the County serves 150 or more DSHS clients. The Exhibit A will apply to the County subcontractor if the subcontractor serves 150 or more DSHS clients.

8. Exhibit A – Data Security Requirements the following replaces existing language effective 7/1/2020:

Section 1 Definitions, item e, "Encrypt means to encode Confidential Information into a format that can only be read by those possessing a "key" ; a password, digital certificate or other mechanism available only to authorized users. Encryption must use a key length of at least 128 bits (256 preferred and required to be implemented by 6/30/2021 for symmetric keys, or 2048 bits for asymmetric keys. When a symmetric key is used, the advance Encryption Standard (AES) must be used if available.

Section 4 Authorization, Authentication, and Access, item h, (6) Ensuring use of Multi-factor Authentication to connect from the external end point to the internal end point. All contractors must be in compliance by 6/30/2021.

9. Exhibit B. Program Agreement Budget is hereby replaced with the following Budget Revision:

Program Agreement Budget

Original Budget

Budget Revision

REVENUES

Fiscal Year	Fund Source	Original	1 st Revision	2 nd Revision	3 rd Revision
2020	State Funds	75,887	93,402		
	Medical Funds	53,007	67,535		
	Total	\$128,894	\$160,937		
2021	State Funds		122,244		
	Federal Funds		71,948		
	Total		\$194,192		

COUNTY FY 2021 SPENDING PLAN

	Planned Expenditures				
	Job Foundation Funds	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION (CMIS/AWA BARS 11)	0	0	6,987	5,717	12,704
OTHER CONSUMER SUPPORTS (CMIS/AWA Code 31, 32, 41, 92, 93, 94)	0	0	6,530	5,343	11,873
CONSUMER SUPPORT STATE-ONLY	0	0	0		0
Child Development			47,839		47,839
MEDICAID CLIENTS	0	0	60,888	60,888	121,776
ROADS to COMMUNITY LIVING	0	0	0	0	0
TOTAL	0	0	122,244	71,948	194,192

COUNTY FY 2020 SPENDING PLAN

	Planned Expenditures			
	PASRR Funds	State Funds	Medicaid Funds	TOTAL
ADMINISTRATION (CMIS/AWA BARS 11)	0	5,791	4,738	10,529
OTHER CONSUMER SUPPORTS (CMIS/AWA Code 31, 32, 41, 92, 93, 94)	0	5,412	4,428	9,840
CONSUMER SUPPORT				
STATE-ONLY	0	0		0
Child Development		23,831		23,831
MEDICAID CLIENTS	0	58,369	58,369	116,738
ROADS to COMMUNITY LIVING	0	0	0	0
			67,535	
TOTAL	0	93,403	67,535	160,938

All other terms and conditions of this Contract remain in full force and effect.

**SAFETY COMMITTEE
REPORT TO BOARD OF COMMISSIONERS
08/25/2020**

1. Chairman's Safety Report
2. Old Business
3. New Business

2020-E-05 Noxious Weed employee was turning into the parking lot at the County fairgrounds to the Noxious Weed Office turned to sharp and ran over a boulder dented wheel and right panel bedside of vehicle. Cost to repair 879.91.

Safety Committee recommends and agrees with the supervisor this is a preventable accident. Employee should be more aware of surroundings when making turns.

2020-03 Public Works employee was surveying centerline of wind river roadway and collecting sign and post data for asset management tracking and was bitten by a tick on the upper back.

Department Head did not make a recommendation of this being preventable or unpreventable nor did they select a cause of this incident, nor did they answer what might be done to prevent this from happening in the future. But they did make a recommendation that it might have been avoided if the employee was wearing repellent and long sleeves.

Safety Committee recommends this is an unpreventable accident due to the nature of the work. Employee was seen by a doctor.

SKAMANIA COUNTY EMPLOYEE ACCIDENT/INCIDENT REPORT

Accident Number 2020-03

EMPLOYEE/VOLUNTEER STATEMENT

1. Name: Sadi Pettenger 2. Job Title: Assistant County Engineer 3. Dept: Public Works
 4. Time of Accident: 3:30 PM 5. Date of Accident: 27-May-20
 6. Location of Accident: Wind River Road Milepost -0.00 to -0.5
 7. Name of Person this accident/incident was reported to: Tony Hegewald, Arnold Bell, Tim Elsea
 8. Date Reported: 5/27/2020 Time Reported: 4:30 PM 9. Name of Witness (es): Tony Hegewald
 10. Check if applicable to accident/incident:
 Accidental Injury Occupational Illness Property Damage Motorvehicle Workplace Violence
 11. Status: Elected Official Employee Volunteer Visitor Temperature
 12. Equipment # N/A 13. Damage Amount N/A Sunny
 14. Posted speed N/A 15. Actual speed N/A

16. Complete Description of what you were doing just before the incident occurred:
Surveying the centerline of wind river roadway and collecting sign and post data for asset management tracking.

17. Was another vehicle involved? Yes No N/A

18. Complete description of damage to other vehicle:
N/A

19. Describe Accident in Detail:(if equipment accident, attach a detailed sketch)(if injury describe in detail left/right/back/front-part of body injured)
Tick bite on upper back

20. What if any treatment was done (CPR, Splint, Wrap, Clean affected area Etc.)and by whom?

21. Was treatment refused? Yes No N/A If refused by whom?

22. What type of personal protective equipment was employee wearing? (i.e. gloves, goggles, boots)
Boots, high socks, safety vest

23. Was a Doctor seen? Yes No N/A 24. Date you sought medical attention: May 28 2020

25. Time you sought medical attention: 1:15 PM
 26. Whom did you see? Lisa Spongauer 27. Name of Hospital/Office: Columbia Family Gorge Medicine

28. Could something have been done to prevent this from happening? Yes No
 If yes, please explain:
Will try and wear more bug spray

29. EMPLOYEE SIGNATURE: Sadi Pettenger 30. DATE: 6/4/2020

State of Washington WAC 296-24-025 (6) Employee's Responsibility. "Employee shall make a prompt report to their supervisor, of each accident/incident". Skamania County Personnel Policy 8.2.3(4) requires this form to be returned to Safety Committee Secretary within 72 hours of accident.

For Official Use only:
 1. Date Safety Officer received report: 6/4/2020 2. Date Safety Committee Received Report 6/11/2020 / 8/13/13
 3. Date Commissioners Reviewed Report 8/27/2020 4. Was this report returned to the Department? Yes No
 5. Date it was returned: 6/12/2020
 Reason for report being returned: Completed

SUPERVISOR'S STATEMENT

31. Supervisor's Name:	32. Department	33. Date Reported:
34. Time reported to supervisor:	35. Who reported it?	

36. Investigate and describe that accident and any damages/injuries involved.:

37. In your opinion, what was the cause of this accident, please describe below?

<input type="checkbox"/> Inadequate guards on equipment	<input type="checkbox"/> Improper signing
<input type="checkbox"/> Defective tools, equipment, etc.	<input type="checkbox"/> Lack of awareness
<input type="checkbox"/> Unsafe design or construction	<input type="checkbox"/> Improper clothing or shoes
<input type="checkbox"/> Improper storing	<input type="checkbox"/> Using unsafe equipment
<input type="checkbox"/> Strong wind	<input type="checkbox"/> Improper loading methods
<input type="checkbox"/> Rough terrain	<input type="checkbox"/> Taking unsafe position
<input type="checkbox"/> Toxic Material	<input type="checkbox"/> Failure to use protective equipment
<input type="checkbox"/> Slippery surface	<input type="checkbox"/> Distraction or inattention
<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Improper turning movement
<input type="checkbox"/> Other (please list)	<input type="checkbox"/> Improper lifting

Describe:

38. What might be done to prevent this from happening in the future?

39. Injury/Illness Severity	40. Time Loss	41. No. of Days/hrs
<input type="checkbox"/> No treatment required	<input type="checkbox"/> No time loss	
<input type="checkbox"/> First aid only	<input type="checkbox"/> Return to work the next work day	
<input type="checkbox"/> Medical treatment (Attach Doctor's Report Form)	<input type="checkbox"/> Restricted Activity/Job Transfer	
<input type="checkbox"/> Fatality Enter Date: _____	<input type="checkbox"/> Lost Workdays, not at work	

*Note time loss includes any time spent away from work for treatment involving this incident/accident

42. Has the employee been instructed to keep the County informed of progress? Yes No N/A

43. Has this employee been properly trained in the job he/she was performing? Yes No N/A

44. In your opinion, is this accident/incident: Preventable Unpreventable

45. Supervisor's Comments: *REPELLENT + LONG SLEEVES MIGHT HAVE BEEN AVOIDED IF WEARING*

46. SUPERVISOR'S SIGNATURE: *[Signature]* 47. DATE: *6/14/2020*

48. Elected Official/Department Head's Comments:

49. ELECTED OFFICIAL/DEPARTMENT HEAD INITIAL'S: *[Signature]* 50. DATE: *6/14/2020*

Please see that this form is completed promptly, and returned to Safety Committee within 72 hours of accident.

SAFETY COMMITTEE RECOMMENDATIONS/COMMENTS:

Safety Committee recommends this is unpreventable accident.

[Signature]
SAFETY CHAIRPERSON SIGNATURE

Agree with Safety Committee Comments Disagree with Safety Committee comments

Board of Commissioners Comments:

Chairman, Board of Commissioners Date

SKAMANIA COUNTY EMPLOYEE ACCIDENT/INCIDENT REPORT

Accident Number

2020-E-05

EMPLOYEE/VOLUNTEER STATEMENT

1. Name: Max Fischer 2. Job Title: Natural Resource Aid 3. Dept: Noxious Weed
 4. Time of Accident: 6:50 5. Date of Accident: 7-15-20
 6. Location of Accident: Skamania County Warehouses
 7. Name of Person this accident/incident was reported to: Cyndi/Emily Stevenson
 8. Time Reported: 7:00 9. Name of Witness (es): Max Fischer/Markum Price
 10. Check if applicable to accident/incident:
 Accidental Injury Occupational Illness Property Damage Motorvehicle Workplace Violence
 11. Status: Employee Volunteer Visitor
 12. Equipment # 9104
 13. Posted speed 25 14. Actual speed 15 15. Damage Amount

16. Complete Description of you were doing just before the incident occurred: Dented the Rim of the front right wheel with a rock. Took a corner too sharp into the parking lot.

17. Was another vehicle involved? Yes No

18. Complete description of damage to other vehicle:

19. Describe Accident in Detail: (if equipment accident, attach a detailed sketch)(if injury describe in detail left, right, back or front - part of body injured) Dented Rim

20. What if any treatment was done (CPR, Splint, Wrap Etc.)and by whom?

21. What might be done to prevent this from happening in the future? Be more aware of Roadside Hazards

22. What type of personal protective equipment was employee wearing? (i.e. gloves, goggles, boots) Mask (K115)

23. Was a Doctor seen? No Date and time you sought medical attention

24. Whom did you see? Hospital/Office

If available, would you be willing to perform light duty work during your recovery?
 25. EMPLOYEE SIGNATURE: max fischer 26. DATE: 7-16-20

State of Washington WAC 296-24-025 (6) Employee's Responsibility. "Employee shall make a prompt report to their supervisor, of each industrial accident". Skamania County Personnel Policy 8.2.3(4) requires this form to be returned to Safety Committee Secretary within 72 hours of accident.

For Safety Committee Use only:
 Date Safety Committee received reports: 10/4/2020
 Supervisor's Report on 2nd page

If doctor is seen, submit attached Doctor's Data Report as soon as received.

SUPERVISOR'S STATEMENT

27. Supervisor's Name: Emily Stevensm 28. Dept.: Nox WD 29. Date Reported: 7-15-2020
30. Exact time reported to you: 7:01 31. Who reported it? Clay Moser/Cynde Solze

32. After you investigated accident, describe what happened and injuries involved: Driver took the corner into the parking lot too sharp & side-swiped a large boulder. Bent the Rim on the front/passenger wheel. No injuries

33. In your opinion, what was the cause of this accident?
- | | |
|---|--|
| <input type="checkbox"/> Inadequate guards on equipment | <input type="checkbox"/> Improper signing |
| <input type="checkbox"/> Defective tools, equipment, etc. | <input checked="" type="checkbox"/> Lack of awareness |
| <input type="checkbox"/> Unsafe design or construction | <input type="checkbox"/> Improper clothing or shoes |
| <input type="checkbox"/> Improper storing | <input type="checkbox"/> Using unsafe equipment |
| <input type="checkbox"/> Strong wind | <input type="checkbox"/> Improper loading methods |
| <input type="checkbox"/> Rough terrain | <input type="checkbox"/> Taking unsafe position |
| <input type="checkbox"/> Toxic Material | <input type="checkbox"/> Failure to use protective equipment |
| <input type="checkbox"/> Slippery surface | <input checked="" type="checkbox"/> Distraction or inattention |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Improper turning movement |
| <input type="checkbox"/> Other | <input type="checkbox"/> Improper lifting |

34. What might be done to prevent this from happening in the future? More awareness/less distraction while driving
Read above statement

35. Injury/Illness Severity
- | | | |
|--|---|---------------------|
| <input checked="" type="checkbox"/> No treatment required | 36. Time Loss | 37. No. of Days/hrs |
| <input type="checkbox"/> First aid only | <input checked="" type="checkbox"/> No time loss | |
| <input type="checkbox"/> Medical treatment (Attach Doctor's Report Form) | <input type="checkbox"/> Return to work the next work day | |
| <input type="checkbox"/> Fatality Enter Date: _____ | <input type="checkbox"/> Restricted Activity/Job Transfer | |
| | <input type="checkbox"/> Lost Workdays, not at work | |

38. If time will be lost from the job, has the employee been instructed to keep the County informed of progress? _____
39. Has this employee been properly trained in the job he/she was performing? Yes No
40. In your opinion, is this accident/incident Preventable Unpreventable
41. Comments:

42. SUPERVISOR'S SIGNATURE: [Signature] 43. DATE: 7-16-2020

44. Comments:

45. ELECTED OFFICIAL/DEPARTMENT HEAD INITIAL'S _____ 46. DATE: _____

Please see that this form is completed promptly, and returned to Safety Committee within 72 hours of accident.

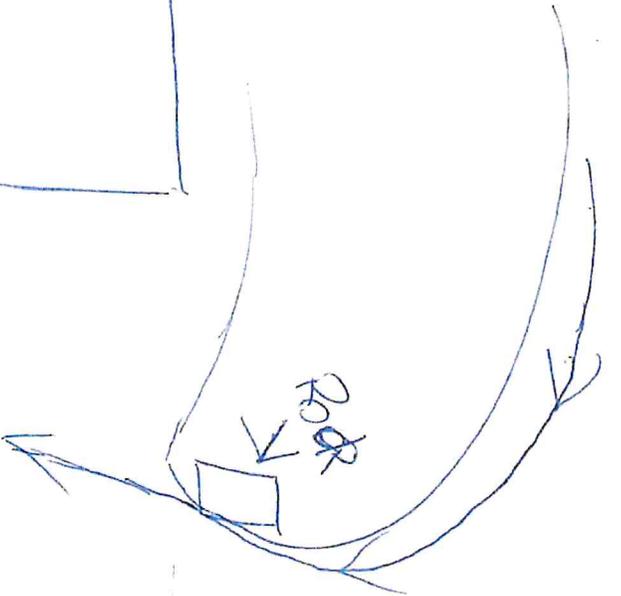
SAFETY REVIEW BOARD ACTION
Safety Committee agrees with Supervisor this is preventable accident. Employee should pay more attention.

SAFETY CHAIRPERSON SIGNATURE
Patty Fatima

Board of Commissioners Comments:

Agree Disagree

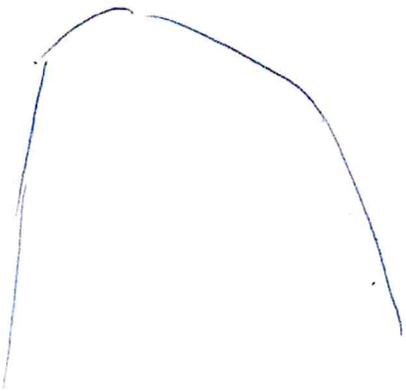
Chairman, Board of Commissioners Date



Rock Creek Dr

Entrance

Opole



Wind River Restorations LLC
2431 Wind River Rd
Carson, WA 98610
(541) 400-0397
restorations2017@gmail.com

*** PRELIMINARY ESTIMATE ***

07/27/2020 01:56 PM

Owner

Owner: SKAMANIA COUNTY
Address:
City State Zip: Stevenson, WA 98648

Work/Day: (509)427-3941
FAX:

Inspection

Inspection Date: 07/27/2020 01:53 PM
Inspection Location: WRR SHOP
City State Zip: Carson, WA 98610
Primary Impact: Right Rear Side
Driveable: Yes

Inspection Type: Drive In
Contact:
FAX:
Secondary Impact: Right Front Side
Rental Assisted: No

Appraiser Name: HOBY HANSEN

Appraiser License # :

Repairer

Repairer: Wind River Restorations LLC
Address: PO Box 1263
City State Zip: Carson, WA 98610

Contact:
Work/Day: (541)400-0397
Work/Day:

Target Complete Date/Time:

Days To Repair: 4

Vehicle

OEM Part Price Quote ID: ****

2008 Ford F-350 Lariat 4 DR Ext Cab Long Bed
6.8L Triton V10
5 Speed Automatic

Lic.Plate: C7192C
Lic Expire:
Veh Insp# :
Condition: Fair
Ext. Refinish: Two-Stage
Ext. Paint Code: Z1

Lic State: WA
VIN: 1FTWX31Y48ED58180
Mileage Type: Actual
Code: P8045B
Int. Refinish:
Int. Trim Code:

Options

4-Wheel Drive
Alarm System
Camper/Towing Package
Dual Airbags
Dual Zone Auto A/C
Intermittent Wipers
Leather Seats
MP3 Decoder
Polished Alloy Wheels

AM/FM CD Player
Anti-Lock Brakes
Chrome Step Bumper
Dual Beam Jewel Headlamps
Floor Mats
Keyless Entry Keypad
Leather Steering Wheel
Manual Locking Hubs
Power Brakes

Air Conditioning
Automatic Dimming Mirror
Cruise Control
Dual Power Seats
Fog Lights
Keyless Entry System
Lighted Entry System
Overhead Console
Power Door Locks

Power Mirrors	Power Steering	Power Take-Off Provision
Power Windows	Privacy Glass	Rear Bench Seat
Side Steps	Sliding Rear Window	Split Front Bench Seat
Strg Wheel Radio Control	Tachometer	Theft Deterrent System
Tilt Steering Wheel	Tinted Glass	Tow Hooks
Trailer Hitch	Trip Computer	Wood Interior Trim

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Wheels										
1	EC	902	46	Wheel,Front RT	Replace Economy	\$88.00*			0.4	SM
Bed										
2	I	428		Panel,Bedside RT	Repair				5.0*	SM
3	L	428	13	Panel,Bedside RT	Refinish				4.8	RF
					3.5 Surface					
					0.6 Two-stage setup					
					0.7 Two-stage					

3 Items

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE
46 PRINTABLE ALTERNATE PARTS COMPARE

Estimate Total & Entries

Other Parts		\$88.00	
Paint & Materials	4.8 Hours @ \$35.00	\$168.00	
Parts & Material Total			\$256.00
Tax on Parts & Material	@ 7.700%		\$19.71

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$55.00	0.4	5.0	5.4	\$297.00
Mech/Elec (ME)	\$55.00				
Frame (FR)	\$55.00				
Refinish (RF)	\$55.00	4.8		4.8	\$264.00

Labor Total			10.2 Hours	\$561.00
Tax on Labor	@ 7.700%			\$43.20
Gross Total				\$879.91
Net Total				\$879.91

Alternate Parts Y/01/00/00/01/00 CUM 01/00/00/01/00 Zip Code: 98610 Default
OEM Part Prices DT 07/27/2020 01:57 PM EstimateID 717119537228554240 QuoteID ****
Rate Name Default

1.3 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM = Replace PXN Reman/Reblt
UM = Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage

Solera

Audatex

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Solera

COMMISSIONER'S AGENDA ITEM

SUBMITTED BY	<i>Human Resources</i> Department	 Signature
AGENDA DATE	<i>August 25, 2020</i>	
SUBJECT	<i>Reactivate Lead Appraiser Position</i>	
ACTION REQUESTED	<i>Authorize reactivation of Lead Appraiser Position to be filled</i>	

SUMMARY/BACKGROUND

Prior to 2013 during final layoffs, the Assessor's Office had a Lead Appraiser position that was vacated and not refilled. Over the past 7 years there has not been anyone that met the qualifications for the position. Assessor's office has an employee that has been working as an appraiser for 14 years who has taken it upon themselves to take the necessary classes, webinars, training and testing to pass all of the requirements to be a Lead Appraiser. The Assessor is requesting to reactivate this position and promote the individual to the position effective August 1, 2020.

FISCAL IMPACT

There is no fiscal impact to the Assessor budget in 2020. The increase for the 2021 budget year would be \$2,661.

RECOMMENDATION

Approve the reactivation of the Lead Appraiser Position and allow it to be filled.

LIST ATTACHMENTS

Job Description

MOTION

The Skamania County Board of Commissioners hereby authorizes the reactivation of the Lead Appraiser Position in the Assessor's office and to fill it with a current employee that meets the requirements for the position effective August 1, 2020 at Range 21.

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Date:

Commissioner

ATTEST:

Commissioner

Clerk of the Board

**Approve Agenda
Commissioner _____
Commissioner _____
Commissioner _____**

SKAMANIA COUNTY

JOB DESCRIPTION

TITLE: LEAD APPRAISER/SALES ANALYST

FLSA STATUS: Non-Exempt

Approved: 6/10/08

Revised: 1/10

Range: 21

SUMMARY

Leads the real property appraisers in all aspects of the valuation process. Duties include researching and interpreting property sales and descriptions. Runs various statistical analyses and interprets the data for assessment purposes. Communicates with the public and the BOE/BTA regarding all appraisals both commercial and residential.

ESSENTIAL FUNCTIONS

Develops accurate tables with Computer Assisted Mass Appraisal (CAMA) software to create equalized appraisals countywide.

Performs advanced statistical testing to create models for the valuation process.

Provides assistance to the public and other agencies by obtaining property descriptions.

Develops appraisals on residential/commercial property using the three approaches to valuation; measures and sketches all improvements; lists all components of buildings; determines quality of improvements; lists all outside improvements; and collects and studies market data.

Responds to inquiries from the public by explaining appraisal methodology, legal requirements, regulations, and procedures of the appraisal process or tax assessment.

PERIPHERAL FUNCTIONS

Performs other duties as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of CAMA software and the processes used to accurately create neighborhood models.

Knowledge of building codes and restrictions, construction characteristics and standards.

Knowledge of all appraisal methods.

Ability to read and interpret building construction plans, specifications, maps, legal descriptions, and aerial photographs, and evaluate such on-site improvements.

Ability to create statistical reports and to interpret the results.

Ability to perform and evaluate appraisals in a uniform manner.

Ability to communicate clearly and concisely, orally and in writing.

Ability to maintain an effective and professional working relationship with other employees, community members, and the general public.

Ability to operate standard office equipment.

EDUCATION AND EXPERIENCE

Associate of Arts or higher from an accredited University in a similar field and three years of experience in a position involving real property appraisals and sales or an equivalent combination of education and experience which provides the knowledge, skills, and abilities to perform the essential functions of the position.

Successful completion of at least ninety (90) classroom hours of courses approved by the Department of Revenue in the principles of real property appraising.

Successful completion of the International Association of Assessing Officials residential appraisal course. Accreditation by the State Department of Revenue or the ability to obtain accreditation within six (6) months.

Successful completion of at least thirty (30) classroom hours of courses approved instruction within the two years preceding of the expiration date of the certificate. (This is an ongoing requirement to keep accreditation.)

LICENSES/CERTIFICATES

Valid State driver's license.

International Association of Assessing Officials 101-102 complete. Uniform State Property Appraiser P certified.

WORKING CONDITIONS

Work is performed approximately 70% in an office environment and approximately 30% in the field. Must be able to traverse all types of terrain. Must be able to access existing buildings and new construction. Exposure to varying weather conditions and potential hazards from pets and property owners.

PHYSICAL REQUIREMENTS

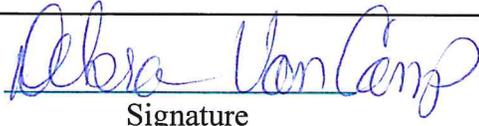
The duties of the above position require walking, stooping, bending, reaching, crawling, and

twisting to access properties and buildings and to use the field equipment. The ability to lift up to a maximum of 25 pounds is required. Requires finger dexterity, sense of touch, gripping with fingers and hands; ability to see, hear voice conversation, and to speak.

The statements contained herein reflect general details as necessary to describe the essential functions of this job, the level of knowledge and skills typically required, and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absences or relief, to equalize peak work periods, or otherwise to balance the workload.

It is the policy of Skamania County to not discriminate against any person with regard to race, color, religion, sex, age, national origin, marital status, or physical/mental disability.

COMMISSIONER'S AGENDA ITEM

SUBMITTED BY	<i>Human Resources</i> Department	 Signature
AGENDA DATE	<i>August 25, 2020</i>	
SUBJECT	<i>New Community Events Program Manager Job Description</i>	
ACTION REQUESTED	<i>Approve new job description and set salary range</i>	

SUMMARY/BACKGROUND

This is a proposed new job description for a Community Events Program Manager position. The position has responsibility for the overall operations of the Community Events and Recreation Department. The position has complete responsibility of the hiring, termination, work schedule and event schedule and setup and take down procedures. This position works closely with the Skamania County Fair Board in providing various events in the County. The position is responsible for the departmental budget and all aspects of the department. The request is to approve a new job description and align the pay to be comparable with the Noxious Weed Coordinator and the Adult Probation Officer positions. It is requested to approve the new job description and set the salary range to Range 23. During the budget process departments were asked to remove any requests for increases until such time as the legislation determined funding for the Federal Forest Secure Rural Schools. The Board has agreed to add Auditor and Assessor increases back into the budget effective August 1, 2020 and I am requesting the Community Events Program Manager Job Description and salary be added back into the budget at Range 23.

FISCAL IMPACT

The increase to the 2020 Community Events budget for this request is approximately \$1,500.

RECOMMENDATION

Approve the new job description for a Community Events Program Manager and set the salary at Range 23 effective August 1, 2020.

LIST ATTACHMENTS

Job Description with new Range

MOTION

The Skamania County Board of Commissioners hereby approves the new Community Events Program Manager job description and sets the salary to Range 23 effective August 1, 2020. This is a new position that will replace the Cultural Event Coordinator position. The current position is at step 5 of Range 20 and it will go to step 3 of Range 23.

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Commissioner

Commissioner

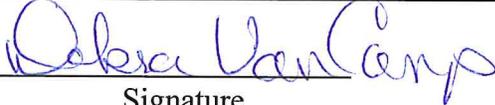
Date:

ATTEST:

Clerk of the Board

Commissioner ____
Commissioner ____
Commissioner ____

COMMISSIONER'S AGENDA ITEM

SUBMITTED BY	<u>Human Resources</u>	
	Department	Signature
AGENDA DATE	August 25, 2020	
SUBJECT	Revise Salary for Chief Criminal Deputy Prosecutor Position	
ACTION REQUESTED	Approve Salary change for Chief Criminal Deputy Prosecutor Position	

SUMMARY/BACKGROUND

In 2019, the Prosecutor was attempting to hire a new Chief Criminal Deputy Prosecutor with criminal trial experience. This proved to be very difficult to accomplish for the salary that Skamania County had set for the position. The position had not been reviewed since it was originally placed at a Range 32 back in 1985. In reviewing other comparable county Chief Deputy positions, it was difficult to compare as only 2 or 3 of our comparable counties had Chief Criminal Deputy Prosecutor positions. When looking at the entire state and trying to adjust the salary it was apparent that the salary needed to be increased to a Range 34. The position has been filled with an applicant that the Prosecutor agreed would wait to adjust the salary until the Federal Forest Funds came in and placed the position at 95% of the budget so they could do outside work to compensate for the difference in wages in coming to work for Skamania County.

FISCAL IMPACT

There is approximately a \$1,500 fiscal impact to the Prosecutor's salary and wages budget in 2020.

RECOMMENDATION

Approve the Chief Criminal Deputy Prosecutor salary range to be set at Range 34 effective August 1, 2020.

LIST ATTACHMENTS

Job Description

MOTION

The Skamania County Board of Commissioners hereby approves the Chief Criminal Deputy Prosecutor salary range to be set at Range 34 effective August 1, 2020. This is a range adjustment.

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Date:

Commissioner

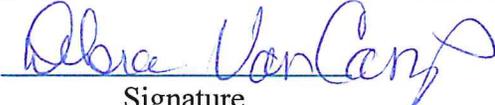
ATTEST:

Commissioner

Clerk of the Board

**Approve Agenda
Commissioner _____
Commissioner _____
Commissioner _____**

COMMISSIONER'S AGENDA ITEM

SUBMITTED BY	<i>Human Resources</i> Department	 Signature
AGENDA DATE	<i>August 25, 2020</i>	
SUBJECT	<i>Range Adjustment for Human Resource Administrator Position</i>	
ACTION REQUESTED	<i>Approve Range Adjustment for Human Resource Administrator Position description</i>	

SUMMARY/BACKGROUND

In 2017, the Board of Commissioners reviewed the information set forth by Human Resource showing the salary comparisons that warranted the salary for the position should be at a Range 26 for the Human Resource Administrator, Senior Services Program Manager and the Financial management Coordinator/Clerk of the Board. The Board decided to apply a Range 25 to the Senior Services Program Manager and the Financial Management Coordinator/Clerk of the Board and only applied a Range 24 to the Human Resource Administrator Position. In the 2020 budget process I requested the Board consider bringing the Range to a 25 for Human Resource Administrator to be equal to the Senior Services Program Manager and the Financial Management Coordinator/Clerk of the Board positions. During the budget process departments were asked to remove any requests for increases until such time as the legislation determined funding for the Federal Forest Secure Rural Schools. The Board has agreed to add Auditor and Assessor increases back into the budget effective August 1, 2020 and I am requesting the Human Resource Administrator adjustment be added back into the budget at Range 25.

FISCAL IMPACT

This would not require a supplemental to the 2020 budget. The Increase between the two ranges for the remainder of the year is approximately, \$1,500.00 with benefits.

RECOMMENDATION

Approve the Range Adjustment to the Human Resource Administrator position to Range 25 effective August 1, 2020.

LIST ATTACHMENTS

Job Description with new Range

MOTION

The Skamania County Board of Commissioners hereby approves Range Adjustment to Range 25 effective August 1, 2020 for the Human Resource Administrator Position.

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Commissioner

Commissioner

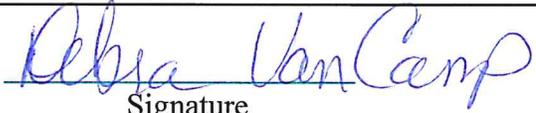
Date:

ATTEST:

Clerk of the Board

Commissioner ____
Commissioner ____
Commissioner ____

COMMISSIONER'S AGENDA ITEM

SUBMITTED BY	<i>Human Resources</i> Department	 Signature
AGENDA DATE	<i>August 25, 2020</i>	
SUBJECT	<i>Range Adjustment for Superior Court Administrator Position</i>	
ACTION REQUESTED	<i>Approve Range Adjustment for Superior Court Administrator Position description</i>	

SUMMARY/BACKGROUND

In the 2020 budget process I requested the Board consider based on the 2019 Court Administrators Salary Survey received 9/18/2019, the comparison salary range for this position for similar counties is \$4,852- \$5,723. This would be closest to the Skamania County Range 26 as outlined above. The District Court Administrator position is currently set at a Range 26 and although they have different job duties based on their respective courts they have the same levels of responsibility. This change would bring both Court Administrator positions in line to an equal salary range. This would also equalize similar Administrator positions within the County. During the budget process departments were asked to remove any requests for increases until such time as the legislation determined funding for the Federal Forest Secure Rural Schools. The Board has agreed to add Auditor and Assessor increases back into the budget effective August 1, 2020 and I am requesting the Superior Court Administrator Range Adjustment be added back into the budget at Range 26.

FISCAL IMPACT

This would not require a supplemental to the 2020 budget. At this point, I do not believe there would be a request for supplemental for the remainder of the year due to the courts business being delayed.

RECOMMENDATION

Approve the Range Adjustment to the Superior Court Administrator position to Range 26 effective August 1, 2020.

LIST ATTACHMENTS

Job Description with new Range 26.

MOTION

The Skamania County Board of Commissioners hereby approves Range Adjustment to Range 26 effective August 1, 2020 for the Superior Court Administrator Position.

**SKAMANIA COUNTY
BOARD OF COMMISSIONERS**

Chairman

Commissioner

Commissioner

Date:

ATTEST:

Clerk of the Board

Commissioner ____
Commissioner ____
Commissioner ____