



Public Health
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North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

May 9, 2017
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Minutes**
 - a. Approve from 4-11-2017 meeting.
 - b. Set Next Meeting Date (6/13/2017)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 - a. 2017-18 Budget
5. **New Business**
 - a. HAVEN Partnership Presentation
 - b. Approval of A/P Check Report (April 2017)
 - c. Contracts
 - i. NACCHO MRC 17-2464 Agreement
 - ii. OHA 153478 Agreement
 - iii. Pauly, Rogers & Co. Engagement Letter
 - iv. Oregon Immunization Program Addendum Agreement w/So. Gilliam County Medical Clinic
 - d. Director's Report

Note: This agenda is subject to last minute changes.

Meetings are ADA accessible. If special accommodations are needed please contact NCPHD in advance at (541) 506-2626. TDD 1-800-735-2900. NCPHD does not discriminate against individuals with disabilities.

If necessary, an Executive Session may be held in accordance with: ORS 192.660 (2) (d) Labor Negotiations; ORS 192.660 (2) (h) Legal Rights; ORS 192.660 (2) (e) Property; ORS 192.660 (2) (i) Personnel



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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

419 East Seventh Street
The Dalles, OR 97058-2676
541-506-2600
www.ncphd.org

**North Central Public Health District
Board of Health
Meeting Minutes
April 11, 2017**

In Attendance: Commissioner Tom McCoy – Sherman County; Roger Whitley – Sherman County; Linda Thompson – Sherman County; Judge Steve Shaffer – Gilliam County; Michael Takagi – Gilliam County; and Fred Schubert – Wasco County

Staff Present: Teri Thalhofer, RN/BSN – Director NCPHD; Kathi Hall – Finance Manager NCPHD; Judy Bankman – Community Health Specialist NCPHD

Guests Present: Commissioner Steve Kramer – Wasco County; Felicia Adams VP of Nursing MCMC

Minutes taken by Gloria Perry

Meeting called to order at 3:05pm by Vice Chair Fred Schubert

SUMMARY OF ACTIONS TAKEN

Commissioner Tom McCoy motioned to accept the 3/14/17 executive committee meeting minutes as presented; Judge Steve Shaffer seconded.

Vote: 6-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Roger Whitley, Linda Thompson, Michael Takagi, Fred Schubert
No: 0
Abstain: 0
Motion Carried

Judge Steve Shaffer motioned to approve the NCPHD Strategic Plan 2017-2019 as presented; Roger Whitley seconded.

Vote: 6-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Roger Whitley, Linda Thompson, Michael Takagi, Fred Schubert
No: 0
Abstain: 0
Motion Carried

Judge Steve Shaffer motioned to accept the A/P Checks Issued report for March 2017 as presented; Commissioner Tom McCoy seconded.

Vote: 6-0
Yes: Commissioner Tom McCoy, Judge Steve Shaffer, Roger Whitley, Linda Thompson, Michael Takagi, Fred Schubert

No: 0
Abstain: 0
Motion Carried

WELCOME AND INTRODUCTIONS

MINUTES / NEXT MEETING DATE

1. Approval of past meeting minutes.
 1. A motion was made to approve the 3/14/2017 executive committee meeting minutes as presented.
2. Set next meeting date.
 1. The next executive committee meeting was scheduled for Tuesday, May 9, 2017 at 3:00PM. Meeting location will be at the North Central Public Health District office located at 419 E. 7th St., The Dalles, OR.
 2. Public board members were reminded that they are welcome to attend the executive committee meetings at any time.
 3. Teri Thalhofer shared with the board some upcoming agenda items for future board of health meetings:
 - a. June 2017 – Childhood obesity data in Wasco County; Workforce development plan; Budget adoption; Clinic fees, EH licensing & Septic fee increases.
 - b. June or July 2017 – A representative from OHA Public Health Division will be presenting regarding NCPHD's triennial review.
 - c. August 2017 – Maternal Child Health program data.

ADDITIONS TO THE AGENDA

1. None

PUBLIC COMMENT

1. None

UNFINISHED BUSINESS

1. 3rd Quarter Fiscal Report – Presented by Kathi Hall
 1. Report presented to the board and feedback requested.
 2. Kathi explained that there currently is a negative balance of -\$69,453.56; however there is some pending revenue that is expected to be received shortly:
 - a. Fall MAC (Medicaid Administrative Claim) of \$17,701.00
 - b. Targeted Case Management \$14,000.00
2. Oregon Reproductive Health Program Agency Data Review was shared with the board and fiscal implications were discussed.

Questions / Comments:

- Linda Thompson inquired is this is typical.
 - Kathi explained that the revenue is not coming in as budgeted. With the clinic hours being extended, it was expected to receive more revenue; however with the healthcare reform, that is not happening.
 - Teri added that we lost traction in the community in the year we had significant clinic closure. Young people no longer see us as a resource. Because of this, we have been doing a lot of outreach with the school nurses, health teachers and counselors to remind them that we are here and available.
 - Teri also shared a conversation she had with Dr. Dillon at the recently held health summit regarding creating a different funding model for the health departments through the Columbia Gorge CCO. Teri and Dr. Dillon are currently working on how Dr. Dillon might be able to advocate for an alternative payment method for the two health departments (Hood River & NCPHD) for reproductive health.
- Roger Whitley inquired about advertising for the clinic.

- Teri explained that we can't spend state funding for advertising; however we are working with the school nurses and the primary care providers, and we have our brochures everywhere we can. We are also working with the CCO on a possible alternative payment methodology.
- Commissioner Kramer inquired if the negative balance in reproductive health is due to the lack of people walking through the door, or is that program cuts as well. He's inquiring because the reproductive health program has shown a steady decline and he would like to know if there is a combination of effects causing this steady decline. He also commented that in business, if a program is operating in a deficit you consider eliminating it.
 - Teri commented that it is the decrease number of clients being seen
- Board member Fred Schubert commented that this isn't a business, its healthcare and there are other things to consider.

1. 2017-18 Budget – Presented by Kathi Hall

1. Revenue report reviewed with the board and feedback requested.

Questions / Comments:

- Teri discussed what we are seeing as the reductions for next year and where the challenges are:
 - ✓ Under perinatal health there is an increase for next year. We have a private funder that is supporting that program with a donation. Also, the Oregon Health Authority Medicaid waiver with the Center for Medicaid and Medicare Services is going to change the way we're going to bill when we visit pregnant women. Currently under the program we get somewhere between \$20 and \$40 per visit. When we moved to this other methodology which is the same way we visit and bill children at risk for developmental delay and kids with special health needs birth to 21, we'll realize about \$250 per visit in revenue; however we will have to increase the county match.
 - ✓ Under Preparedness there were some grants that were received at the end of last year and the expenditures were this year.
 - ✓ Under Health Promotion, the funding for the Knight Grant was also received at the end of the year and this grant will end by next year.
 - ✓ The Community Connections program, OHSU's Center for Children with Special Health needs has re-prioritized the way they spend their federal Title V dollars and they are phasing out the Community Connections program. This will result in a reduction in staff time.
- 2. Expenditure report reviewed with the board and feedback requested.
 - a. Kathi estimates there will be a negative balance between revenue and expenses at year end. The projections that she presented were the ones that she gave at the March Executive Board meeting. However, we should have \$143,000 of unrestricted funds available from revenue which would allow us to stay in budget. She will continue to monitor the fund balance and will keep the board updated.

Questions / Comments:

- Linda Thompson commented that if we have a deficit and we are going to use money from the beginning funds to balance this year, then most likely at the end of next year we will be short again. She wanted to know if Teri and Kathi had any ideas on how to make that up.
 - Teri commented that we are hoping the alternative payment methodology with the CCO will help. There is also some possible funding available from the HUB. Teri's understanding is that the EOCCO has tentatively agreed to a per-member per month allocation for public health out of their funding which would be approximately \$2,400.00 to NCPHD.
 - Judge Shaffer commented that we have had this conversation many times, and it is the Columbia Gorge CCO that we need to get engaged and that has not happened.
 - Teri commented that last year NCPHD received \$90,000 from Columbia Gorge CCO, however this year the allocation will be \$25,700 and it has a very specific purpose and workflow.
- Fred Schubert asked if these potential monies come through, how much of a gap will that leave?
 - Teri commented that she has not yet heard from Dr. Dillon on how much they can support. From the HUB it is \$15,000. Teri has had preliminary conversations with Wheeler County about helping them with capacity for the work around systems work for early learning which would mean \$20,000 to NCPHD. Even with this, it will be difficult to close the gap.

3. Proposed County Budget Amounts

- a. Teri commented that at the March 2017 executive committee meeting there was a discussion regarding what NCPHD's funding requests were to each of the counties. During this meeting Commissioner Hege felt the request to Wasco County was too high and that he could not shepherd that through the Wasco County budget process; and at that time, was not comfortable giving a number that he thought he could shepherd through. He later notified Teri and Kathi through an email that he felt comfortable supporting a 5% increase over Wasco County's contribution for the 16-17 budget which represents a \$17,000 increase.
- b. Teri also shared with the board that she asked Commissioner Hege in an email if Wasco County could also support one (1) day a week of the Environmental Health Specialist Trainee because that position very much supports the Wasco County Planning Department and economic development in Wasco County. This would be an additional \$15,000. She hadn't heard back on the request, yet.
- c. The proposed budget increase represents NCPHD operating at current service level:
 - ✓ 0% COLA for staff
 - ✓ 9% increase in health insurance, est. \$30,000 increase
 - ✓ 2% increase in dental insurance, minor increase from 2017 Bud. Amt.
 - ✓ 3% net increase in liability insurance, est. \$500 increase
 - ✓ PERS increase, est. \$50,000 increase
 - ✓ .80 FTE EH Specialist Trainee, \$60,000 (HRHD reimb. for .20 FTE)
- d. Major changes to the budget:
 - Decreased Revenue -
 - ✓ CCARE & OHP will be coming in less than budgeted in 2017
 - ✓ There will be a reduction of \$8,800 for CCN services, plus the CCN Provider
 - ✓ Pacific Source CCO reduction from 2017 amount of \$90,000 to \$25,700
 - Increased Revenue -
 - ✓ CGHC – Bridges to Health: .50 FTE Community Health Worker
- e. Possible opportunities for increase funding:
 - ✓ Promotion of reproductive health clinic
 - ✓ Columbia Gorge CCO
 - ✓ Early Learning HUB
 - ✓ Eastern Oregon CCO
- f. Possible enhancements with additional funding:
 - ✓ Part-time nurse for succession planning
 - ✓ Making a decision of what to do with the salary survey or include a COLA for 2018
 - ✓ Supervisor

Questions / Comments

- Fred Schubert asked if the \$88,000 shortfall, at present in the budget, included the 5% county increase from Wasco County.
 - Teri replied that yes it does.
- Commissioner Kramer advised the board that the recommendation being presented to Wasco County's management team at their budget meeting scheduled for Thursday, April 13th will be a 2.7% increase from Wasco County's 2016-17 contribution. Wasco County departments are being held to 2.7% and they will also be holding public health to 2.7% with the potential of the "ask" to 5% and the .2 for the EH Specialist Trainee.
- There was a in-depth conversation regarding the implications of Wasco County's proposal of only a 2.7% increase to their contribution to public health. After the discussion, Fred Schubert asked Kathi Hall and Teri Thalhofer to prepare a one page summary of what the ramifications of a 2.7% increase instead of a 5% increase, would mean to the district and to the citizens of Wasco County. Commissioner Kramer stated he would share this information with the Wasco County department heads at their budget meeting on April 13th.
- Judge Shaffer commented that he understood where Wasco County is coming from financially, however it's still not helpful here. It makes it difficult for Gilliam County as to whether this is something that

when you take a look at what the beginning fund balance is going to be next year and the year after that, it's going to be really difficult to look at this thing 2 years from now. For Judge Shaffer, there was a big push 3 years ago for Gilliam County to pull out of this and begin doing it on their own. This is something we are probably going to have to weigh pretty heavily beginning of next year.

- Judge Shaffer commented he feels that this board needs to make sure that we have done all the things that have us right down to the bare minimum. Operating down to the bare minimum.
- A discussion was held regarding the lack of a funding formula for county contributions.

4. Budget Calendar reviewed.

2. Triennial Review Update

1. All site visits have been completed from the Oregon Health Authority.
2. In June or July of this year a representative from OHA Public Health Division will present a final report of the triennial review to the board.

NEW BUSINESS

1. NCPHD Strategic Plan 2017-2019 – Presented by Teri Thalhofer & Judy Bankman

1. NCPHD Strategic Plan 2017-2019 and Monitoring Workplan was presented to the board and feedback requested.
2. A motion was made to approve the NCPHD Strategic Plan 2017-2019 as presented.
3. Judge Shaffer praised Judy Bankman for a job well done.
4. Teri advised the board that the State had funding to send 10 local staff to a training in New Orleans on Quality Improvement for accreditation. NCPHD was able to reserve one of the slots and Judy Bankman will be attending this fully funded training the week of April 17th.
5. Judy commented that she hopes to have a quality improvement and performance management plan to the board by June.

2. Salary Survey Results

1. NCPHD contracted with HR Answers to conduct a salary survey.
2. Results of the survey show that NCPHD staff salaries are significantly below the market.
3. It was suggested that this report should be shared with the Wasco County managers at their budget meeting on April 13th.

3. Environmental Health

1. A draft proposal for fee increases to licensed facilities and septic was shared with the board.
2. The fee increases will be presented for approval at the June 2017 board meeting.

4. Approval of A/P Check Report (March 2017)

1. Report presented to the board.
2. A motion was made to approve the A/P Check Report for March 2017 as presented.

5. Contract(s) Review

1. The following agreements were reviewed with the board:
 - a. HR Answers Agreement
 - b. Lane County IGA
 - c. OHA Agreement 148025 – 11th Amendment
 - d. OHA Agreement 148025 – 12th Amendment
 - e. Palmer Services Contract
 - Commissioner Kramer suggested that in the future, under Section 2.a rather than referencing a person's name, the job title of the person should be used instead.
 - f. Sherman Co. Medical Center Immunization Program

6. Director's Report – By Teri Thalhofer

1. Report presented to the board and feedback requested.

Meeting adjourned at 4:47PM

Signature

Date

Printed Name

{Copy of 3/1/2017 Executive Committee Meeting Minutes, 3rd Quarter Fiscal Report, Revenue YE Estimate, Expenditure YE Estimate, Estimate 2017 YE Recap with 2018 Department Request handout, Proposed County Budget Amounts handout, Oregon Reproductive Health Program – Agency Data Review handout, NCPHD Strategic Plan 2017-2019, Strategic Planning Monitoring handout, Salary Survey, Licensed Facility Fee Schedule Proposal, Septic Fee Schedule Proposal, A/P Checks Issued Report for March 2017, HR Answers Agreement, Lane County 53140 Agreement, OHA 148025-11 Agreement, OHA 148025-12 Agreement, Palmer Services Agreement, Sherman County Medical Center Agreement, and April 2017 Director’s report attached and made part of this record.}

DRAFT

Items in bold are new

County	BUD REQ			15-16 Actual	BUD REQ		proposed amt	Amt. of incr.
	14-15	5% incr. 15-16	prop. incr.		16-17	17-18		
Sherman Co.	97,194	102,054	4,860	102,054	102,054	107,157		5,103
Gilliam Co	98,656	103,589	4,933	103,589	103,589	108,768		5,179
Wasco Co	376,222		18,578	314,000	340,000	414,540	349,180	9,180
		394,800				414,540		19,462

(5% incr. of 2015-16 bud. Req.)

This increase represents NCPHD operating at current service level:

	Estimate
0% COLA	
9% increase in Health insurance	\$30,000 increase from 2017 Bud. Amt.
2% increase in Dental insurance	minor increase from 2017 Bud. Amt.
3 % net increase in liab. insurance	\$500 increase
PERS increase	\$50,000 increase from 2017 Bud. Amt.
.60 FTE EH Specialist Trainee	\$45,000 (HRHD special events only)

Major changes to the budget:

- CCARE and OHP will be coming in less than budgeted in 2017.
- There will be a reduction of \$8800 for CCN services and for the CCN Provider.
- Pacific Source CCO reduction of \$64,300. (2017 amt. was \$90,000 - 2018 amt. is \$25,700)**

Possible opportunities for increased Revenue:

- Promotion of reproductive health clinic (flyers, informing community partners, Health Officer at CCO)
- Early Learning Hub **\$20,000**
- Knight Grant Jan. - June \$25,000**
- CGHC - Bridges 2 Health **\$20,000** .50 Community Health Worker
- EOCCO **unknown**
- Pacific Source **unknown**

Reductions to balance budget:

Personal Services -

- Health Officer reduced FTE - no longer receiving benefits**
- Accounting Clerk reduced FTE in October due to reduction of CCN program revenue**
- Not extending temporary Office Specialist position**
- Reduced FTE EH Trainee from .80 FTE to .60 FTE**

Materials & Services:

- No reserve for vehicle amount in 2018 budget, 2017 amount was \$20,000.**
- Reduced Meals, Lodging & Training - Only required or reimbursed training will be allowed**
- Deleted amount to replace PCs**
- Reduced Office Supplies**

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
00 NON-DEPARTMENTAL RESOURCES
1201 PUBLIC HEALTH RESOURCES

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.00.1201.400 BEGINNING FUND BALANCE						
201.00.1201.400.201 BEGINNING FUND BALANCE	0.00	0.00	350,000.00	0.00	241,500.00	241,500.00
Total BEGINNING FUND BALANCE	0.00	0.00	350,000.00	0.00	241,500.00	241,500.00
201.00.1201.417 INTEREST EARNED						
201.00.1201.417.104 INTEREST EARNED	1,201.01	2,089.12	1,500.00	2,493.25	3,000.00	3,000.00
Total INTEREST EARNED	1,201.01	2,089.12	1,500.00	2,493.25	3,000.00	3,000.00
201.00.1201.421 MISCELLANEOUS						
201.00.1201.421.250 SAIF DIVIDEND	0.00	934.00	0.00	2,261.00	0.00	0.00
Total MISCELLANEOUS	0.00	934.00	0.00	2,261.00	0.00	0.00
Total PUBLIC HEALTH RESOURCES	1,201.01	3,023.12	351,500.00	4,754.25	244,500.00	244,500.00
Total NON-DEPARTMENTAL RESOURCES	1,201.01	3,023.12	351,500.00	4,754.25	244,500.00	244,500.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7141.411 LICENSES FEES & PERMITS						
201.23.7141.411.167 SEWAGE SYSTEM FEES	34,182.00	32,935.40	36,000.00	43,012.00	40,000.00	45,000.00
201.23.7141.411.181 VITAL RECORD FEES	27,200.00	32,800.00	28,000.00	30,530.00	30,000.00	30,000.00
Total LICENSES FEES & PERMITS	61,382.00	65,735.40	64,000.00	73,542.00	70,000.00	75,000.00
201.23.7141.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7141.412.641 STATE - HEALTHY START	13,000.00	6,500.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	13,000.00	6,500.00	0.00	0.00	0.00	0.00
201.23.7141.414 CHARGES FOR SERVICES						
201.23.7141.414.322 SCHOOLS CONTRACT	8,792.75	8,810.00	9,000.00	9,067.75	9,000.00	10,000.00
201.23.7141.414.323 SHERMAN COUNTY	97,194.00	102,054.00	102,054.00	102,054.00	107,157.00	107,157.00
201.23.7141.414.324 SHERMAN COUNTY - ME SERVICES	0.00	1,303.58	1,000.00	498.23	1,000.00	1,000.00
201.23.7141.414.360 GILLIAM COUNTY	98,656.00	103,589.00	103,589.00	103,589.00	108,768.00	108,768.00
201.23.7141.414.365 WASCO COUNTY	375,717.80	314,000.00	340,000.00	311,666.67	357,000.00	349,180.00
201.23.7141.414.366 WASCO COUNTY - ME SERVICES	2,102.10	18,536.71	18,000.00	8,647.29	12,000.00	12,000.00
Total CHARGES FOR SERVICES	582,462.65	548,293.29	573,643.00	535,522.94	594,925.00	588,105.00
201.23.7141.421 MISCELLANEOUS						
201.23.7141.421.241 MISC RECEIPTS	601.79	2,485.40	0.00	1,249.64	0.00	0.00
201.23.7141.421.245 PAYROLL REIMBURSEMENT	15,643.39	7,735.75	0.00	23.20	15,000.00	0.00
Total MISCELLANEOUS	16,245.18	10,221.15	0.00	1,272.84	15,000.00	0.00
Total PUBLIC HEALTH	673,089.83	630,749.84	637,643.00	610,337.78	679,925.00	663,105.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7142 WIC

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Adopted</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Dept Request</u>	<u>2018</u> <u>Dept Revision</u>
201.23.7142.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7142.413.897 WIC - #10.557	165,716.00	158,361.00	158,361.00	117,173.00	156,895.00	156,895.00
201.23.7142.413.902 MCH - TITLE V CAH - #93.994	0.00	0.00	12,241.00	11,097.00	14,798.00	14,798.00
201.23.7142.413.926 WIC - #10.578	0.00	0.00	0.00	1,598.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	165,716.00	158,361.00	170,602.00	129,868.00	171,693.00	171,693.00
201.23.7142.421 MISCELLANEOUS						
201.23.7142.421.241 MISC RECEIPTS	1,842.68	0.00	0.00	0.00	0.00	0.00
201.23.7142.421.268 MISC. REIMBURSEMENT	0.00	996.03	0.00	736.70	0.00	0.00
Total MISCELLANEOUS	1,842.68	996.03	0.00	736.70	0.00	0.00
Total WIC	167,558.68	159,357.03	170,602.00	130,604.70	171,693.00	171,693.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7143 MCH - CAH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7143.411 LICENSES FEES & PERMITS						
201.23.7143.411.151 IMMUNIZATION FEES	10,377.17	4,655.88	6,000.00	4,801.10	6,000.00	6,000.00
201.23.7143.411.164 NURSING SERVICE FEES	534.52	2,100.19	1,200.00	1,390.80	2,000.00	2,000.00
201.23.7143.411.190 FEES - TPR	3,786.26	3,679.60	2,400.00	5,085.30	4,000.00	4,000.00
Total LICENSES FEES & PERMITS	14,697.95	10,435.67	9,600.00	11,277.20	12,000.00	12,000.00
201.23.7143.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7143.412.501 OHP FEES	8,069.01	4,198.02	5,000.00	4,046.66	5,000.00	5,000.00
201.23.7143.412.525 COIPA	284.86	0.00	0.00	0.00	0.00	0.00
201.23.7143.412.683 MCH - FLEXIBLE FUNDS STATE SPLIT	5,202.00	0.00	0.00	0.00	0.00	0.00
201.23.7143.412.684 MCH - CAH STATE SPLIT	2,229.00	0.00	0.00	0.00	0.00	0.00
201.23.7143.412.688 MCH/CAH - STATE GENERAL FUND	4,393.00	4,393.00	8,786.00	3,294.00	8,786.00	8,786.00
201.23.7143.412.882 MCH-CAH GEN FUNDS - #93.778	4,393.00	4,393.00	0.00	3,294.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	24,570.87	12,984.02	13,786.00	10,634.66	13,786.00	13,786.00
201.23.7143.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7143.413.854 MCH TITLE V - FLEXIBLE FUNDS - #93.	10,404.00	28,560.00	0.00	0.00	0.00	0.00
201.23.7143.413.902 MCH - TITLE V CAH - #93.994	4,464.00	12,241.00	0.00	0.00	0.00	0.00
Total INTERGOV'T REV - SINGLE AUDIT	14,868.00	40,801.00	0.00	0.00	0.00	0.00
201.23.7143.421 MISCELLANEOUS						
201.23.7143.421.241 MISC RECEIPTS	0.00	0.00	0.00	825.89	0.00	0.00
Total MISCELLANEOUS	0.00	0.00	0.00	825.89	0.00	0.00
Total MCH - CAH	54,136.82	64,220.69	23,386.00	22,737.75	25,786.00	25,786.00

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Adopted</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Dept Request</u>	<u>2018</u> <u>Dept Revision</u>
201.23.7144.411	LICENSES FEES & PERMITS					
201.23.7144.411.138	3,762.98	309.69	3,700.00	67.57	2,000.00	2,000.00
201.23.7144.411.189	1,480.00	1,117.86	1,500.00	398.13	1,000.00	1,000.00
201.23.7144.411.190	11,250.27	8,776.53	11,000.00	5,816.54	10,000.00	10,000.00
201.23.7144.411.193	676.60	0.00	500.00	162.40	500.00	500.00
Total	17,169.85	10,204.08	16,700.00	6,444.64	13,500.00	13,500.00
201.23.7144.412	INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7144.412.105	10,275.00	0.00	0.00	0.00	0.00	0.00
201.23.7144.412.501	86,167.20	26,927.98	85,000.00	31,071.06	40,000.00	40,000.00
201.23.7144.412.510	101,022.54	47,823.33	80,000.00	33,522.63	70,000.00	70,000.00
201.23.7144.412.525	863.16	0.00	0.00	0.00	0.00	0.00
Total	198,327.90	74,751.31	165,000.00	64,593.69	110,000.00	110,000.00
201.23.7144.413	INTERGOV'T REV - SINGLE AUDIT					
201.23.7144.413.854	0.00	0.00	28,560.00	25,893.00	34,525.00	34,525.00
201.23.7144.413.863	39,365.00	42,260.00	44,281.00	24,732.00	32,977.00	32,977.00
201.23.7144.413.898	8,770.00	7,773.00	0.00	0.00	0.00	0.00
Total	48,135.00	50,033.00	72,841.00	50,625.00	67,502.00	67,502.00
201.23.7144.421	MISCELLANEOUS					
201.23.7144.421.241	0.00	0.00	0.00	300.00	1,000.00	1,000.00
201.23.7144.421.245	36,501.27	18,050.09	0.00	0.00	0.00	0.00
Total	36,501.27	18,050.09	0.00	300.00	1,000.00	1,000.00
Total	300,134.02	153,038.48	254,541.00	121,963.33	192,002.00	192,002.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7145 STATE SUPPORT

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7145.411 LICENSES FEES & PERMITS						
201.23.7145.411.128 CD PREVENTION FEES	2,569.32	958.63	2,500.00	219.60	1,000.00	1,000.00
201.23.7145.411.173 STD FEES	3,938.85	441.09	2,000.00	399.73	500.00	500.00
201.23.7145.411.190 FEES - TPR	144.50	224.81	200.00	326.24	400.00	400.00
Total LICENSES FEES & PERMITS	6,652.67	1,624.53	4,700.00	945.57	1,900.00	1,900.00
201.23.7145.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7145.412.501 OHP FEES	3,680.84	509.26	2,500.00	1,552.76	800.00	800.00
201.23.7145.412.525 COIPA	14.37	0.00	0.00	0.00	0.00	0.00
201.23.7145.412.657 STATE SUPPORT	32,415.00	33,555.00	33,555.00	24,849.00	33,130.00	33,130.00
201.23.7145.412.666 TB CASE MANAGMENT	522.00	539.00	542.00	366.00	474.00	474.00
Total INTERGOV'T REV - NON SINGLE AUDIT	36,632.21	34,603.26	36,597.00	26,767.76	34,404.00	34,404.00
201.23.7145.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7145.413.890 TB CASE MANAGEMENT - #93.116	494.00	270.00	267.00	120.00	174.00	174.00
Total INTERGOV'T REV - SINGLE AUDIT	494.00	270.00	267.00	120.00	174.00	174.00
201.23.7145.421 MISCELLANEOUS						
201.23.7145.421.241 MISC RECEIPTS	0.00	0.00	0.00	120.70	0.00	0.00
Total MISCELLANEOUS	0.00	0.00	0.00	120.70	0.00	0.00
Total STATE SUPPORT	43,778.88	36,497.79	41,564.00	27,954.03	36,478.00	36,478.00

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Adopted</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Dept Request</u>	<u>2018</u> <u>Dept Revision</u>
201.23.7146.411	LICENSES FEES & PERMITS					
201.23.7146.411.124	83,198.00	83,504.50	80,000.00	81,678.10	85,000.00	85,000.00
201.23.7146.411.139	5,568.00	4,272.00	3,500.00	2,600.00	0.00	3,000.00
201.23.7146.411.178	5,402.00	5,107.00	5,000.00	3,398.00	5,000.00	5,000.00
201.23.7146.411.183	7,411.00	8,096.00	5,500.00	6,050.00	6,000.00	6,000.00
Total	101,579.00	100,979.50	94,000.00	93,726.10	96,000.00	99,000.00
201.23.7146.412	INTERGOV'T REV - NON SINGLE AUDIT					
201.23.7146.412.699	0.00	1,500.00	0.00	1,670.60	2,500.00	2,500.00
Total	0.00	1,500.00	0.00	1,670.60	2,500.00	2,500.00
201.23.7146.421	MISCELLANEOUS					
201.23.7146.421.241	1,649.00	1,535.00	1,200.00	857.00	1,200.00	1,200.00
Total	1,649.00	1,535.00	1,200.00	857.00	1,200.00	1,200.00
Total	103,228.00	104,014.50	95,200.00	96,253.70	99,700.00	102,700.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Adopted</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Dept Request</u>	<u>2018</u> <u>Dept Revision</u>
201.23.7148.411 LICENSES FEES & PERMITS						
201.23.7148.411.186 MCM FEES	1,574.07	1,695.31	2,000.00	3,454.23	35,500.00	35,500.00
201.23.7148.411.701 SCHWAB CHARITABLE	0.00	0.00	0.00	45,600.00	45,600.00	45,600.00
201.23.7148.411.702 COLUMBIA GORGE HEALTH COUNCIL	0.00	0.00	0.00	2,562.50	20,000.00	20,000.00
Total LICENSES FEES & PERMITS	1,574.07	1,695.31	2,000.00	51,616.73	101,100.00	101,100.00
201.23.7148.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7148.412.553 PERINATAL - STATE GENERAL FUND	2,341.00	2,341.00	4,682.00	1,755.00	4,682.00	4,682.00
201.23.7148.412.651 MEDICAID MATCH	110,255.31	69,011.73	90,000.00	45,544.70	80,000.00	80,000.00
201.23.7148.412.881 MCH - PERINATAL - #93.778	2,341.00	2,341.00	0.00	1,755.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	114,937.31	73,693.73	94,682.00	49,054.70	84,682.00	84,682.00
201.23.7148.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7148.413.848 MEDICAID INCENTIVE PAYMENTS #93.	0.00	0.00	8,500.00	0.00	8,500.00	8,500.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	0.00	8,500.00	0.00	8,500.00	8,500.00
201.23.7148.421 MISCELLANEOUS						
201.23.7148.421.268 MISC. REIMBURSEMENT	0.00	380.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	380.00	0.00	0.00	0.00	0.00
Total PERINATAL HEALTH	116,511.38	75,769.04	105,182.00	100,671.43	194,282.00	194,282.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7149 PHEP

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7149.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7149.412.599 MEDICAL RESERVE CORPS	3,500.00	15,000.00	15,000.00	13,000.00	13,000.00	13,000.00
Total INTERGOV'T REV - NON SINGLE AUDIT	3,500.00	15,000.00	15,000.00	13,000.00	13,000.00	13,000.00
201.23.7149.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7149.413.847 CLIMATE CHANGE AND PUBLIC HEALT	0.00	0.00	0.00	11,400.00	4,750.00	4,750.00
201.23.7149.413.850 HOMELAND SECURITY	0.00	14,845.00	21,809.00	6,524.00	0.00	0.00
201.23.7149.413.899 PHEP - #93.069	156,522.00	154,709.00	143,392.00	106,330.00	143,440.00	143,440.00
Total INTERGOV'T REV - SINGLE AUDIT	156,522.00	169,554.00	165,201.00	124,254.00	148,190.00	148,190.00
201.23.7149.421 MISCELLANEOUS						
201.23.7149.421.241 MISC RECEIPTS	0.00	808.25	0.00	290.64	0.00	0.00
Total MISCELLANEOUS	0.00	808.25	0.00	290.64	0.00	0.00
Total PHEP	160,022.00	185,362.25	180,201.00	137,544.64	161,190.00	161,190.00

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7152.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7152.412.693 PACIFIC SOURCE - HEALTHY WEIGHT	9,475.20	0.00	0.00	0.00	0.00	0.00
201.23.7152.412.694 MARCH OF DIMES	7,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7152.412.695 EOCCO - Nursing	19,326.95	8,446.30	10,901.00	0.00	0.00	0.00
201.23.7152.412.696 COMMUTE OPTIONS - SAFE ROUTES	0.00	2,733.04	0.00	0.00	0.00	0.00
201.23.7152.412.697 OPHI	344.96	0.00	0.00	0.00	0.00	0.00
201.23.7152.412.698 PACIFIC SOURCE - QIM	0.00	90,000.00	0.00	0.00	25,700.00	25,700.00
201.23.7152.412.700 OHSU	0.00	0.00	50,000.00	50,000.00	0.00	25,000.00
201.23.7152.412.703 4 RIVERS EARLY LEARNING HUB	0.00	0.00	0.00	0.00	0.00	20,000.00
201.23.7152.412.704 EOCCO - LCAC - GORGE GROWN	0.00	0.00	0.00	0.00	0.00	22,323.00
Total INTERGOV'T REV - NON SINGLE AUDIT	36,147.11	101,179.34	60,901.00	50,000.00	25,700.00	93,023.00
201.23.7152.414 CHARGES FOR SERVICES						
201.23.7152.414.323 SHERMAN COUNTY	0.00	0.00	0.00	6,000.00	8,000.00	8,000.00
201.23.7152.414.360 GILLIAM COUNTY	0.00	0.00	16,017.00	0.00	0.00	0.00
Total CHARGES FOR SERVICES	0.00	0.00	16,017.00	6,000.00	8,000.00	8,000.00
201.23.7152.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total HEALTH PROMOTION	36,147.11	101,179.34	76,918.00	56,000.00	33,700.00	101,023.00

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7153 IMMUNIZATION SPECIAL PAYMENTS

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7153.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7153.412.686 ISP - STATE OF OREGON	8,970.50	8,872.00	8,872.00	6,754.50	8,703.00	8,703.00
201.23.7153.412.873 ISP - #93.778	8,970.50	8,872.00	8,872.00	6,754.50	8,703.00	8,703.00
Total INTERGOV'T REV - NON SINGLE AUDIT	17,941.00	17,744.00	17,744.00	13,509.00	17,406.00	17,406.00
201.23.7153.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7153.413.872 IMMUN - CONF TRAVEL #93.268	0.00	0.00	0.00	600.00	600.00	600.00
Total INTERGOV'T REV - SINGLE AUDIT	0.00	0.00	0.00	600.00	600.00	600.00
201.23.7153.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total IMMUNIZATION SPECIAL PAYMENTS	17,941.00	17,744.00	17,744.00	14,109.00	18,006.00	18,006.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7154 CACOON & CCN

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Adopted</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Dept Request</u>	<u>2018</u> <u>Dept Revision</u>
201.23.7154.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7154.412.652 OHP - TARGETED CASE MANAGMENT	30,999.56	22,720.00	26,000.00	28,755.00	32,000.00	32,000.00
201.23.7154.412.671 COMMUNITY CONNECTIONS NETWOF	11,431.62	7,627.00	8,800.00	2,933.00	0.00	0.00
201.23.7154.412.672 CCN - PHYSICIAN	2,595.60	2,439.86	6,000.00	2,638.86	0.00	0.00
201.23.7154.412.673 CACOON	9,314.40	9,497.04	10,958.00	3,652.70	10,958.00	10,958.00
Total INTERGOV'T REV - NON SINGLE AUDIT	54,341.18	42,283.90	51,758.00	37,979.56	42,958.00	42,958.00
201.23.7154.421 MISCELLANEOUS						
201.23.7154.421.241 MISC RECEIPTS	200.24	0.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	200.24	0.00	0.00	0.00	0.00	0.00
Total CACOON & CCN	54,541.42	42,283.90	51,758.00	37,979.56	42,958.00	42,958.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7155 TOBACCO PREV & ED

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7155.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7155.412.668 TOBACCO PREVENTION & EDUCATIO	93,666.00	93,666.00	93,619.00	70,218.00	93,619.00	93,619.00
Total INTERGOV'T REV - NON SINGLE AUDIT	93,666.00	93,666.00	93,619.00	70,218.00	93,619.00	93,619.00
201.23.7155.421 MISCELLANEOUS						
201.23.7155.421.241 MISC RECEIPTS	0.00	80.00	0.00	0.00	0.00	0.00
Total MISCELLANEOUS	0.00	80.00	0.00	0.00	0.00	0.00
Total TOBACCO PREV & ED	93,666.00	93,746.00	93,619.00	70,218.00	93,619.00	93,619.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7156 WATER

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7156.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7156.412.632 WATER SYSTEM	17,394.00	16,875.00	13,499.00	9,000.00	13,500.00	13,500.00
Total INTERGOV'T REV - NON SINGLE AUDIT	17,394.00	16,875.00	13,499.00	9,000.00	13,500.00	13,500.00
201.23.7156.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7156.413.849 Domestic Wells & PH - 93.070	0.00	0.00	0.00	1,875.00	0.00	0.00
201.23.7156.413.895 WATER SYST - #66.432	14,250.00	13,918.00	15,186.00	11,385.00	15,180.00	15,180.00
201.23.7156.413.896 WATER/SURVEY FEES #66.468	10,539.00	11,390.00	13,499.00	11,250.00	13,504.00	13,504.00
Total INTERGOV'T REV - SINGLE AUDIT	24,789.00	25,308.00	28,685.00	24,510.00	28,684.00	28,684.00
201.23.7156.421 MISCELLANEOUS						
201.23.7156.421.241 MISC RECEIPTS	0.00	0.00	0.00	0.00	2,142.00	2,142.00
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	2,142.00	2,142.00
Total WATER	42,183.00	42,183.00	42,184.00	33,510.00	44,326.00	44,326.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7158 BABIES FIRST

<u>Account Number</u>	<u>2015</u> <u>Actuals</u>	<u>2016</u> <u>Actuals</u>	<u>2017</u> <u>Adopted</u>	<u>2017</u> <u>Actuals</u>	<u>2018</u> <u>Dept Request</u>	<u>2018</u> <u>Dept Revision</u>
201.23.7158.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7158.412.613 BABIES FIRST	14,947.00	14,951.00	14,951.00	11,205.00	14,939.00	14,939.00
201.23.7158.412.652 OHP - TARGETED CASE MANAGMENT	179,630.00	158,685.00	200,000.00	156,910.00	200,000.00	200,000.00
Total INTERGOV'T REV - NON SINGLE AUDIT	194,577.00	173,636.00	214,951.00	168,115.00	214,939.00	214,939.00
201.23.7158.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total BABIES FIRST	194,577.00	173,636.00	214,951.00	168,115.00	214,939.00	214,939.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7159 OREGON MOTHERS CARE

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7159.412 INTERGOV'T REV - NON SINGLE AUDIT						
201.23.7159.412.685 OREGON MOTHERS CARE STATE SPL	2,034.00	0.00	0.00	1,812.00	0.00	0.00
Total INTERGOV'T REV - NON SINGLE AUDIT	2,034.00	0.00	0.00	1,812.00	0.00	0.00
201.23.7159.413 INTERGOV'T REV - SINGLE AUDIT						
201.23.7159.413.879 OREGON MOTHERS CARE - #93.994	4,070.00	7,124.00	7,124.00	3,624.00	7,248.00	7,248.00
Total INTERGOV'T REV - SINGLE AUDIT	4,070.00	7,124.00	7,124.00	3,624.00	7,248.00	7,248.00
201.23.7159.421 MISCELLANEOUS						
Total MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total OREGON MOTHERS CARE	6,104.00	7,124.00	7,124.00	5,436.00	7,248.00	7,248.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7500 PASS THROUGH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7500.411 LICENSES FEES & PERMITS						
201.23.7500.411.199 DEQ FEES	12,000.00	10,800.00	10,000.00	11,500.00	15,000.00	15,000.00
Total LICENSES FEES & PERMITS	12,000.00	10,800.00	10,000.00	11,500.00	15,000.00	15,000.00
Total PASS THROUGH	12,000.00	10,800.00	10,000.00	11,500.00	15,000.00	15,000.00

Revenue
NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7999 NON-DEPARTMENTAL

<u>Account Number</u>		<u>2015</u> <i>Actuals</i>	<u>2016</u> <i>Actuals</i>	<u>2017</u> <i>Adopted</i>	<u>2017</u> <i>Actuals</i>	<u>2018</u> <i>Dept Request</i>	<u>2018</u> <i>Dept Revision</i>
201.23.7999.421	MISCELLANEOUS						
Total	MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
Total	NON-DEPARTMENTAL	0.00	0.00	0.00	0.00	0.00	0.00
Total	PUBLIC HEALTH	2,075,619.14	1,897,705.86	2,022,617.00	1,644,934.92	2,030,852.00	2,084,355.00
Total	PUBLIC HEALTH FUND	2,076,820.15	1,900,728.98	2,374,117.00	1,649,689.17	2,275,352.00	2,328,855.00
	Grand Total	2,076,820.15	1,900,728.98	2,374,117.00	1,649,689.17	2,275,352.00	2,328,855.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7141.51000 PERSONAL SERVICES						
201.23.7141.51175 PUBLIC HEALTH DIRECTOR	68,684.08	74,578.08	79,416.00	66,188.20	79,416.00	79,416.00
201.23.7141.51176 FINANCE MANAGER	29,278.27	38,041.28	36,759.00	32,794.48	38,592.00	38,592.00
201.23.7141.51177 PROGRAM SECRETARY	40,981.25	40,772.63	28,635.00	24,962.76	30,074.00	30,074.00
201.23.7141.51178 PROGRAM SUPERVISOR	33,715.14	31,485.67	35,378.00	29,722.59	37,144.00	37,144.00
201.23.7141.51181 EH SPECIALIST	20,506.33	28,375.35	28,800.00	24,000.94	28,800.00	28,800.00
201.23.7141.51182 ACCOUNTING CLERK	6,724.37	11,636.11	14,208.00	11,859.79	14,208.00	14,208.00
201.23.7141.51184 HEALTH OFFICER	28,554.96	36,884.79	35,408.00	28,139.78	34,524.00	37,668.00
201.23.7141.51185 NURSE PRACTITIONER	23,751.05	11,875.55	0.00	0.00	0.00	0.00
201.23.7141.51186 EXECUTIVE ASSISTANT	0.00	0.00	12,162.00	9,046.05	9,359.00	9,359.00
201.23.7141.51188 EH SPECIALIST TRAINEE	0.00	0.00	0.00	4,499.83	18,467.00	13,851.00
201.23.7141.51190 OFFICE SPECIALIST	4,971.72	2,582.46	2,386.00	2,017.22	2,444.00	2,444.00
201.23.7141.51191 BILLING CLERK	5,865.23	121.50	0.00	0.00	0.00	0.00
201.23.7141.51192 PHN II	36,110.14	22,169.95	20,537.00	15,648.63	14,515.00	23,587.00
201.23.7141.51195 SUPERVISING EH SPECIALIST	21,395.79	37,548.72	38,117.00	31,760.08	38,117.00	38,117.00
201.23.7141.51602 OVERTIME	32.74	0.00	0.00	0.00	0.00	0.00
201.23.7141.51621 CELL PHONE ALLOWANCE	900.00	1,251.25	1,350.00	1,125.00	1,350.00	1,350.00
201.23.7141.51640 LONGEVITY	1,975.88	2,768.84	2,897.00	2,391.20	2,902.00	2,950.00
201.23.7141.51681 COMP/HOLIDAY BANK CASHOUT	204.53	0.00	0.00	0.00	0.00	0.00
201.23.7141.51701 FICA	27,017.48	25,242.23	24,535.00	20,989.73	25,969.00	26,750.00
201.23.7141.51703 UNEMPLOYMENT INSURANCE	3,570.58	3,209.80	3,132.00	14.56-	387.00	398.00
201.23.7141.51705 WORKERS COMP	2,819.74	1,966.39	2,058.00	1,661.05	2,242.00	2,274.00
201.23.7141.51721 PERS	45,859.71	49,394.44	48,136.00	44,961.04	68,255.00	70,186.00
201.23.7141.51729 HEALTH INSURANCE	49,612.47	52,752.02	57,625.00	48,522.35	56,677.00	45,882.00

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7141.51730 DENTAL INSURANCE	3,494.62	3,336.20	3,497.00	2,947.22	3,428.00	2,957.00
201.23.7141.51732 LTD	1,605.90	1,556.92	1,547.00	1,392.66	1,474.00	1,425.00
201.23.7141.51733 LIFE INSURANCE	32.86	47.06	91.00	75.20	83.00	93.00
Total PERSONAL SERVICES	457,664.84	477,597.24	476,674.00	404,691.24	508,427.00	507,525.00
201.23.7141.52000 MATERIALS & SERVICES						
201.23.7141.52101 ADVERTISING & PROMOTIONS	500.00	105.00	0.00	0.00	0.00	0.00
201.23.7141.52103 AGENCY LICENSES/ASSESS/PERMITS	6,486.35	4,982.46	6,400.00	4,995.25	6,500.00	6,500.00
201.23.7141.52104 BANK CHARGES	1,365.20	1,240.38	1,400.00	950.48	1,200.00	1,200.00
201.23.7141.52113 INSURANCE & BONDS	13,534.18	13,955.49	14,807.00	13,473.68	14,000.00	14,000.00
201.23.7141.52115 LEGAL NOTICES & PUBLISHING	595.08	165.63	600.00	0.00	600.00	600.00
201.23.7141.52116 POSTAGE	3,972.11	3,047.82	3,000.00	2,419.20	3,000.00	3,000.00
201.23.7141.52122 TELEPHONE	3,063.67	1,422.32	4,000.00	4,048.36	4,000.00	4,000.00
201.23.7141.52325 LEGAL COUNSEL	5,952.50	3,359.48	6,000.00	2,405.75	5,000.00	5,000.00
201.23.7141.52340 REFUNDS	556.00	0.00	0.00	35.00	0.00	0.00
201.23.7141.52351 TRANSITIONAL SERVICES	1,232.92	0.00	0.00	0.00	0.00	0.00
201.23.7141.52370 MISCELLANEOUS EXPENDITURES	363.75	281.25	0.00	168.75	0.00	0.00
201.23.7141.52398 ADMINISTRATIVE COST	66,060.85-	62,716.00-	66,900.00-	40,816.36-	62,800.00-	62,800.00-
201.23.7141.52429 CONTRACTED SERVICES	17,724.80	13,874.08	20,200.00	25,735.60	15,300.00	15,300.00
201.23.7141.52510 COMPUTER SOFTWARE	0.00	503.28	0.00	0.00	0.00	0.00
201.23.7141.52526 COMPUTER SOFTWARE - MAINTENANC	4,460.41	4,609.83	4,700.00	4,764.26	5,000.00	5,000.00
201.23.7141.52656 FUEL	5,488.85	5,156.27	5,000.00	3,494.23	5,000.00	5,000.00
201.23.7141.52657 VEHICLE REPAIR & MAINT	3,384.79	2,347.09	5,000.00	4,158.18	4,000.00	4,000.00
201.23.7141.52658 COPIER LEASE & MAINT	0.00	0.00	1,500.00	0.00	0.00	0.00
201.23.7141.52661 TIRES	807.65	561.52	2,000.00	733.74	1,000.00	1,000.00
201.23.7141.52701 TRAINING AND EDUCATION	0.00	0.00	5,000.00	0.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7141 PUBLIC HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7141.52711 MEALS LODGING & REGISTRATION	3,932.58	6,924.68	3,000.00	6,248.95	6,000.00	4,500.00
201.23.7141.52731 TRAVEL & MILEAGE	1,362.86	1,049.34	500.00	1,191.20	1,200.00	500.00
201.23.7141.52910 SUPPLIES - OFFICE	11,173.23	10,893.67	12,000.00	11,262.04	12,000.00	10,000.00
201.23.7141.52919 SUPPLIES - EQUIPMENT	0.00	12,000.00	10,000.00	1,285.00	8,000.00	0.00
201.23.7141.52929 SUPPLIES - MEDICAL	2,317.44	2,736.71	2,400.00	1,004.92	1,000.00	1,000.00
Total MATERIALS & SERVICES	22,213.52	26,500.30	40,607.00	47,558.23	30,000.00	17,800.00
201.23.7141.53000 CAPITAL						
Total CAPITAL	0.00	0.00	0.00	0.00	0.00	0.00
Total PUBLIC HEALTH	479,878.36	504,097.54	517,281.00	452,249.47	538,427.00	525,325.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7142 WIC

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7142.51000						
PERSONAL SERVICES						
201.23.7142.51176	1,102.25	3,974.45	3,841.00	3,426.30	4,032.00	4,032.00
FINANCE MANAGER						
201.23.7142.51177	1,451.19	5,693.58	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7142.51178	2,932.50	1,597.25	1,089.00	1,188.67	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7142.51182	0.00	2,884.91	2,557.00	1,780.15	1,989.00	1,989.00
ACCOUNTING CLERK						
201.23.7142.51186	0.00	0.00	6,081.00	4,557.30	5,530.00	5,530.00
EXECUTIVE ASSISTANT						
201.23.7142.51187	25,353.48	3,246.57	0.00	0.00	0.00	0.00
NUTRITION PROG ASSIST						
201.23.7142.51190	0.00	13,549.03	14,910.00	12,607.82	15,276.00	15,276.00
OFFICE SPECIALIST						
201.23.7142.51192	14,256.13	13,736.58	14,508.00	12,004.77	14,515.00	14,515.00
PHN II						
201.23.7142.51197	62,541.48	64,005.84	66,674.00	54,768.80	65,712.00	65,712.00
NUTRITION PROG TECH						
201.23.7142.51602	155.45	0.00	0.00	0.00	0.00	0.00
OVERTIME						
201.23.7142.51621	0.00	13.75	12.00	13.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7142.51640	396.00	462.00	540.00	440.00	660.00	660.00
LONGEVITY						
201.23.7142.51681	6.60	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7142.51701	7,980.57	8,012.69	8,088.00	6,684.15	8,186.00	8,213.00
FICA						
201.23.7142.51703	967.88	1,036.81	1,058.00	39.26	138.00	139.00
UNEMPLOYMENT INSURANCE						
201.23.7142.51705	490.16	441.22	464.00	362.11	464.00	464.00
WORKERS COMP						
201.23.7142.51721	13,947.34	14,305.64	14,433.00	11,903.91	17,783.00	17,783.00
PERS						
201.23.7142.51729	27,102.41	26,672.14	26,984.00	22,668.49	29,720.00	28,776.00
HEALTH INSURANCE						
201.23.7142.51730	1,999.95	1,859.45	1,871.00	1,505.79	1,834.00	1,793.00
DENTAL INSURANCE						
201.23.7142.51732	561.85	555.29	551.00	470.10	554.00	547.00
LTD						
201.23.7142.51733	12.80	19.81	24.00	19.59	24.00	24.00
LIFE INSURANCE						
Total	161,258.04	162,067.01	163,685.00	134,440.21	169,304.00	168,340.00
201.23.7142.52000						
MATERIALS & SERVICES						
201.23.7142.52116	1,154.65	2,042.80	1,500.00	1,099.66	500.00	500.00
POSTAGE						

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7142 WIC

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7142.52398 ADMINISTRATIVE COST	14,650.54	11,561.00	15,000.00	6,523.50	11,500.00	11,500.00
201.23.7142.52429 CONTRACTED SERVICES	4,275.00	3,858.75	4,000.00	7,832.75	4,600.00	4,600.00
201.23.7142.52656 FUEL	505.93	483.12	500.00	358.40	500.00	500.00
201.23.7142.52711 MEALS LODGING & REGISTRATION	1,279.19	888.72	0.00	1,058.11	0.00	0.00
201.23.7142.52731 TRAVEL & MILEAGE	483.20	34.20	0.00	0.00	0.00	0.00
201.23.7142.52910 SUPPLIES - OFFICE	2,879.80	1,238.12	500.00	2,006.86	500.00	500.00
201.23.7142.52918 SUPPLIES - EDUCATION	19.21	38.83	0.00	0.00	0.00	0.00
201.23.7142.52919 SUPPLIES - EQUIPMENT	0.00	0.00	0.00	395.00	0.00	0.00
201.23.7142.52929 SUPPLIES - MEDICAL	794.08	658.40	200.00	1,017.71	500.00	500.00
201.23.7142.52936 SUPPLIES - PROGRAM/ED	0.00	0.00	1,000.00	464.96	0.00	0.00
Total MATERIALS & SERVICES	26,041.60	20,803.94	22,700.00	20,756.95	18,100.00	18,100.00
Total WIC	187,299.64	182,870.95	186,385.00	155,197.16	187,404.00	186,440.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7143 MCH - CAH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7143.51000						
PERSONAL SERVICES						
201.23.7143.51176	2,204.50	1,135.63	1,097.00	978.87	1,152.00	1,152.00
FINANCE MANAGER						
201.23.7143.51177	4,267.11	6,096.86	5,303.00	4,595.41	5,569.00	5,569.00
PROGRAM SECRETARY						
201.23.7143.51178	2,932.50	1,597.25	1,089.00	1,188.95	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7143.51180	1,829.49	0.00	0.00	0.00	0.00	0.00
COMMUNITY HEALTH WORKER						
201.23.7143.51182	0.00	995.02	1,137.00	771.77	853.00	853.00
ACCOUNTING CLERK						
201.23.7143.51183	2,843.21	0.00	0.00	0.00	0.00	0.00
FAMILY PLANNING AIDE						
201.23.7143.51186	0.00	0.00	1,622.00	1,351.74	1,702.00	1,702.00
EXECUTIVE ASSISTANT						
201.23.7143.51190	7,623.21	3,616.46	3,280.00	2,773.77	3,361.00	3,361.00
OFFICE SPECIALIST						
201.23.7143.51191	8,158.27	121.50	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7143.51192	37,055.52	15,424.79	30,975.00	32,472.39	33,063.00	22,177.00
PHN II						
201.23.7143.51621	0.00	13.75	12.00	13.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7143.51640	250.24	120.40	121.00	159.35	244.00	186.00
LONGEVITY						
201.23.7143.51681	13.20	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7143.51701	5,086.35	2,104.98	3,247.00	3,151.97	3,397.00	2,716.00
FICA						
201.23.7143.51703	665.57	273.42	395.00	64.79	53.00	42.00
UNEMPLOYMENT INSURANCE						
201.23.7143.51705	377.54	173.98	367.00	216.40	246.00	200.00
WORKERS COMP						
201.23.7143.51721	8,157.16	3,249.10	3,725.00	5,634.24	7,604.00	5,880.00
PERS						
201.23.7143.51729	12,484.74	6,609.20	7,949.00	10,506.17	14,601.00	8,799.00
HEALTH INSURANCE						
201.23.7143.51730	908.96	385.15	485.00	571.76	676.00	423.00
DENTAL INSURANCE						
201.23.7143.51732	335.28	143.23	185.00	216.30	200.00	162.00
LTD						
201.23.7143.51733	5.97	10.62	17.00	11.95	15.00	10.00
LIFE INSURANCE						
Total	95,198.82	42,071.34	61,006.00	64,678.83	75,623.00	56,119.00
PERSONAL SERVICES						
201.23.7143.52000						
MATERIALS & SERVICES						
201.23.7143.52340	0.00	286.67	0.00	0.00	0.00	0.00
REFUNDS						

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7143 MCH - CAH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7143.52354 VACCINE	10,188.47	10,105.13	10,000.00	3,896.18	3,700.00	3,700.00
201.23.7143.52398 ADMINISTRATIVE COST	3,769.08	2,886.00	3,000.00	2,164.40	3,000.00	3,000.00
201.23.7143.52429 CONTRACTED SERVICES	154.00	2,339.00	400.00	279.00	400.00	400.00
201.23.7143.52526 COMPUTER SOFTWARE - MAINTENANC	3,002.88	9,691.42	4,000.00	3,440.00	4,000.00	4,000.00
201.23.7143.52711 MEALS LODGING & REGISTRATION	480.00	0.00	0.00	565.23	0.00	0.00
201.23.7143.52731 TRAVEL & MILEAGE	49.18	9.85	0.00	0.00	0.00	0.00
201.23.7143.52910 SUPPLIES - OFFICE	87.00	0.00	300.00	121.00	300.00	100.00
201.23.7143.52929 SUPPLIES - MEDICAL	257.61	289.10	500.00	161.87	500.00	500.00
Total MATERIALS & SERVICES	17,988.22	25,607.17	18,200.00	10,627.68	11,900.00	11,700.00
Total MCH - CAH	113,187.04	67,678.51	79,206.00	75,306.51	87,523.00	67,819.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7144.51000 PERSONAL SERVICES						
201.23.7144.51176 FINANCE MANAGER	5,511.03	5,110.05	4,938.00	4,405.24	5,184.00	5,184.00
201.23.7144.51177 PROGRAM SECRETARY	5,441.85	23,463.62	17,676.00	15,318.19	18,564.00	18,564.00
201.23.7144.51178 PROGRAM SUPERVISOR	2,932.50	1,597.25	1,089.00	1,188.95	2,857.00	2,857.00
201.23.7144.51182 ACCOUNTING CLERK	0.00	3,879.88	3,694.00	2,906.44	3,410.00	3,410.00
201.23.7144.51183 FAMILY PLANNING AIDE	25,589.32	19,313.80	22,313.00	16,590.22	12,826.00	12,826.00
201.23.7144.51184 HEALTH OFFICER	1,984.14	12,308.81	37,668.00	17,020.73	24,167.00	26,368.00
201.23.7144.51185 NURSE PRACTITIONER	55,418.95	27,709.45	0.00	0.00	0.00	0.00
201.23.7144.51186 EXECUTIVE ASSISTANT	0.00	0.00	7,702.00	4,629.64	5,105.00	5,105.00
201.23.7144.51190 OFFICE SPECIALIST	16,572.34	8,156.40	7,455.00	6,304.00	7,638.00	7,638.00
201.23.7144.51191 BILLING CLERK	13,597.30	303.73	0.00	0.00	0.00	0.00
201.23.7144.51192 PHN II	65,433.45	25,158.52	47,608.00	48,521.44	53,630.00	53,630.00
201.23.7144.51621 CELL PHONE ALLOWANCE	0.00	13.75	12.00	13.00	30.00	30.00
201.23.7144.51640 LONGEVITY	469.32	380.18	513.00	365.62	389.00	389.00
201.23.7144.51681 COMP/HOLIDAY BANK CASHOUT	32.99	0.00	0.00	0.00	0.00	0.00
201.23.7144.51701 FICA	14,708.61	9,525.89	10,902.00	8,111.89	9,904.00	10,051.00
201.23.7144.51703 UNEMPLOYMENT INSURANCE	1,917.89	1,202.23	1,243.00	134.09	154.00	156.00
201.23.7144.51705 WORKERS COMP	917.72	532.14	1,319.00	446.84	563.00	572.00
201.23.7144.51721 PERS	24,252.12	15,430.92	13,340.00	14,734.97	21,541.00	21,887.00
201.23.7144.51729 HEALTH INSURANCE	30,645.63	24,713.31	34,241.00	24,540.49	24,987.00	23,368.00
201.23.7144.51730 DENTAL INSURANCE	2,345.48	1,594.15	2,107.00	1,438.01	1,517.00	1,447.00
201.23.7144.51732 LTD	949.93	606.46	582.00	558.19	524.00	513.00
201.23.7144.51733 LIFE INSURANCE	15.54	23.30	47.00	25.01	25.00	29.00
Total PERSONAL SERVICES	268,736.11	181,023.84	214,449.00	167,252.96	193,015.00	194,024.00
201.23.7144.52000 MATERIALS & SERVICES						

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7144 REPRODUCTIVE HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7144.52340 REFUNDS	0.00	215.87	0.00	0.00	0.00	0.00
201.23.7144.52369 LAB EXPENSES	3,245.41	2,485.60	4,000.00	1,025.71	1,000.00	1,000.00
201.23.7144.52398 ADMINISTRATIVE COST	15,430.80	13,559.00	14,600.00	6,771.30	13,000.00	13,000.00
201.23.7144.52429 CONTRACTED SERVICES	2,080.41	3,186.00	0.00	1,414.84	1,500.00	1,500.00
201.23.7144.52526 COMPUTER SOFTWARE - MAINTENANC	6,098.22	12,834.28	6,000.00	4,300.00	5,000.00	5,000.00
201.23.7144.52711 MEALS LODGING & REGISTRATION	1,149.20	0.00	800.00	243.25	100.00	50.00
201.23.7144.52731 TRAVEL & MILEAGE	199.93	0.00	200.00	0.00	0.00	0.00
201.23.7144.52910 SUPPLIES - OFFICE	189.03	240.58	500.00	251.84	500.00	200.00
201.23.7144.52919 SUPPLIES - EQUIPMENT	0.00	0.00	0.00	395.00	0.00	0.00
201.23.7144.52929 SUPPLIES - MEDICAL	5,630.94	3,381.46	7,000.00	1,895.31	3,000.00	3,000.00
201.23.7144.52944 SUPPLIES - CONTRACEPTIVE	70,166.47	60,516.16	75,000.00	41,588.37	75,000.00	73,000.00
Total MATERIALS & SERVICES	104,190.41	96,418.95	108,100.00	57,885.62	99,100.00	96,750.00
201.23.7144.53000 CAPITAL						
201.23.7144.53000 CAPITAL	6,900.00	0.00	0.00	0.00	0.00	0.00
Total CAPITAL	6,900.00	0.00	0.00	0.00	0.00	0.00
Total REPRODUCTIVE HEALTH	379,826.52	277,442.79	322,549.00	225,138.58	292,115.00	290,774.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7145 STATE SUPPORT

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7145.51000						
PERSONAL SERVICES						
201.23.7145.51176	0.00	567.49	549.00	489.45	576.00	576.00
FINANCE MANAGER						
201.23.7145.51177	3,541.51	1,138.74	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7145.51178	2,932.50	1,597.25	1,089.00	1,188.95	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7145.51182	0.00	746.26	853.00	711.64	853.00	853.00
ACCOUNTING CLERK						
201.23.7145.51184	0.00	0.00	0.00	7,746.98	3,452.00	3,767.00
HEALTH OFFICER						
201.23.7145.51186	0.00	0.00	1,216.00	1,013.86	1,276.00	1,276.00
EXECUTIVE ASSISTANT						
201.23.7145.51190	3,977.02	1,957.48	1,789.00	1,512.99	1,833.00	1,833.00
OFFICE SPECIALIST						
201.23.7145.51191	815.87	30.39	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7145.51192	16,705.67	14,870.64	16,602.00	3,464.96	4,838.00	4,838.00
PHN II						
201.23.7145.51200	0.00	0.00	0.00	3,770.23	9,080.00	9,080.00
CD CONTROL INVESTIGATOR						
201.23.7145.51621	0.00	13.75	12.00	13.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7145.51640	185.76	147.48	84.00	10.00	12.00	12.00
LONGEVITY						
201.23.7145.51680	0.00	269.18	0.00	0.00	0.00	0.00
VACATION CASHOUT						
201.23.7145.51701	2,041.23	1,703.11	1,587.00	1,224.75	1,879.00	1,905.00
FICA						
201.23.7145.51703	270.40	212.35	169.00	37.84	29.00	29.00
UNEMPLOYMENT INSURANCE						
201.23.7145.51705	131.59	96.37	230.00	67.16	104.00	106.00
WORKERS COMP						
201.23.7145.51721	3,778.03	3,748.91	2,623.00	1,937.46	3,959.00	4,008.00
PERS						
201.23.7145.51729	5,234.37	4,967.08	4,848.00	3,201.32	4,221.00	3,816.00
HEALTH INSURANCE						
201.23.7145.51730	344.92	275.28	317.00	194.16	282.00	265.00
DENTAL INSURANCE						
201.23.7145.51732	144.70	100.98	78.00	81.19	104.00	101.00
LTD						
201.23.7145.51733	3.39	9.61	11.00	3.07	4.00	5.00
LIFE INSURANCE						
Total	40,106.96	32,452.35	32,057.00	26,593.33	35,389.00	35,357.00
PERSONAL SERVICES						
201.23.7145.52000						
MATERIALS & SERVICES						
201.23.7145.52122	0.00	0.00	0.00	175.75	450.00	450.00
TELEPHONE						

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7145 STATE SUPPORT

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7145.52369 LAB EXPENSES	1,025.95	601.20	1,500.00	478.87	1,000.00	1,000.00
201.23.7145.52398 ADMINISTRATIVE COST	2,665.57	2,534.00	3,000.00	1,068.58	2,100.00	2,100.00
201.23.7145.52429 CONTRACTED SERVICES	269.15	659.00	0.00	136.62	0.00	0.00
201.23.7145.52526 COMPUTER SOFTWARE - MAINTENANC	1,051.45	2,502.86	1,500.00	860.00	1,000.00	1,000.00
201.23.7145.52711 MEALS LODGING & REGISTRATION	297.64	313.02	400.00	181.25	400.00	0.00
201.23.7145.52731 TRAVEL & MILEAGE	69.59	18.63	200.00	416.35	100.00	0.00
201.23.7145.52910 SUPPLIES - OFFICE	130.71	22.53	500.00	7.05	200.00	100.00
201.23.7145.52929 SUPPLIES - MEDICAL	1,329.65	1,033.12	1,500.00	565.77	1,200.00	1,200.00
201.23.7145.52936 SUPPLIES - PROGRAM/ED	72.49	0.00	0.00	125.28	0.00	0.00
Total MATERIALS & SERVICES	6,912.20	7,684.36	8,600.00	4,015.52	6,450.00	5,850.00
Total STATE SUPPORT	47,019.16	40,136.71	40,657.00	30,608.85	41,839.00	41,207.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7146.51000						
PERSONAL SERVICES						
201.23.7146.51176	3,260.00	1,135.63	1,097.00	978.87	1,152.00	1,152.00
FINANCE MANAGER						
201.23.7146.51177	13,983.63	11,965.69	10,606.00	9,279.27	11,138.00	11,138.00
PROGRAM SECRETARY						
201.23.7146.51181	32,763.17	19,862.67	23,040.00	19,200.52	23,040.00	23,040.00
EH SPECIALIST						
201.23.7146.51182	0.00	995.02	1,137.00	771.77	853.00	853.00
ACCOUNTING CLERK						
201.23.7146.51186	0.00	0.00	1,622.00	1,351.74	1,702.00	1,702.00
EXECUTIVE ASSISTANT						
201.23.7146.51188	0.00	0.00	0.00	4,499.76	18,467.00	13,851.00
EH SPECIALIST TRAINEE						
201.23.7146.51195	17,343.93	12,516.24	12,706.00	10,586.66	12,706.00	12,706.00
SUPERVISING EH SPECIALIST						
201.23.7146.51602	19.64	0.00	0.00	0.00	0.00	0.00
OVERTIME						
201.23.7146.51621	90.00	120.00	120.00	100.00	120.00	120.00
CELL PHONE ALLOWANCE						
201.23.7146.51640	150.08	369.00	482.00	395.00	482.00	482.00
LONGEVITY						
201.23.7146.51701	2,839.40	3,492.70	3,774.00	3,518.96	5,218.00	4,875.00
FICA						
201.23.7146.51703	382.12	457.97	491.00	22.75	83.00	77.00
UNEMPLOYMENT INSURANCE						
201.23.7146.51705	450.29	483.50	558.00	445.67	636.00	617.00
WORKERS COMP						
201.23.7146.51721	5,409.88	8,015.70	8,704.00	7,298.90	11,362.00	11,362.00
PERS						
201.23.7146.51729	6,444.94	8,248.59	8,726.00	8,008.52	13,790.00	13,385.00
HEALTH INSURANCE						
201.23.7146.51730	461.80	557.12	598.00	530.00	876.00	858.00
DENTAL INSURANCE						
201.23.7146.51732	195.16	239.14	256.00	232.36	336.00	301.00
LTD						
201.23.7146.51733	6.48	8.52	15.00	12.14	14.00	14.00
LIFE INSURANCE						
Total	83,800.52	68,467.49	73,932.00	67,232.89	101,975.00	96,533.00
201.23.7146.52000						
MATERIALS & SERVICES						
201.23.7146.52122	511.42	329.51	500.00	537.48	1,000.00	1,000.00
TELEPHONE						
201.23.7146.52335	7,915.68	7,779.28	9,000.00	4,354.28	9,000.00	9,000.00
OREGON STATE PAYBACK						
201.23.7146.52398	2,735.41	3,695.00	4,000.00	2,143.00	4,000.00	4,000.00
ADMINISTRATIVE COST						
201.23.7146.52429	0.00	50.00	0.00	0.00	0.00	0.00
CONTRACTED SERVICES						

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7146 ENVIRONMENTAL HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7146.52604 EQUIPMENT - OFFICE	0.00	0.00	400.00	0.00	0.00	0.00
201.23.7146.52711 MEALS LODGING & REGISTRATION	1,222.46	443.62	1,200.00	882.03	1,400.00	1,400.00
201.23.7146.52731 TRAVEL & MILEAGE	247.11	31.00	207.00	47.93	150.00	150.00
201.23.7146.52910 SUPPLIES - OFFICE	459.93	644.28	1,000.00	474.63	1,000.00	500.00
201.23.7146.52919 SUPPLIES - EQUIPMENT	87.99	269.98	100.00	26.10	800.00	800.00
201.23.7146.52936 SUPPLIES - PROGRAM/ED	0.00	224.90	0.00	636.57	0.00	0.00
Total MATERIALS & SERVICES	13,180.00	13,467.57	16,407.00	9,102.02	17,350.00	16,850.00
Total ENVIRONMENTAL HEALTH	96,980.52	81,935.06	90,339.00	76,334.91	119,325.00	113,383.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7148.51000						
PERSONAL SERVICES						
201.23.7148.51177	0.00	379.61	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7148.51178	2,932.50	1,597.25	0.00	800.18	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7148.51180	7,317.57	5,485.40	5,569.00	28,973.29	47,222.00	42,160.00
COMMUNITY HEALTH WORKER						
201.23.7148.51182	0.00	248.79	284.00	237.17	284.00	284.00
ACCOUNTING CLERK						
201.23.7148.51186	0.00	0.00	405.00	1,395.62	2,978.00	2,978.00
EXECUTIVE ASSISTANT						
201.23.7148.51192	2,280.73	15,129.16	14,385.00	29,241.43	35,890.00	35,890.00
PHN II						
201.23.7148.51621	0.00	13.75	0.00	8.75	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7148.51640	247.00	251.04	255.00	268.01	394.00	302.00
LONGEVITY						
201.23.7148.51701	833.09	1,547.67	1,385.00	3,450.24	6,520.00	6,195.00
FICA						
201.23.7148.51703	116.36	199.05	180.00	21.08	110.00	102.00
UNEMPLOYMENT INSURANCE						
201.23.7148.51705	58.55	93.43	88.00	194.28	377.00	355.00
WORKERS COMP						
201.23.7148.51721	1,832.92	3,355.59	3,166.00	5,768.96	9,968.00	14,245.00
PERS						
201.23.7148.51729	4,171.75	7,469.90	7,201.00	12,701.53	22,510.00	19,269.00
HEALTH INSURANCE						
201.23.7148.51730	175.30	353.55	329.00	708.84	1,305.00	1,152.00
DENTAL INSURANCE						
201.23.7148.51732	64.57	117.87	80.00	259.98	445.00	418.00
LTD						
201.23.7148.51733	0.79	7.36	9.00	16.34	24.00	23.00
LIFE INSURANCE						
Total	20,031.13	36,249.42	33,336.00	84,045.70	130,914.00	126,260.00
PERSONAL SERVICES						
201.23.7148.52000						
MATERIALS & SERVICES						
201.23.7148.52122	0.00	0.00	0.00	1,612.60	2,400.00	2,400.00
TELEPHONE						
201.23.7148.52334	48,300.10	30,551.68	40,000.00	22,649.53	40,000.00	40,000.00
TCM & MAC MATCH						
201.23.7148.52335	0.00	0.00	0.00	0.00	12,600.00	12,600.00
OREGON STATE PAYBACK						
201.23.7148.52398	942.28	1,189.00	900.00	2,732.58	3,800.00	3,800.00
ADMINISTRATIVE COST						
201.23.7148.52429	1,020.00	1,415.00	1,500.00	1,011.25	1,500.00	1,500.00
CONTRACTED SERVICES						
201.23.7148.52526	11,776.01	0.00	0.00	0.00	0.00	0.00
COMPUTER SOFTWARE - MAINTENANC						

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7148 PERINATAL HEALTH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7148.52658 COPIER LEASE & MAINT	0.00	0.00	0.00	157.42	150.00	150.00
201.23.7148.52711 MEALS LODGING & REGISTRATION	20.00	0.00	0.00	4,754.01	400.00	0.00
201.23.7148.52731 TRAVEL & MILEAGE	275.39	0.00	0.00	84.42	100.00	0.00
201.23.7148.52910 SUPPLIES - OFFICE	120.34	22.74	0.00	2,333.98	200.00	100.00
Total MATERIALS & SERVICES	62,454.12	33,178.42	42,400.00	35,335.79	61,150.00	60,550.00
Total PERINATAL HEALTH	82,485.25	69,427.84	75,736.00	119,381.49	192,064.00	186,810.00

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7149 PHEP

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7149.51000 PERSONAL SERVICES						
201.23.7149.51176 FINANCE MANAGER	2,755.54	1,703.33	1,646.00	1,468.45	1,728.00	1,728.00
201.23.7149.51177 PROGRAM SECRETARY	5,355.41	2,657.04	0.00	0.00	0.00	0.00
201.23.7149.51182 ACCOUNTING CLERK	0.00	1,318.08	1,137.00	771.77	853.00	853.00
201.23.7149.51184 HEALTH OFFICER	14,666.06	17,112.24	0.00	4,687.40	6,905.00	7,534.00
201.23.7149.51186 EXECUTIVE ASSISTANT	0.00	0.00	2,838.00	2,365.56	2,978.00	2,978.00
201.23.7149.51192 PHN II	44,122.13	29,898.54	34,384.00	2,284.68	4,838.00	4,838.00
201.23.7149.51200 CD CONTROL INVESTIGATOR	0.00	0.00	0.00	29,603.13	36,319.00	36,319.00
201.23.7149.51202 PHEP COORDINATOR	41,739.36	51,465.60	52,248.00	43,531.20	52,466.00	52,466.00
201.23.7149.51640 LONGEVITY	787.56	591.00	636.00	280.00	348.00	348.00
201.23.7149.51680 VACATION CASHOUT	0.00	1,076.70	0.00	0.00	0.00	0.00
201.23.7149.51681 COMP/HOLIDAY BANK CASHOUT	16.49	0.00	0.00	0.00	0.00	0.00
201.23.7149.51701 FICA	7,977.66	7,396.38	6,710.00	6,362.45	8,118.00	8,158.00
201.23.7149.51703 UNEMPLOYMENT INSURANCE	1,064.39	947.55	868.00	6.75	128.00	129.00
201.23.7149.51705 WORKERS COMP	518.78	396.98	390.00	337.01	447.00	450.00
201.23.7149.51721 PERS	13,110.44	12,566.35	13,068.00	9,109.41	16,919.00	17,018.00
201.23.7149.51729 HEALTH INSURANCE	16,689.77	16,971.36	18,561.00	13,311.95	17,365.00	16,960.00
201.23.7149.51730 DENTAL INSURANCE	1,081.19	1,069.29	1,160.00	937.32	1,194.00	1,176.00
201.23.7149.51732 LTD	487.94	446.69	416.00	411.75	504.00	502.00
201.23.7149.51733 LIFE INSURANCE	15.80	27.14	28.00	12.52	17.00	18.00
Total PERSONAL SERVICES	150,388.52	145,644.27	134,090.00	115,481.35	151,127.00	151,475.00
201.23.7149.52000 MATERIALS & SERVICES						
201.23.7149.52122 TELEPHONE	517.41	1,202.75	500.00	754.77	1,000.00	1,000.00
201.23.7149.52398 ADMINISTRATIVE COST	5,475.72	5,559.00	6,000.00	3,884.20	5,000.00	5,000.00
201.23.7149.52429 CONTRACTED SERVICES	425.00	50.00	300.00	0.00	100.00	100.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7149 PHEP

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7149.52656 FUEL	188.01	95.60	200.00	42.44	200.00	200.00
201.23.7149.52658 COPIER LEASE & MAINT	404.36	682.11	0.00	359.00	500.00	500.00
201.23.7149.52701 TRAINING AND EDUCATION	0.00	0.00	1,419.00	0.00	0.00	0.00
201.23.7149.52711 MEALS LODGING & REGISTRATION	1,165.07	1,075.52	2,200.00	362.04	1,000.00	400.00
201.23.7149.52731 TRAVEL & MILEAGE	337.13	60.92	100.00	37.18	100.00	100.00
201.23.7149.52910 SUPPLIES - OFFICE	654.22	254.02	5,769.00	684.46	500.00	200.00
201.23.7149.52929 SUPPLIES - MEDICAL	733.46	0.00	0.00	0.00	0.00	0.00
201.23.7149.52936 SUPPLIES - PROGRAM/ED	0.00	609.79	11,571.00	18,067.14	8,400.00	8,400.00
Total MATERIALS & SERVICES	9,900.38	9,589.71	28,059.00	24,191.23	16,800.00	15,900.00
201.23.7149.53000 CAPITAL						
201.23.7149.53301 EQUIPMENT - CAPITAL	0.00	14,674.89	18,000.00	0.00	0.00	0.00
Total CAPITAL	0.00	14,674.89	18,000.00	0.00	0.00	0.00
Total PHEP	160,288.90	169,908.87	180,149.00	139,672.58	167,927.00	167,375.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7152.51000	PERSONAL SERVICES					
201.23.7152.51180	0.00	4,063.23	49,837.00	20,555.32	38,610.00	38,610.00
201.23.7152.51184	0.00	0.00	2,260.00	5,568.12	0.00	0.00
201.23.7152.51186	0.00	0.00	0.00	1,313.49	2,978.00	2,978.00
201.23.7152.51190	0.00	1,671.82	23,992.00	18,495.50	22,246.00	0.00
201.23.7152.51192	12,383.94	4,550.57	0.00	0.00	0.00	0.00
201.23.7152.51200	0.00	0.00	0.00	3,853.64	0.00	0.00
201.23.7152.51640	9.60	24.00	0.00	0.00	0.00	0.00
201.23.7152.51650	0.00	0.00	5,340.00	0.00	0.00	0.00
201.23.7152.51701	741.58	755.79	5,806.00	4,740.22	4,877.00	3,178.00
201.23.7152.51703	103.96	103.50	92.00	77.94	88.00	54.00
201.23.7152.51705	51.56	43.52	320.00	259.83	268.00	175.00
201.23.7152.51721	1,318.83	853.64	9,517.00	2,429.37	3,973.00	6,550.00
201.23.7152.51729	1,553.78	1,151.24	23,329.00	13,053.87	17,554.00	9,074.00
201.23.7152.51730	112.58	58.24	2,236.00	928.97	1,217.00	629.00
201.23.7152.51732	51.79	23.46	29.00	261.12	312.00	216.00
201.23.7152.51733	0.48	2.29	90.00	7.34	14.00	7.00
Total	16,328.10	13,301.30	122,848.00	71,544.73	92,137.00	61,471.00
201.23.7152.52000	MATERIALS & SERVICES					
201.23.7152.52101	0.00	0.00	0.00	900.00	0.00	0.00
201.23.7152.52398	587.85	2,102.00	5,000.00	3,714.30	800.00	800.00
201.23.7152.52429	16,840.00	25.00	23,200.00	16,420.00	0.00	0.00
201.23.7152.52510	6,000.00	0.00	0.00	0.00	0.00	0.00
201.23.7152.52658	0.00	0.00	0.00	235.20	200.00	200.00
201.23.7152.52711	0.00	0.00	0.00	375.00	0.00	0.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7152 HEALTH PROMOTION

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7152.52731 TRAVEL & MILEAGE	145.60	0.00	200.00	439.50	0.00	0.00
201.23.7152.52910 SUPPLIES - OFFICE	2,142.92	129.45	0.00	615.12	500.00	500.00
201.23.7152.52936 SUPPLIES - PROGRAM/ED	4,323.76	793.65	12,690.00	4,828.77	0.00	0.00
201.23.7152.52950 TRANSFER	0.00	0.00	0.00	0.00	0.00	22,323.00
Total MATERIALS & SERVICES	30,040.13	3,050.10	41,090.00	27,527.89	1,500.00	23,823.00
Total HEALTH PROMOTION	46,368.23	16,351.40	163,938.00	99,072.62	93,637.00	85,294.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7153 IMMUNIZATION SPECIAL PAYMENTS

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7153.51000 PERSONAL SERVICES						
201.23.7153.51176 FINANCE MANAGER	1,101.79	1,135.63	1,097.00	978.87	1,152.00	1,152.00
201.23.7153.51177 PROGRAM SECRETARY	2,090.37	746.56	0.00	494.92	1,485.00	1,485.00
201.23.7153.51182 ACCOUNTING CLERK	0.00	248.59	284.00	414.27	568.00	568.00
201.23.7153.51186 EXECUTIVE ASSISTANT	0.00	0.00	405.00	337.99	425.00	425.00
201.23.7153.51192 PHN II	11,287.24	12,227.82	9,677.00	7,204.41	3,629.00	3,629.00
201.23.7153.51640 LONGEVITY	20.88	24.00	24.00	24.00	37.00	37.00
201.23.7153.51681 COMP/HOLIDAY BANK CASHOUT	6.58	0.00	0.00	0.00	0.00	0.00
201.23.7153.51701 FICA	1,009.91	1,069.89	866.00	708.73	531.00	538.00
201.23.7153.51703 UNEMPLOYMENT INSURANCE	135.81	144.95	117.00	11.13	9.00	9.00
201.23.7153.51705 WORKERS COMP	483.42	484.22	382.00	287.22	156.00	156.00
201.23.7153.51721 PERS	436.23	310.43	298.00	347.42	681.00	681.00
201.23.7153.51729 HEALTH INSURANCE	651.48	424.61	437.00	553.64	1,064.00	794.00
201.23.7153.51730 DENTAL INSURANCE	46.85	24.81	24.00	30.78	53.00	41.00
201.23.7153.51732 LTD	16.12	9.42	9.00	11.32	18.00	16.00
201.23.7153.51733 LIFE INSURANCE	0.04-	0.57	1.00	1.14	1.00	1.00
Total PERSONAL SERVICES	17,286.64	16,851.50	13,621.00	11,405.84	9,809.00	9,532.00
201.23.7153.52000 MATERIALS & SERVICES						
201.23.7153.52354 VACCINE	0.00	0.00	0.00	1,607.80	6,300.00	6,300.00
201.23.7153.52398 ADMINISTRATIVE COST	587.85	888.00	800.00	540.86	800.00	800.00
201.23.7153.52429 CONTRACTED SERVICES	25.00	0.00	0.00	0.00	0.00	0.00
201.23.7153.52711 MEALS LODGING & REGISTRATION	0.00	0.00	500.00	0.00	600.00	600.00
201.23.7153.52731 TRAVEL & MILEAGE	0.00	0.00	100.00	0.00	0.00	0.00
201.23.7153.52910 SUPPLIES - OFFICE	101.00	0.00	3,243.00	0.00	500.00	100.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7153 IMMUNIZATION SPECIAL PAYMENTS

<u>Account Number</u>		<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
Total	MATERIALS & SERVICES	713.85	888.00	4,643.00	2,148.66	8,200.00	7,800.00
Total	IMMUNIZATION SPECIAL PAYMENTS	18,000.49	17,739.50	18,264.00	13,554.50	18,009.00	17,332.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7154 CACOON & CCN

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7154.51000						
PERSONAL SERVICES						
201.23.7154.51177	2,090.37	1,424.41	1,061.00	547.96	0.00	0.00
PROGRAM SECRETARY						
201.23.7154.51180	0.00	1,755.77	0.00	232.00	1,856.00	1,856.00
COMMUNITY HEALTH WORKER						
201.23.7154.51182	0.00	1,236.28	2,273.00	2,251.74	2,842.00	2,842.00
ACCOUNTING CLERK						
201.23.7154.51184	2,018.80	2,364.88	0.00	0.00	0.00	0.00
HEALTH OFFICER						
201.23.7154.51185	0.00	2,336.04	12,168.00	1,873.64	0.00	0.00
NURSE PRACTITIONER						
201.23.7154.51186	0.00	0.00	405.00	337.99	425.00	425.00
EXECUTIVE ASSISTANT						
201.23.7154.51191	272.00	6.08	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7154.51192	14,766.79	16,144.96	28,977.00	8,485.49	21,250.00	21,976.00
PHN II						
201.23.7154.51640	77.70	99.68	174.00	101.41	162.00	166.00
LONGEVITY						
201.23.7154.51701	1,255.75	1,682.26	3,165.00	1,381.54	1,805.00	1,908.00
FICA						
201.23.7154.51703	174.02	214.07	301.00	43.24	29.00	30.00
UNEMPLOYMENT INSURANCE						
201.23.7154.51705	90.12	102.67	601.00	113.27	195.00	198.00
WORKERS COMP						
201.23.7154.51721	2,194.61	2,664.25	4,239.00	2,309.91	4,396.00	4,511.00
PERS						
201.23.7154.51729	5,405.57	6,838.32	10,496.00	5,249.69	7,674.00	5,919.00
HEALTH INSURANCE						
201.23.7154.51730	228.52	292.53	611.00	228.05	318.00	241.00
DENTAL INSURANCE						
201.23.7154.51732	88.01	105.53	87.00	86.84	104.00	97.00
LTD						
201.23.7154.51733	2.74	6.60	15.00	5.73	9.00	10.00
LIFE INSURANCE						
Total	28,665.00	37,274.33	64,573.00	23,248.50	41,065.00	40,179.00
PERSONAL SERVICES						
201.23.7154.52000						
MATERIALS & SERVICES						
201.23.7154.52334	0.00	0.00	0.00	5,100.00	7,000.00	7,000.00
TCM & MAC MATCH						
201.23.7154.52398	1,207.63	1,997.00	1,200.00	1,095.86	1,000.00	1,000.00
ADMINISTRATIVE COST						
201.23.7154.52711	17.00	0.00	0.00	25.19	0.00	0.00
MEALS LODGING & REGISTRATION						
201.23.7154.52910	453.17	642.48	450.00	24.59	450.00	100.00
SUPPLIES - OFFICE						

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7154 CACOON & CCN

<u>Account Number</u>		<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
Total	MATERIALS & SERVICES	1,677.80	2,639.48	1,650.00	6,245.64	8,450.00	8,100.00
Total	CACOON & CCN	30,342.80	39,913.81	66,223.00	29,494.14	49,515.00	48,279.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7155 TOBACCO PREV & ED

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7155.51000						
PERSONAL SERVICES						
201.23.7155.51176	3,834.50	1,703.33	1,646.00	1,468.45	1,728.00	1,728.00
FINANCE MANAGER						
201.23.7155.51177	7,106.20	2,567.64	0.00	0.00	0.00	0.00
PROGRAM SECRETARY						
201.23.7155.51178	7,339.83	12,319.25	13,607.00	9,259.76	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7155.51179	43,108.97	38,778.33	45,864.00	37,784.12	45,864.00	48,152.00
COMMUNITY HEALTH PROMOTER						
201.23.7155.51180	0.00	1,755.77	0.00	0.00	0.00	0.00
COMMUNITY HEALTH WORKER						
201.23.7155.51182	0.00	787.20	284.00	414.27	568.00	568.00
ACCOUNTING CLERK						
201.23.7155.51186	0.00	0.00	2,432.00	2,027.69	2,552.00	2,552.00
EXECUTIVE ASSISTANT						
201.23.7155.51192	0.00	1,880.00	0.00	0.00	0.00	0.00
PHN II						
201.23.7155.51202	7,371.37	0.00	0.00	0.00	0.00	0.00
PHEP COORDINATOR						
201.23.7155.51621	0.00	126.25	150.00	101.25	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7155.51640	99.50	36.00	36.00	30.00	36.00	36.00
LONGEVITY						
201.23.7155.51681	281.10	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7155.51701	3,950.64	4,341.00	4,870.00	3,579.29	3,604.00	3,819.00
FICA						
201.23.7155.51703	397.94	497.86	633.00	26.05	59.00	62.00
UNEMPLOYMENT INSURANCE						
201.23.7155.51705	251.87	240.99	269.00	208.40	225.00	235.00
WORKERS COMP						
201.23.7155.51721	3,575.84	7,586.20	8,349.00	6,671.51	8,603.00	8,964.00
PERS						
201.23.7155.51729	7,471.65	8,732.47	2,826.00	13,648.07	19,644.00	19,374.00
HEALTH INSURANCE						
201.23.7155.51730	568.91	632.64	209.00	634.68	682.00	670.00
DENTAL INSURANCE						
201.23.7155.51732	232.37	262.00	92.00	262.02	275.00	285.00
LTD						
201.23.7155.51733	70.64	17.04	6.00	9.16	9.00	9.00
LIFE INSURANCE						
Total	85,520.05	82,263.97	81,273.00	76,124.72	86,736.00	89,341.00
201.23.7155.52000						
MATERIALS & SERVICES						
201.23.7155.52398	4,596.90	5,794.00	4,800.00	2,601.70	5,000.00	5,000.00
ADMINISTRATIVE COST						
201.23.7155.52429	50.00	25.00	1,100.00	40.00	0.00	0.00
CONTRACTED SERVICES						

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7155 TOBACCO PREV & ED

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7155.52656 FUEL	92.27	92.95	0.00	21.39	100.00	100.00
201.23.7155.52658 COPIER LEASE & MAINT	404.36	682.11	0.00	359.00	500.00	500.00
201.23.7155.52711 MEALS LODGING & REGISTRATION	1,476.56	1,856.80	1,300.00	1,786.49	1,000.00	400.00
201.23.7155.52731 TRAVEL & MILEAGE	20.00	580.30	189.00	445.80	100.00	100.00
201.23.7155.52910 SUPPLIES - OFFICE	1,572.34	1,482.47	3,957.00	160.75	400.00	200.00
201.23.7155.52919 SUPPLIES - EQUIPMENT	0.00	0.00	0.00	495.00	0.00	0.00
201.23.7155.52936 SUPPLIES - PROGRAM/ED	0.00	1,020.00	1,000.00	60.00	0.00	0.00
Total MATERIALS & SERVICES	8,212.43	11,533.63	12,346.00	5,970.13	7,100.00	6,300.00
Total TOBACCO PREV & ED	93,732.48	93,797.60	93,619.00	82,094.85	93,836.00	95,641.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7156 WATER

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7156.51000						
PERSONAL SERVICES						
201.23.7156.51176	1,102.25	567.85	549.00	489.45	576.00	576.00
FINANCE MANAGER						
201.23.7156.51177	11,173.10	7,724.08	7,070.00	6,186.21	7,426.00	7,426.00
PROGRAM SECRETARY						
201.23.7156.51181	3,481.14	8,512.62	5,760.00	4,800.14	5,760.00	5,760.00
EH SPECIALIST						
201.23.7156.51182	0.00	356.46	284.00	414.27	568.00	568.00
ACCOUNTING CLERK						
201.23.7156.51186	0.00	0.00	811.00	675.89	851.00	851.00
EXECUTIVE ASSISTANT						
201.23.7156.51195	8,939.85	12,516.24	12,706.00	10,586.66	12,706.00	12,706.00
SUPERVISING EH SPECIALIST						
201.23.7156.51200	0.00	0.00	0.00	475.20	0.00	0.00
CD CONTROL INVESTIGATOR						
201.23.7156.51602	13.10	0.00	0.00	0.00	0.00	0.00
OVERTIME						
201.23.7156.51621	90.00	120.00	120.00	100.00	120.00	120.00
CELL PHONE ALLOWANCE						
201.23.7156.51640	170.92	297.00	346.00	285.00	346.00	346.00
LONGEVITY						
201.23.7156.51681	6.60	0.00	0.00	0.00	0.00	0.00
COMP/HOLIDAY BANK CASHOUT						
201.23.7156.51701	2,427.71	2,241.99	2,048.00	1,778.21	2,095.00	2,103.00
FICA						
201.23.7156.51703	326.90	295.90	267.00	5.48	33.00	33.00
UNEMPLOYMENT INSURANCE						
201.23.7156.51705	364.24	309.32	295.00	229.43	298.00	298.00
WORKERS COMP						
201.23.7156.51721	4,643.30	5,148.98	4,684.00	4,017.75	6,181.00	6,181.00
PERS						
201.23.7156.51729	5,819.18	5,220.35	4,770.00	4,242.13	5,434.00	5,164.00
HEALTH INSURANCE						
201.23.7156.51730	403.35	351.66	323.00	272.65	324.00	312.00
DENTAL INSURANCE						
201.23.7156.51732	167.41	152.77	139.00	121.79	142.00	140.00
LTD						
201.23.7156.51733	3.70	3.29	7.00	5.98	8.00	8.00
LIFE INSURANCE						
Total	39,132.75	43,818.51	40,179.00	34,686.24	42,868.00	42,592.00
201.23.7156.52000						
MATERIALS & SERVICES						
201.23.7156.52398	1,597.35	1,777.00	1,800.00	1,082.72	2,000.00	2,000.00
ADMINISTRATIVE COST						
201.23.7156.52910	0.00	0.00	200.00	0.00	200.00	0.00
SUPPLIES - OFFICE						

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7156 WATER

<u>Account Number</u>		<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
Total	MATERIALS & SERVICES	1,597.35	1,777.00	2,000.00	1,082.72	2,200.00	2,000.00
Total	WATER	40,730.10	45,595.51	42,179.00	35,768.96	45,068.00	44,592.00

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NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7158 BABIES FIRST

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7158.51000						
PERSONAL SERVICES						
201.23.7158.51176	0.00	1,703.33	1,646.00	1,468.45	1,728.00	1,728.00
FINANCE MANAGER						
201.23.7158.51177	1,451.19	2,976.30	354.00	182.68	0.00	0.00
PROGRAM SECRETARY						
201.23.7158.51178	2,932.37	1,596.95	1,089.00	1,188.95	2,857.00	2,857.00
PROGRAM SUPERVISOR						
201.23.7158.51180	20,123.45	31,043.91	33,696.00	28,000.27	33,246.00	38,309.00
COMMUNITY HEALTH WORKER						
201.23.7158.51182	0.00	894.82	284.00	414.27	568.00	568.00
ACCOUNTING CLERK						
201.23.7158.51186	0.00	0.00	2,838.00	3,389.12	4,679.00	4,679.00
EXECUTIVE ASSISTANT						
201.23.7158.51191	271.56	24.30	0.00	0.00	0.00	0.00
BILLING CLERK						
201.23.7158.51192	48,693.96	50,033.42	57,185.00	48,027.64	63,828.00	64,916.00
PHN II						
201.23.7158.51621	0.00	13.75	12.00	13.00	30.00	30.00
CELL PHONE ALLOWANCE						
201.23.7158.51640	832.50	1,079.38	1,256.00	1,000.41	1,165.00	1,262.00
LONGEVITY						
201.23.7158.51701	4,924.54	5,971.47	6,631.00	5,781.75	7,411.00	7,927.00
FICA						
201.23.7158.51703	687.40	758.21	852.00	29.67	119.00	127.00
UNEMPLOYMENT INSURANCE						
201.23.7158.51705	398.32	408.91	455.00	377.25	496.00	523.00
WORKERS COMP						
201.23.7158.51721	10,275.97	14,435.13	16,021.00	13,871.16	22,282.00	23,435.00
PERS						
201.23.7158.51729	22,151.16	27,712.29	29,914.00	25,654.23	33,759.00	32,952.00
HEALTH INSURANCE						
201.23.7158.51730	1,002.17	1,257.20	1,369.00	1,151.16	1,458.00	1,435.00
DENTAL INSURANCE						
201.23.7158.51732	371.32	444.84	433.00	428.27	482.00	510.00
LTD						
201.23.7158.51733	11.43	32.87	32.00	27.79	35.00	37.00
LIFE INSURANCE						
Total	114,127.34	140,387.08	154,067.00	131,006.07	174,143.00	181,295.00
201.23.7158.52000						
MATERIALS & SERVICES						
201.23.7158.52334	60,000.00	83,000.00	70,000.00	40,900.00	63,000.00	63,000.00
TCM & MAC MATCH						
201.23.7158.52398	6,595.92	8,169.00	8,000.00	5,952.50	10,000.00	10,000.00
ADMINISTRATIVE COST						
201.23.7158.52658	327.33	279.41	0.00	242.52	300.00	300.00
COPIER LEASE & MAINT						
201.23.7158.52910	127.67	78.02	100.00	72.87	100.00	100.00
SUPPLIES - OFFICE						

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7158 BABIES FIRST

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
Total MATERIALS & SERVICES	67,050.92	91,526.43	78,100.00	47,167.89	73,400.00	73,400.00
Total BABIES FIRST	181,178.26	231,913.51	232,167.00	178,173.96	247,543.00	254,695.00

201 PUBLIC HEALTH FUND
23 PUBLIC HEALTH
7159 OREGON MOTHERS CARE

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7159.51000 PERSONAL SERVICES						
201.23.7159.51180 COMMUNITY HEALTH WORKER	7,317.57	7,313.75	7,426.00	6,186.22	7,426.00	7,426.00
201.23.7159.51640 LONGEVITY	240.00	240.00	240.00	200.00	240.00	240.00
201.23.7159.51701 FICA	471.58	469.63	480.00	393.34	466.00	467.00
201.23.7159.51703 UNEMPLOYMENT INSURANCE	66.98	59.68	62.00	2.70	8.00	8.00
201.23.7159.51705 WORKERS COMP	33.81	29.75	32.00	25.31	32.00	32.00
201.23.7159.51721 PERS	1,117.04	1,409.47	1,430.00	1,191.71	1,884.00	1,883.00
201.23.7159.51729 HEALTH INSURANCE	3,043.12	3,137.06	3,244.00	2,785.15	3,637.00	3,637.00
201.23.7159.51730 DENTAL INSURANCE	116.92	116.44	120.00	97.01	118.00	118.00
201.23.7159.51732 LTD	38.06	37.91	39.00	32.11	39.00	39.00
201.23.7159.51733 LIFE INSURANCE	0.14	2.58	2.00	1.95	2.00	2.00
Total PERSONAL SERVICES	12,444.94	12,816.27	13,075.00	10,915.50	13,852.00	13,852.00
201.23.7159.52000 MATERIALS & SERVICES						
201.23.7159.52398 ADMINISTRATIVE COST	781.03	1,006.00	800.00	540.86	800.00	800.00
201.23.7159.52910 SUPPLIES - OFFICE	63.00	19.11	50.00	0.00	50.00	50.00
Total MATERIALS & SERVICES	844.03	1,025.11	850.00	540.86	850.00	850.00
Total OREGON MOTHERS CARE	13,288.97	13,841.38	13,925.00	11,456.36	14,702.00	14,702.00

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7500 PASS THROUGH

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7500.52000 MATERIALS & SERVICES						
201.23.7500.52336 DEQ PAYMENT	12,000.00	11,258.00	10,000.00	11,300.00	15,000.00	15,000.00
Total MATERIALS & SERVICES	12,000.00	11,258.00	10,000.00	11,300.00	15,000.00	15,000.00
Total PASS THROUGH	12,000.00	11,258.00	10,000.00	11,300.00	15,000.00	15,000.00

05/04/2017 4:24PM

NORTH CENTRAL PUBLIC HEALTH DISTRICT

201 PUBLIC HEALTH FUND
 23 PUBLIC HEALTH
 7999 NON-DEPARTMENTAL

<u>Account Number</u>	<u>2015 Actuals</u>	<u>2016 Actuals</u>	<u>2017 Adopted</u>	<u>2017 Actuals</u>	<u>2018 Dept Request</u>	<u>2018 Dept Revision</u>
201.23.7999.57000 CONTINGENCY						
201.23.7999.57201 CONTINGENCY	0.00	0.00	61,500.00	0.00	0.00	14,187.00
Total CONTINGENCY	0.00	0.00	61,500.00	0.00	0.00	14,187.00
201.23.7999.59000 UNAPPROPRIATED						
201.23.7999.59201 UNAPPROPRIATED	0.00	0.00	160,000.00	0.00	160,000.00	160,000.00
201.23.7999.59299 RESERVE FOR VEHICLE	0.00	0.00	20,000.00	0.00	0.00	0.00
Total UNAPPROPRIATED	0.00	0.00	180,000.00	0.00	160,000.00	160,000.00
Total NON-DEPARTMENTAL	0.00	0.00	241,500.00	0.00	160,000.00	174,187.00
Total PUBLIC HEALTH	1,982,606.72	1,863,908.98	2,374,117.00	1,734,804.94	2,363,934.00	2,328,855.00
Total PUBLIC HEALTH FUND	1,982,606.72	1,863,908.98	2,374,117.00	1,734,804.94	2,363,934.00	2,328,855.00
Grand Total	1,982,606.72	1,863,908.98	2,374,117.00	1,734,804.94	2,363,934.00	2,328,855.00

Recap Report	2017						
	Adj. Est.	3/31/17 YTD	EST YE	Balance	Prct Rcvd		
201 PUBLIC HEALTH FUND							
201.00 NON-DEPARTMENTAL RESOURCES							
201.00.1201 BEG FUND BALANCE							
BUD	350,000.00						
ACT			379,585.00		1.08		
201.00 INTEREST EARNED & SAIF	1500	4754.25	5,654.00				
	351,500.00		385,239.00	Audited Beg. Bal. plus int. & SAIF Dividend			
Grand Total REVENUE	2,374,117	1,477,631	1,987,198	386,919	83.70%		
Grand Total EXP	2,374,117	1,550,532	2,070,871	303,246	87.23%		
		-72,901.03	-83,672	Est. Balance REV - EXP			
March outstanding revenue							
TCM	11,000						
MAC Fall Qtr	17,701						
	28,701						
ESTIMATED ENDING BALANCE			301,567				
The change from the year end estimated balance reported earlier is due to a combination of things. Some programs such as Immunization and Family Planning will not realize as high of a negative balance as projected and some grants will not be spent out by the end of June. Grant balances will be carried over into the new fiscal year.							
The \$241,500 beginning balance amount in the Revenue Flexsheet is the total of 2017 budgeted contingency, unappropriated, and reserve for vehicle. The actual budgeted beginning balance will be determined when restricted grants carryover balances are known. The grants are the Knight Grant, MRC, and Homeland Security.							

NCPHD
Accounts Payable Checks
Issued - April 2017

Check Date	Check Number	Vendor Name	Amount
4/10/2017	351	IRS	\$11,796.94
4/10/2017	352	ASIFLEX	\$345.00
4/10/2017	353	P E R S	\$9,662.15
4/10/2017	354	OREGON STATE, DEPT OF REVENUE	\$2,751.61
Reserved in Que	355	OREGON STATE, EMPLOYMENT DEPT	Accuring Apr-Jun
4/25/2017	356	IRS	\$11,132.89
4/25/2017	357	ASIFLEX	\$345.00
Reserved in Que	358	P E R S	\$9,892.48
4/25/2017	359	OREGON STATE, DEPT OF REVENUE	\$2,585.26
4/4/2017	11777	CIS TRUST	\$29,240.04
4/4/2017	11778	OFFICE MAX INCORPORATED	\$610.31
4/4/2017	11779	OPTIMIST PRINTERS	\$2,574.56
4/4/2017	11780	OREGON STATE, DEPT OF ENVIRONMENTAL OUA	\$1,500.00
4/4/2017	11781	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00
4/4/2017	11782	PALMER, JANE	\$420.00
4/4/2017	11783	RICOH USA INC.	\$152.80
4/4/2017	11784	SATCOM GLOBAL INC.	\$57.70
4/4/2017	11785	STAEHNKE, DAVID	\$137.61
4/4/2017	11786	U.S. CELLULAR	\$343.76
4/4/2017	11787	US BANK	\$5,080.28
4/4/2017	11788	WASCO COUNTY	\$488.91
4/12/2017	11789	ADAM KNOPF DBA, ADAMS AUTO	\$614.44
4/12/2017	11790	BEERY ELSNER & HAMMOND LLP	\$708.75
4/12/2017	11791	BICOASTAL MEDIA LLC, BICOASTAL COLUMBIA RIVER	\$288.00
4/12/2017	11792	CYTOCHECK LABORATORY LLC	\$95.00
4/12/2017	11793	DEVIN OIL CO INC.	\$144.06
4/12/2017	11794	H2OREGON BOTTLED WATER INC.	\$67.00
4/12/2017	11795	INTERPATH LABORATORY INC.	\$20.11
4/12/2017	11796	NELSON TIRE FACTORY DBA, GILL'S POINT S	\$465.15
4/12/2017	11797	OFFICE MAX INCORPORATED	\$21.85
4/12/2017	11798	STAPLES ADVANTAGE	\$294.08
4/12/2017	11799	SUSTAINABLE SUPPLY LLC	\$679.95
4/12/2017	11800	THE DALLES CHRONICLE	\$180.00
4/12/2017	11801	WAMPINROCK NEWS	\$43.75
4/12/2017	11802	CA STATE DISPURSEMENT UNIT	\$231.50
4/12/2017	11803	NATIONWIDE RETIREMENT SOLUTION	\$1,125.00
4/19/2017	11804	AHLERS & ASSOCIATES	\$860.00
4/19/2017	11805	EDUCATIONAL MESSAGE, SERVICES INC	\$3,995.00
4/19/2017	11806	OPTIMIST PRINTERS	\$575.00
4/19/2017	11807	PARAGARD DIRECT	\$1,279.40
4/19/2017	11808	QWIK CHANGE LUBE CENTER INC.	\$39.95
4/19/2017	11809	THERA COM INC	\$1,641.90

PAYROLL A/P (EFT)

PAYROLL A/P

4/19/2017	11810	UPS	\$103.20
4/26/2017	11811	CIS TRUST	\$25.00
4/26/2017	11812	FRIENDS OF CROSS, COUNTRY	\$195.00
4/26/2017	11813	HENRY THE HAND FOUNDATION	\$1,818.00
4/26/2017	11814	OREGON STATE, DEPT OF HUMAN SERVICES	\$29.00
4/26/2017	11815	RUIZ, YARED	\$36.00
			\$108,693.39

NCPHD Board of Health authorizes check numbers 11777 - 11815 and payroll EFT numbers 351 - 359 totalling \$108,693.39.

Signature _____

Date: _____

Printed Name _____

NACCHO

National Association of County & City Health Officials

Medical Reserve Corps 2017 Challenge Award

3/15/2017

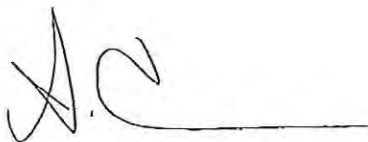
Attached is a copy of the final contract between your MRC Unit and the National Association of County and City Health Officials (NACCHO), along with your 2016 Challenge Award check. Congratulations and good luck with your Challenge award project.

As a reminder your MRC unit has agreed to the following actions as a condition of accepting this award:

- Use your MRC Challenge Award funds as described in your award application and budget. Ensure that your budget is expended in accordance with all applicable guidelines, laws and executive orders, and the timeline in your project proposal. Monies under this award **shall not be used** for food or beverages, incentives/give-away/swag or promotional items.
- Any changes to your proposed budget in excess of 10% of the overall budget must be approved by NACCHO first. All budget modification requests must be emailed to mrc@naccho.org. You should submit a copy of your initial budget, a narrative with a brief explanation of where you are moving money from/to, and a date by which you will execute the work as you have proposed in your revision. We strongly recommend you use the "read receipt" feature and keep copies of all communications in your funding file.
- Update your unit's profile on the Medical Reserve Corps Program website, <https://mrc.hhs.gov>, (including contact information, volunteer numbers, unit activities, and additional unit information) quarterly in alignment with the Federal fiscal calendar (Q1: October 1 – December 31, Q2: January 1 – March 31, Q3: April 1 – June 30 and Q4: July 1 – September 30).
- Participate in a Technical Assistance (TA) Assessment, when requested to do so by an MRC Regional Coordinator.
- Participate in special MRC projects (e.g., Network Profile Study, evaluations, surveys, etc.), when requested to do so by NACCHO.
- Provide NACCHO an initial project report by 1 June 2017 and a final project no later than 1 April 2018. Report formats will be sent out by NACCHO at least 30 days prior to the due dates.

Thank you for your support and commitment to the Medical Reserve Corps mission.

Sincerely,



A Chevelle Glymph, MPH, CPM

Director, Community Preparedness and Resilience

National Association of County and City Health Officials (NACCHO)

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

CONTRACT # MRC 17- 2464

This Agreement is entered into, effective as of the date of the later signature indicated below (the "Effective Date"), by and between the **National Association of County and City Health Officials** ("NACCHO"), with its principal place of business at 1100 17th St., N.W., 7th Floor, Washington, DC 20036, and **North Central Public Health District** ("Organization"), with its principal place of business at 419 E 7th St., The Dalles, OR 97058.

WHEREAS, NACCHO has received a grant from the Department of Health and Human Services (Grant 5 HITEP150032-02-00, CFDA # 93.008) (the "Grant") to build the capacity of local Medical Reserve Corps ("MRC") units;

WHEREAS, pursuant to the terms of the Grant, NACCHO has agreed, among other things, to provide support to MRC units and to encourage these units to provide certain information to The Office of the Assistant Secretary of Preparedness and Response, Medical Reserve Corps Program ("MRC Program");

WHEREAS, Organization either houses or is itself an MRC unit that is registered in good standing with the MRC Program;

WHEREAS, pursuant to the terms of the Grant, NACCHO desires to provide funding to Organization in exchange for Organization agreeing, among other things, to undertake the activities indicated in their capacity building application or oversee such activities and to provide certain information to the MRC Program.

NOW, THEREFORE, NACCHO and Organization, intending to be legally bound, in consideration of the promises and mutual covenants and obligations contained herein, hereby agree as follows:

1. **FIXED PRICE AGREEMENT:** This is a fixed price subcontract agreement. The subcontractor will be paid on the fixed price negotiated.
2. **ORGANIZATION'S OBLIGATIONS:** In consideration for the payment described in Section 3, below, Organization agrees, during the Term of this Agreement, to be an MRC Unit in Good Standing by meeting the following criteria below. If Organization houses an MRC Unit, Organization will ensure that the unit is an MRC Unit in Good Standing by meeting the following criteria below.
 - a. Have 501c(3) or comparable status or be housed in an organization capable of and willing to receive federal funds on its behalf;
 - b. Monitors and provide updates to the MRC Unit's profile on the MRC Program web

National Association of County and City Health Officials

AGREEMENT

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- c. Provides the MRC Program with regular updates of programs and plans;
 - d. Actively works towards National Incident Management System ("NIMS") compliance;
 - e. Agrees to participate in MRC Unit Technical Assistance assessments;
 - f. Utilizes MRC Challenge Award funds for approved purposes, and as indicated in their award application;
 - g. Maintains Registered status with the MRC Program; and
 - h. Agrees to complete program/event/activity evaluations provided by NACCHO as stated in letter of notification.
3. TERM OF AGREEMENT: The term of the Agreement shall be begin on January 30, 2017 and shall continue until March 31, 2018 (the "Term").
4. PAYMENT FOR SERVICES: In consideration for the agreements by Organization set forth in Section 1, above, NACCHO shall pay Organization Thirteen Thousand Dollars (\$13,000). Payment will be made before the expiration of the Term of the Agreement.
4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Organization may not assign this Agreement nor delegate any duties herein without the expressed written approval of NACCHO.
6. INTERFERING CONDITIONS: Organization shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Organization's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Organization of said duties and responsibilities under this Agreement.
7. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Organization, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Organization and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

8. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties and supersedes and replaces any and all previous understandings, commitments, or agreements, oral or written.
9. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, that part, term or provision shall be restated to effectuate the parties' intentions, and the validity of the remaining portions or provisions shall not be affected.
10. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law rules).
11. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Organization's use of funds under this Agreement is subject to the directives of and full compliance with 45 CFR. Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations) and 45 CFR Part 200 (Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards). It is the Organization's responsibility to understand and comply with all requirements set forth therein.
12. DEBARRED OR SUSPENDED ORGANIZATIONS: Pursuant to 45 CFR Part 74 , Organization certifies to the best of its knowledge that it is not presently and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
13. AUDITING: Organization agrees to permit independent auditors to have access to its books, records and financial statements for the purpose of monitoring compliance with this contract.
14. NOTICE: All notices under this Agreement shall be in writing and shall be sent via facsimile and first class mail, postage prepaid, to the addresses below. Either party may update its address by providing written notice to the other party pursuant to the terms of this provision.

FOR NACCHO:

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

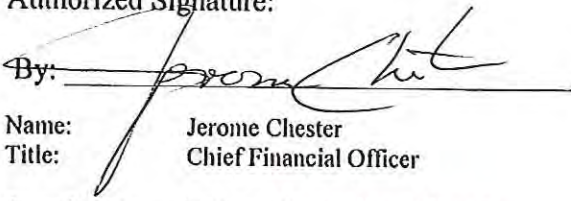
National Association of County and City Health Officials
Attn: NACCHO MRC Team
1100 17th Street, N.W., 7th Floor
Washington, DC 20036
Tel. (202) 783-5550
Fax (202) 783-1583
Email: mrc@naccho.org

TO ORGANIZATION:
North Central Public Health District
Teri Thalhofer
419 E 7th St.
The Dalles, OR 97058
Tel: 541-506-2614

15. AUTHORITY TO BIND PARTY: Each party hereby represents and warrants that the person signing this Agreement on its behalf as the authority to bind such party.

NACCHO:

Authorized Signature:

By: 

Name: Jerome Chester
Title: Chief Financial Officer

Organization: National Association of County
City Health Officials

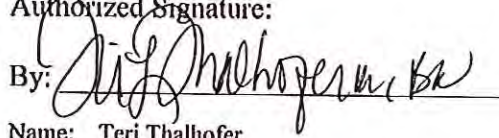
Address: 1100 17th Street, NW
7th Floor
Washington, DC 20036

Phone: 202-507-4264
Fax: 202-783-1583
EIN: 52-1426663

Date: 03/21/2017

ORGANIZATION:

Authorized Signature:

By: 

Name: Teri Thalhofer
Title:

Organization: North Central Public Health and
District

Address: 419 E 7th St.
The Dalles, OR 97058

Phone: 541-506-2600
Fax: 541-506-2601
EIN: 46-1790232
DUN:

Date: 31/2017

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that **North Central Public Health District** has not been debarred or suspended pursuant to OMB Circular A-110 and will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689 "Debarment and Suspension."

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>[Handwritten Signature]</i>	TITLE <i>Director</i>
ORGANIZATION <i>North Central Public Health District</i>	DATE SIGNED <i>3/1/2017</i>

Crystal J. Young-Cole

From: Gloria Perry <gloriap@co.wasco.or.us>
Sent: Wednesday, March 22, 2017 2:37 PM
To: Crystal J. Young-Cole
Subject: MRC Challenge Award - \$13,000.00

Hello, Crystal,

As per our discussion this email is to advise you that North Central Public Health District is no longer a part of Wasco County. We became our own entity in January 2014.

Please let me know if you need any further information.

Thank you, Gloria

--
Gloria Perry
Executive Assistant
North Central Public Health District
419 E. 7th St
The Dalles, OR 97058
gloriap@co.wasco.or.us
Phone: 541-506-2626
Fax: 541-506-2601

www.ncphd.org

[facebook](#) | [twitter](#)



Grant Agreement Number 153478

**STATE OF OREGON
INTERGOVERNMENTAL GRANT AGREEMENT**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Agreement is between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA," and

**North Central Public Health District
419 E. 7th Street
The Dalles, OR 97058
Contact: Tanya Wray
Telephone: 541-506-2601
E-mail address: tanyaw@co.wasco.or.us**

hereinafter referred to as "Recipient."

The Program to be supported under this Agreement relates principally to OHA's

**Public Health Division (PHD)
Health Security, Preparedness, and Response Program
State Emergency Registry of Volunteers in Oregon (SERV-OR)
800 NE Oregon Street, Suite 465B
Portland, OR 97232
Grant Administrator: Eric Gebbie or delegate
Phone: 971.673.0709
Fax: 971.673.1309
E-mail: eric.n.gebbie@state.or.u**

1. Effective Date and Duration.

This Agreement shall become effective on the date this Agreement has been approved by the Department of Justice or on January 1, 2017, whichever date is later and regardless of the date it is actually signed by all other parties. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on July 31, 2017. Agreement termination shall not extinguish or prejudice OHA’s right to enforce this Agreement with respect to any default by Recipient that has not been cured.

2. Agreement Documents.

a. This Agreement consists of this document and includes the following listed exhibits which are incorporated into this Agreement:

- (1) Exhibit A, Part 1: Program Description
- (2) Exhibit A, Part 2: Payment and Financial Reporting
- (3) Exhibit A, Part 3: Budget
- (4) Exhibit A, Part 4: Special Terms and Conditions
- (5) Exhibit B: Standard Terms and Conditions
- (6) Exhibit C: Insurance Requirements
- (7) Exhibit D: Required Federal Terms and Conditions
- (8) Exhibit E: Reserved
- (9) Exhibit F: Information Required by 2 CFR Subtitle B with guidance at 2 CFR Part 200

There are no other Agreement documents unless specifically referenced and incorporated in this Agreement.

b. In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedence shall control. The documents comprising this Agreement shall be in the following descending order of precedence: this Agreement less all exhibits, Exhibits D, B, A, C, and F.

3. Grant Disbursement Generally.

4. The maximum not-to-exceed amount payable to Recipient under this Agreement, which includes any allowable expenses, is \$6,000.00. OHA will not disburse grant to Recipient in excess of the not-to-exceed amount and will not disburse grant until this Agreement has been signed by all parties. OHA will disburse the grant to Recipient as described in Exhibit A.

5. Vendor or Sub-Recipient Determination.

In accordance with the State Controller’s Oregon Accounting Manual, policy 30.40.00.102, OHA’s determination is that:

Recipient is a sub-recipient Recipient is a vendor Not applicable

Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Agreement: **93.069**

6. **Recipient Data and Certification.**

a. **Recipient Information.** Recipient shall provide the information set forth below.

Please print or type the following information

Recipient Name (exactly as filed with the IRS): North Central Public
Health District
Street address: 419 E. Seventh St.
City, state, zip code: The Dalles, OR 97058
Email address: Kathin@co.wasco.or.us
Telephone: (541) 506-2600 Facsimile: (541) 506-2601
Federal Employer Identification Number: 46-1790232

Proof of Insurance:

Workers' Compensation Insurance Company: SAIF
Policy #: 785322 Expiration Date: 6-30-2017

The above information must be provided prior to Agreement execution. Recipient shall provide proof of insurance upon request by OHA or OHA designee.

b. **Certification.** The Recipient acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any "claim" (as defined by ORS 180.750) that is made by (or caused by) the Recipient and that pertains to this Agreement or to the project for which the grant activities are being performed. The Recipient certifies that no claim described in the previous sentence is or will be a "false claim" (as defined by ORS 180.750) or an act prohibited by ORS 180.755. Recipient further acknowledges that in addition to the remedies under this Agreement, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Recipient. Without limiting the generality of the foregoing, by signature on this Agreement, the Recipient hereby certifies that:

- (1) Under penalty of perjury the undersigned is authorized to act on behalf of Recipient and that Recipient is, to the best of the undersigned's knowledge, not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means a state tax imposed by ORS 320.005 to 320.150 and 403.200 to 403.250 and ORS chapters 118, 314, 316, 317, 318, 321 and 323 and the elderly rental assistance program under ORS 310.630 to 310.706 and local taxes administered by the Department of Revenue under ORS 305.620;
- (2) The information shown in this Section 5., Recipient Data and Certification, is Recipient's true, accurate and correct information;
- (3) To the best of the undersigned's knowledge, Recipient has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;

- (4) Recipient and Recipient's employees and agents are not included on the list titled "Specially Designated Nationals" maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>;
 - (5) Recipient is not listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal procurement or Non-procurement Programs" found at: <https://www.sam.gov/portal/public/SAM/>; and
 - (6) Recipient is not subject to backup withholding because:
 - (a) Recipient is exempt from backup withholding;
 - (b) Recipient has not been notified by the IRS that Recipient is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (c) The IRS has notified Recipient that Recipient is no longer subject to backup withholding.
- c. Recipient is required to provide its Federal Employer Identification Number (FEIN) to OHA. By Recipient's signature on this Agreement, Recipient hereby certifies that the FEIN provided to OHA is true and accurate. If this information changes, Recipient is also required to provide OHA with the new FEIN within 10 days.

RECIPIENT, BY EXECUTION OF THIS AGREEMENT, HEREBY ACKNOWLEDGES THAT RECIPIENT HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

7. Signatures. This Agreement and any subsequent amendments may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Agreement and any amendments so executed shall constitute an original.

North Central Public Health District

By: [Signature] Director 3/21/2017
Authorized Signature Title Date

State of Oregon acting by and through its Oregon Health Authority

By: [Signature] Center Administrator 3.28.17
Authorized Signature Title Date

Approved for Legal Sufficiency:

Exempt per OAR 137-045-0030(1)(a)
Assistant Attorney General Date

Reviewed by Program Support Manager:

[Signature] Program Support Manager 3/28/17
Authorized Signature Title Date

Office of Contracts and Procurement:

[Signature] Daniëlle Pompe, Contract Specialist Print Name Date
Signature

EXHIBIT A

Part 1

Program Description

Recipient shall:

- 1.** Purchase only the goods or services outlined in Exhibit A, Part 3, Budget, except when authorized according to the procedures set forth in Exhibit A, Part 2, Section 2, "Expenditure of Grant Funds."
- 2.** Submit two Status Reports summarizing the status of awarded funds, due on February 15, 2017 and April 15, 2017.
- 3.** Make every effort to obligate or expend funds on or before April 15, 2017. If funds are not spent or obligated by that date, OHA may reduce the amount of this Grant Agreement through formal amendment process as described in Exhibit B, Section 19, "Amendments; Waiver; Consent." On or after April 15, 2017, OHA may initiate this amendment process by sending a Notice of Reallocation advising Recipient of the reduced grant amount. No expenses incurred after the date of the notice will be considered for reimbursement, regardless of the date that the formal amendment is executed.
- 4.** Submit the final Reimbursement Request and copies of actual receipts to OHA no later than July 31, 2017, unless extended in writing by OHA. All expenditures must be completed by June 30, 2017.

EXHIBIT A

Part 2

Payment and Financial Reporting

1. Disbursement of Grant Funds.

- a. **Disbursement Generally.** Subject to Section 1.b, OHA will disburse grant funds to Recipient upon OHA's approval of a completed Reimbursement Request. The Request shall include details of all planning, training, and exercises along with copies of original receipts for travel, supplies, and equipment. The Reimbursement Request must be received by OHA within 90 days following the actual expenditures, unless extended in writing by OHA. All expenses shall be incurred in the most cost effective manner resulting in the best value for the state. All costs are included in, and not in addition to, the total amount of this Grant Agreement.
- b. **Travel and Related Costs.** OHA will reimburse Recipient for travel and related costs such as meals and accommodations, and any other costs that provide direct benefit to the Program as described in Exhibit A, Part 1. Costs will be reimbursed at state rates in effect at the time the expenses are incurred and only when meeting the requirements of 45 CFR Part 75, as applicable.
- c. **Conditions Precedent to Disbursement.** OHA's obligation to disburse any grant funds to Recipient under this Agreement is subject to satisfaction of each of the following conditions precedent:
 - (1) OHA has received sufficient funding, appropriations, and other expenditure authorizations to allow OHA, in the exercise of its reasonable administrative discretion, to make the disbursement. Nothing in this Agreement is to be construed as permitting any violation of Article XI, Section 7 of the Oregon Constitution or any other law regulating liabilities or monetary obligations of the State of Oregon;
 - (2) No default as described in Exhibit B, Section 8, "Default; Remedies; Termination," has occurred; and
 - (3) OHA has received from Recipient a Reimbursement Request acceptable to OHA and further described in Section 1.a. above.

2. **Expenditure of Grant Funds.** Recipient may expend the grant funds solely to cover costs necessarily incurred by Recipient in performing the activities of this Grant Agreement and subject to any restrictions imposed by other provisions of this Agreement or by applicable law.

3. Recipient may expend grant funds only for allowable costs. "Allowable Costs" are expenditures made in accordance with the line-item budget approved by OHA and shown in the attached Exhibit A, Part 3, Budget **Final Report**. Recipient must submit a final report to OHA no later than September 30, 2017. This report shall include the following elements (template will be provided by OHA):

- a. List of each objective or outcome in the original proposal, plus a short explanation of how this objective was or was not met.
- b. Final accounting of how funds were spent.
- c. In addition, Recipient must report activities through the regular reporting mechanism on the Medical Reserve Corps website, or if the website is unavailable, on the Excel template provided by the Department of Health and Human Services' Regional MRC Coordinator.

EXHIBIT A

Part 3

Budget

Budget Template Part 1 of 2

	Proposed		Total	
	Annual Salary	% FTE	Subtotal	
PERSONNEL				\$0.00
<i>(Position Title and Name)</i>	\$0	0.00%		\$0
Brief description of activities:				
	\$0	0.00%		\$0
Fringe Benefits @ ()% of describe rate or method				\$0
TRAVEL				\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)	\$0			\$0
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	\$0			\$0
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)				\$0
				\$0
				\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)				\$0
Hand-washing Kits (to include such things as charts, nail brushes, static clings, stickers), demonstration items (to include such things as bottled water, tubs, soap, hand-washing timer), Henry the hand t-shirts for volunteers and prizes, other prizes (to include tattoos, bracelets, etc.), prize wheel with case, table runner(s) and banner(s).	\$3,260			\$0
				\$0
CONTRACTUAL (list each Contract separately and provide a brief				\$0
Henry the Hand costume rental	\$240			\$0
				\$0
OTHER				\$0
	\$0			\$0
	\$0			\$0
	\$0			\$0
TOTAL DIRECT CHARGES				\$0
TOTAL INDIRECT CHARGES @ % of Direct Expenses:	\$0			\$0
TOTAL BUDGET:				\$3,500

Date, Name and phone number of person who prepared budget
12/2/16 Tanya Wray 541-506-2631

**Medical Reserve Corps
Mini Grants**

Project Description Part 1 of 2

MRC Unit	Wasco Co MRC
MRC Housing Organization	North Central Public Health District
Unit Coordinator Name	Tanya Wray
Unit Coordinator Phone Number	541-506-2631
Unit Coordinator Email	tanyaw@co.wasco.or.us
Contact Person, if different	Same
Title of Project	Infection Prevention Community Outreach Project Henry The Hand - Champion
Amount Requested	\$3,500
Is this a joint application with another MRC unit? If so, which	No
Will you request that the state manage your funds?	No
Briefly describe the project, stating its goals, activities, and desired outcome. If you are requesting funds to purchase supplies, please state how they will be used and what goal they will serve.	<p>At the Children’s Fair in May, 2017, Wasco Co. MRC will participate with a Henry The Hand display/activity, etc. encouraging kids that attend to become Champion Handwashers! The goal is to teach the importance of routine hand washing to the kids of our community in an effort to stop the spread of infectious disease. We will have a volunteer in a Henry the Hand costume, teach hand-washing at stations set-up with a timer, encourage them through a prize opportunity and reinforce by sending them each home with a hand-washing kit.</p> <p>We will advertise our participation and the “hand-washing as a means of preventing infection” message through local media, as well.</p> <p>We will purchase booth items, such as a banner, table-runners, etc. for use at this event, as well as future MRC events.</p>

Project Timeline Worksheet Part 1 of 2

Mid-December 2016 Recipients notified of awards
February 15, 2017 Status report due to OHA
April 15, 2017 Status report due to OHA; expectation that all funds will be obligated or expended by this date
June 30, 2017 All funds must be expended by this date
July 31, 2017 Last day to submit expenses for reimbursement to OHA

Date	Proposed Activity or Status
By February 15, 2017	Purchase most items Begin planning with MRC members Begin adverting event & hand-washing message through PSA's Submit expenses
February 15, 2017	Status report to OHA
March, 2017	Finalize purchases Finalize planning with MRC members Continue adverting event & hand-washing message through PSA's Submit any additional expenses
April 15, 2017	Status report to OHA
May 2017	Conduct Event Follow-up with MRC members to determine what went well, what could be improved upon.
June 30, 2017	All funds expended Submit any remaining expenses
July 31, 2017	Last day to submit expenses

Budget Template Part 2 of 2

	Proposed		Actual	Total
	Annual	% FT	Subtotal	
PERSONNEL				\$0.00
<i>(Position Title and Name)</i>	\$0	0.00%		\$0
Brief description of activities:				
	\$0	0.00%		\$0
Fringe Benefits @ ()% of describe rate or method				\$0
TRAVEL				\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)	\$0			\$0
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	\$0			\$0
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)				\$0
				\$0
				\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)				\$0
Supplies for MRC First-Aid Tent, including (but not limited to) banner, linens, etc. for booth, first-aid supplies, and possibly MRC uniforms (t-shirts, sweatshirts)	\$2,500			\$2,500
				\$0
				\$0
CONTRACTUAL (list each Contract separately and provide a brief				\$0
				\$0
				\$0
OTHER				\$0
	\$0			\$0
	\$0			\$0
TOTAL DIRECT CHARGES				\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses:	\$0			\$0
TOTAL BUDGET:				\$2,500

Date, Name and phone number of person who prepared budget
 12/29/16, Tanya Wray, 541-506-2631

**Medical Reserve Corps
Mini Grants**

Project Description Part 2 of 2

MRC Unit	Wasco County MRC (Unit #2464)
MRC Housing Organization	North Central Public Health District
Unit Coordinator Name	Tanya Wray
Unit Coordinator Phone Number	541-506-2631
Unit Coordinator Email	tanyaw@co.wasco.or.us
Contact Person, if different	
Title of Project	MRC First-Aid Tent Project
Amount Requested	\$2,500
Is this a joint application with another MRC unit? If so, which	No
Will you request that the state manage your funds?	No
Briefly describe the project, stating its goals, activities, and desired outcome. If you are requesting funds to purchase supplies, please state how they will be used and what goal they will serve.	<p>I received a State Homeland Security Grant to purchase a trailer, tent and first-aid supplies. We have drilled set up of the tent.</p> <p>In the next few months, we will drill set-up of the tent with the current supplies and expect this to reveal what supplies are needed to continue with this project.</p>

Project Timeline Worksheet Part 2 of 2

Mid-December 2016 Recipients notified of awards
February 15, 2017 Status report due to OHA
April 15, 2017 Status report due to OHA; expectation that all funds will be obligated or expended by this date
June 30, 2017 All funds must be expended by this date
July 31, 2017 Last day to submit expenses for reimbursement to OHA

Date	Proposed Activity or Status
By 2-28-17	Drill set-up of first-aid tent and supplies with MRC volunteers
By 3-15-17	Determine supplies needed
By 4-15-17	Order all supplies
By 6-30-17	Expend all funds

EXHIBIT A

Part 4

Special Terms and Conditions

This Agreement is funded through a federal grant which contains additional federal requirements that must be met by Recipient. Notwithstanding Exhibit D, Federal Terms and Conditions, the Recipient must also comply with the following regulations to the extent that they are applicable to this Agreement, to Recipient, to the grant activities, or to any combination of the foregoing. For purposes of this Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. Funding Restrictions and Limitations:

- a. Recipients cannot use funds for fund raising activities or lobbying.
- b. Recipients cannot use funds for research.
- c. Recipients cannot use funds for major construction or major renovations.
- d. Recipients cannot use funds for clinical care.
- e. Recipients cannot use funds to acquire real property such as land, land improvements, structures, and appurtenances thereto. In addition, activities under individual grants that constitute major renovation of real property or purchase of a trailer or modular unit that will be used as real property may be charged to HHS grants only with specific statutory authority and GMO approval.
- f. Recipients cannot use funds for reimbursement of pre-award costs.
- g. Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- h. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- i. Payment or reimbursement of backfilling cost for staff, including healthcare personnel for exercises, is not allowed.

2. Cost Limitations as Stated in the Consolidated and Further Continuing Appropriations Act, 2015:

- a. **Cap on Salaries** (Div. G, Title II, Sec. 203): None of the funds appropriated under this Agreement shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.
Note: The salary rate limitation does not restrict the salary that Recipient may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.
- b. **Gun Control Prohibition** (Div. G, Title II, Sec. 217): None of the funds made available in this Agreement may be used, in whole or in part, to advocate or promote gun control.
- c. **Needle Exchange** (Div. G, Title V, Sec. 521): Notwithstanding any other provision of this Agreement, no funds appropriated in this Agreement shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- d. **Blocking access to pornography** (Div. G, Title V, Sec. 526): (a) None of the funds made available in this Agreement may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law

enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

- e. **Rent or Space Costs:** Grantees are responsible for ensuring that all costs included in this Agreement to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply, including 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award. This provision includes express terms and conditions of the award and any violation of it shall be grounds for unilateral termination of the award by (HHS OPDIV) prior to the end of its term.
 - f. **Trafficking In Persons:** This Agreement is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).
3. **Inventions:** Recipient shall comply with the standard patent rights clause in 37 CFR Part 401.14.
 4. **Logo Use for Conference and Other Materials:** Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.
 5. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** Recipient is hereby given notice and shall comply, and ensure the notification and compliance by subcontractors or subrecipients with 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.
 6. **Equipment and Products:**
 - a. To the greatest extent practicable, all equipment and products purchased under this Agreement should be American-made.
 - b. No purchases for capital equipment over \$5,000 shall be authorized under this Agreement.
 - c. It is possible that the State of Oregon under ORS 433.441, during a Governor's declared disaster, state or local public health emergency, may take action under ORS 433.443 or ORS 431.264 and request relocation of any and all equipment and supplies purchased with these grant funds, so that it may be used to facilitate any immediate needs. Recipient agrees to make equipment

available within 4 hours of any request. If Governor has not declared a disaster, the Public Health Director, with approval of the Governor, may take action authorized in ORS 431.264.

7. **Reducing Text Messaging While Driving:** In accordance with Executive Order 13513, Federal Leadership on Reducing Text Messaging While Driving, dated October 1, 2009, Recipient is encouraged “to adopt and enforce policies that ban text messaging while driving company-owned or -rented vehicles or GOV, or while driving POV when on official Government business or when performing any work for or on behalf of the Government.”

EXHIBIT B

Standard Terms and Conditions

1. **Governing Law, Consent to Jurisdiction.**

This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between OHA or any other agency or department of the State of Oregon, or both, and Recipient that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this Section be construed as a waiver by the State of Oregon of the jurisdiction of any court or of any form of defense to or immunity from any Claim, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise. Each party hereby consents to the exclusive jurisdiction of such court, waives any objection to venue, and waives any claim that such forum is an inconvenient forum. This Section shall survive expiration or termination of this Agreement.

2. **Compliance with Law.**

Recipient shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to this Agreement or to the implementation of the project. Without limiting the generality of the foregoing, Recipient expressly agrees to comply with (i) Title VI of Civil Rights Act of 1964; (ii) Title V and Section 504 of the Rehabilitation Act of 1973; (iii) the Americans with Disabilities Act of 1990 and ORS 659A.142; (iv) all regulations and administrative rules established pursuant to the foregoing laws; and (v) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations. This Section shall survive expiration or termination of this Agreement.

3. **Independent Parties.**

The parties agree and acknowledge that their relationship is that of independent parties and that Recipient is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.

4. **Grant Funds; Payments.**

- a. Recipient is not entitled to compensation under this Agreement by any other agency or department of the State of Oregon. Recipient understands and agrees that OHA's participation in this Agreement is contingent on OHA receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to participate in this Agreement.
- b. **Disbursement Method.** Disbursements under this Agreement will be made by Electronic Funds Transfer (EFT) and shall be processed in accordance with the provisions of OAR 407-120-0100 through 407-120-0380 or OAR 410-120-1260 through OAR 410-120-1460, as applicable, and any other OHA Oregon Administrative Rules that are program-specific to the billings and payments. Upon request, Recipient must provide its taxpayer identification number (TIN) and other necessary banking information to receive EFT payment. Recipient must maintain at its own expense a single financial institution or authorized payment agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current designation and EFT information will be used for all disbursements under this Agreement. Recipient must provide this designation and information on a form provided by OHA. In the

event that EFT information changes or the Recipient elects to designate a different financial institution for the receipt of any payment made using EFT procedures, Recipient will provide the changed information or designation to OHA on a OHA-approved form.

5. Recovery of Overpayments.

Any funds disbursed to Recipient under this Agreement that are expended in violation or contravention of one or more of the provisions of this Agreement “Misexpended Funds” or that remain unexpended on the earlier of termination or expiration of this Agreement must be returned to OHA. Recipient shall return all Misexpended Funds to OHA promptly after OHA’s written demand and no later than 15 days after OHA’s written demand. Recipient shall return all Unexpended Funds to OHA within 14 days after the earlier of termination or expiration of this Agreement. OHA, in its sole discretion, may recover Misexpended or Unexpended Funds by withholding from payments due to Recipient such amounts, over such periods of time, as are necessary to recover the amount of the overpayment. Prior to withholding, if Recipient objects to the withholding or the amount proposed to be withheld, Recipient shall notify OHA that it wishes to engage in dispute resolution in accordance with Section 13 of this Exhibit.

6. Reserved.

7. Contribution.

If any third party makes any claim or brings any action, suit or proceeding alleging a tort as now or hereafter defined in ORS 30.260 (“Third Party Claim”) against a liability, the Notified Party must promptly notify the Other Party in writing of the Third Party Claim and deliver to the Other Party a copy of the claim, process, and all legal pleadings with respect to the Third Party Claim. Either party is entitled to participate in the defense of a Third Party Claim, and to defend a Third Party Claim with counsel of its own choosing. Receipt by the Other Party of the notice and copies required in this paragraph and meaningful opportunity for the Other Party to participate in the investigation, defense and settlement of the Third Party Claim with counsel of its own choosing are conditions precedent to the Other Party’s liability with respect to the Third Party Claim.

With respect to a Third Party Claim for which the State is jointly liable with the Recipient (or would be if joined in the Third Party Claim), the State shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by the Recipient in such proportion as is appropriate to reflect the relative fault of the State on the one hand and of the Recipient on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of the State on the one hand and of the Recipient on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. The State’s contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if the State had sole liability in the proceeding.

With respect to a Third Party Claim for which the Recipient is jointly liable with the State (or would be if joined in the Third Party Claim), the Recipient shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by the State in such proportion as is appropriate to reflect the relative fault of the Recipient on the one hand and of the State on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of the Recipient on the one hand and of the State on the other hand shall be determined by reference to, among other things, the parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. The Recipient’s contribution amount in any instance is capped to the same extent it would have been capped under Oregon law if it had sole liability in the proceeding.

This Section shall survive expiration or termination of this Agreement.

8. Indemnification by Subcontractors.

Recipient shall take all reasonable steps to require its contractor(s) that are not units of local government as defined in ORS 190.003, if any, to indemnify, defend, save and hold harmless the State of Oregon and its officers, employees and agents (“Indemnitee”) from and against any and all claims, actions, liabilities, damages, losses, or expenses (including attorneys’ fees) arising from a tort (as now or hereafter defined in ORS 30.260) caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Recipient’s contractor or any of the officers, agents, employees or subcontractors of the contractor (“Claims”). It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the contractor from and against any and all Claims. This Section shall survive expiration or termination of this Agreement.

9. Default; Remedies; Termination.

a. Default by Recipient. Recipient shall be in default under this Agreement if:

- (1) Recipient fails to perform, observe or discharge any of its covenants, agreements or obligations set forth herein;
- (2) Any representation, warranty or statement made by Recipient herein or in any documents or reports relied upon by OHA to measure compliance with this Agreement, the expenditure of disbursements or the desired outcomes by Recipient is untrue in any material respect when made;
- (3) Recipient (1) applies for or consents to the appointment of, or taking of possession by, a receiver, custodian, trustee, or liquidator of itself or all of its property, (2) admits in writing its inability, or is generally unable, to pay its debts as they become due, (3) makes a general assignment for the benefit of its creditors, (4) is adjudicated a bankrupt or insolvent, (5) commences a voluntary case under the Federal Bankruptcy Code (as now or hereafter in effect), (6) files a petition seeking to take advantage of any other law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, (7) fails to controvert in a timely and appropriate manner, or acquiesces in writing to, any petition filed against it in an involuntary case under the Bankruptcy Code, or (8) takes any action for the purpose of effecting any of the foregoing; or
- (4) A proceeding or case is commenced, without the application or consent of Recipient, in any court of competent jurisdiction, seeking (1) the liquidation, dissolution or winding-up, or the composition or readjustment of debts, of Recipient, (2) the appointment of a trustee, receiver, custodian, liquidator, or the like of Recipient or of all or any substantial part of its assets, or (3) similar relief in respect to Recipient under any law relating to bankruptcy, insolvency, reorganization, winding-up, or composition or adjustment of debts, and such proceeding or case continues undismissed, or an order, judgment, or decree approving or ordering any of the foregoing is entered and continues unstayed and in effect for a period of sixty consecutive days, or an order for relief against Recipient is entered in an involuntary case under the Federal Bankruptcy Code (as now or hereafter in effect).

b. OHA’s Remedies for Recipient’s Default. In the event Recipient is in default under Section 9.a., OHA may, at its option, pursue any or all of the remedies available to it under this Agreement and at law or in equity, including, but not limited to:

- (1) termination of this Agreement under Section 9.c.(2);

- (2) withholding all or part of monies not yet disbursed by OHA to Recipient;
- (3) initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief; or
- (4) exercise of its right of recovery of overpayments under Section 5. of this Exhibit B.

These remedies are cumulative to the extent the remedies are not inconsistent, and OHA may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever. If a court determines that Recipient was not in default under Section 9.a., then Recipient shall be entitled to the same remedies as if this Agreement was terminated pursuant to Section 9.c.(1).

c. Termination.

- (1) OHA's Right to Terminate at its Discretion. At its sole discretion, OHA may terminate this Agreement:
 - (a) For its convenience upon 30 days' prior written notice by OHA to Recipient;
 - (b) Immediately upon written notice if OHA fails to receive funding, appropriations, limitations, allotments or other expenditure authority at levels sufficient to continue supporting the program; or
 - (c) Immediately upon written notice if federal or state laws, regulations, or guidelines are modified or interpreted in such a way that OHA's support of the program under this Agreement is prohibited or OHA is prohibited from paying for such support from the planned funding source.
 - (d) Immediately upon written notice to Recipient if there is a threat to the health, safety, or welfare of any person receiving funds or benefitting from services under this Agreement "OHA Client", including any Medicaid Eligible Individual, under its care.
- (2) OHA's Right to Terminate for Cause. In addition to any other rights and remedies OHA may have under this Agreement, OHA may terminate this Agreement immediately upon written notice to Recipient, or at such later date as OHA may establish in such notice if Recipient is in default under Section 9.a.
- (3) Mutual Termination. The Agreement may be terminated immediately upon mutual written consent of the parties or at such other time as the parties may agree in the written consent.
- (4) Return of Property. Upon termination of this Agreement for any reason whatsoever, Recipient shall immediately deliver to OHA all of OHA's property that is in the possession or under the control of Recipient at that time. This Section 9.c.(4) survives the expiration or termination of this Agreement.
- (5) Effect of Termination. Upon receiving a notice of termination of this Agreement or upon issuing a notice of termination to OHA, Recipient shall immediately cease all activities under this Agreement unless, in a notice issued by OHA, OHA expressly directs otherwise.

10. Insurance.

All employers, including Recipient, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Recipient shall require subcontractors to maintain insurance as set forth in Exhibit C, which is attached hereto.

11. Records Maintenance, Access.

Recipient shall maintain all financial records relating to this Agreement in accordance with generally accepted accounting principles. In addition, Recipient shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient, whether in paper, electronic or other form, that are pertinent to this Agreement, in such a manner as to clearly document Recipient's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Recipient whether in paper, electronic or other form, that are pertinent to this Agreement, are collectively referred to as "Records." Recipient acknowledges and agrees that OHA and the Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Recipient shall retain and keep accessible all Records for the longest of:

- a. Six years following final payment and termination of this Agreement;
- b. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or
- c. Until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement.

12. Information Privacy/Security/Access.

If this Agreement requires or allows Recipient or, when allowed, its subcontractor(s), to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Recipient or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Recipient shall comply and require all subcontractor(s) to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this Section, "Information Asset" and "Network and Information System" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

13. Assignment of Agreement, Successors in Interest.

- a. Recipient shall not assign or transfer its interest in this Agreement without prior written consent of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions required by OHA. No approval by OHA of any assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in this Agreement.
- b. The provisions of this Agreement shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.

14. Resolution of Disputes.

The parties shall attempt in good faith to resolve any dispute arising out of this Agreement. In addition, the parties may agree to utilize a jointly selected mediator or arbitrator (for non-binding arbitration) to resolve the dispute short of litigation. This Section shall survive expiration or termination of this Agreement.

15. Subcontracts.

Recipient shall not enter into any subcontracts for any part of the program supported by this Agreement without OHA's prior written consent. In addition to any other provisions OHA may require, Recipient shall include in any permitted subcontract under this Agreement provisions to ensure that OHA will receive the benefit of subcontractor activity(ies) as if the subcontractor were the Recipient with respect to Sections 1, 2, 3, 6, 7, 8, 10, 11, 12, 13, 15, 16, and 17 of this Exhibit B. OHA's consent to any subcontract shall not relieve Recipient of any of its duties or obligations under this Agreement.

16. No Third Party Beneficiaries.

OHA and Recipient are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement. This Section shall survive expiration or termination of this Agreement.

17. Severability.

The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid. This Section shall survive expiration or termination of this Agreement.

18. Notice.

Except as otherwise expressly provided in this Agreement, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, e-mail, or mailing the same, postage prepaid to Recipient or OHA at the address or number set forth in this Agreement, or to such other addresses or numbers as either party may indicate pursuant to this Section. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by e-mail shall be deemed received and effective five days after the date of e-mailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours of the Recipient, or on the next business day if transmission was outside normal business hours of the Recipient. Notwithstanding the foregoing, to be effective against the other party, any notice transmitted by facsimile must be confirmed by telephone notice to the other party. Any communication or notice given by personal delivery shall be deemed effective when actually delivered to the addressee.

OHA: Office of Contracts & Procurement
250 Winter St. NE, Room 306
Salem, OR 97301
Telephone: 503-945-5818
Facsimile: 503-378-4324

This Section shall survive expiration or termination of this Agreement.

19. Headings.

The headings and captions to sections of this Agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Agreement.

20. Amendments; Waiver; Consent.

OHA may amend this Agreement to the extent provided herein, the solicitation document, if any from which this Agreement arose, and to the extent permitted by applicable statutes and administrative rules. No amendment, waiver, or other consent under this Agreement shall bind either party unless it is in writing and signed by both parties and when required, the Department of Justice. Such amendment, waiver, or consent shall be effective only in the specific instance and for the specific purpose given. The failure of either party to enforce any provision of this Agreement shall not constitute a waiver by that party of that or any other provision. This Section shall survive the expiration or termination of this Agreement.

21. Merger Clause.

This Agreement constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Agreement.

22. Limitation of Liabilities.

NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR RELATED TO THIS AGREEMENT. NEITHER PARTY SHALL BE LIABLE FOR ANY DAMAGES OF ANY SORT ARISING SOLELY FROM THE TERMINATION OF THIS AGREEMENT OR ANY PART HEREOF IN ACCORDANCE WITH ITS TERMS.

EXHIBIT C

Insurance Requirements

General Requirements. Recipient shall require its first tier contractor(s) that are not units of local government as defined in ORS 190.003, if any, to: i) obtain insurance as specified in this Exhibit C and meeting all the requirements under this Exhibit C before the contractors perform under contracts between Recipient and the contractors (the "Subcontracts"), and ii) maintain the insurance in full force throughout the duration of the Subcontracts. The insurance must be provided by insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to OHA. Recipient shall not authorize contractors to begin work under the Subcontracts until the insurance is in full force.

Thereafter, Recipient shall monitor continued compliance with the insurance requirements on an annual or more frequent basis. Recipient shall incorporate appropriate provisions in the Subcontracts permitting it to enforce contractor compliance with the insurance requirements and shall take all reasonable steps to enforce such compliance. Examples of "reasonable steps" include issuing stop work orders (or the equivalent) until the insurance is in full force or terminating the Subcontracts as permitted by the Subcontracts, or pursuing legal action to enforce the insurance requirements. In no event shall Recipient permit a contractor to work under a Subcontract when the Recipient is aware that the contractor is not in compliance with the insurance requirements. As used in this section, a "first tier" contractor is a contractor with whom the Recipient directly enters into a contract. It does not include a subcontractor with whom the contractor enters into a contract.

1. **Workers' Compensation.** Insurance must be in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2).
2. **Professional Liability:**
 Required by OHA Not required by OHA.
3. **Commercial General Liability:**
 Required by OHA Not required by OHA.
4. **Automobile Liability:**
 Required by OHA Not required by OHA.
5. **Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance must include the State of Oregon, its officers, employees and agents as Additional Insureds but only with respect to the contractor's activities to be performed under the Subcontract. Coverage must be primary and non-contributory with any other insurance and self-insurance.
6. **"Tail" Coverage.** If any of the required insurance policies is on a "claims made" basis, such as professional liability insurance, the contractor shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of the Subcontract, for a minimum of 24 months following the later of: (i) the contractor's completion and Recipient's acceptance of all services required under the Subcontract or, (ii) the expiration of all warranty periods provided under the Subcontract. Notwithstanding the foregoing 24-month requirement, if the contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then the contractor may request and OHA may grant approval of the maximum "tail" coverage period reasonably available in the marketplace. If OHA approval is granted, the contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace.

7. **Notice of Cancellation or Change.** The contractor or its insurer must provide 30 days' written notice to Recipient before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).
8. **Certificate(s) of Insurance.** Recipient shall obtain from the contractor a certificate(s) of insurance for all required insurance before the contractor performs under the Subcontract. The certificate(s) or an attached endorsement must specify: (i) all entities and individuals who are endorsed on the policy as Additional Insured and (ii) for insurance on a "claims made" basis, the extended reporting period applicable to "tail" or continuous "claims made" coverage.

EXHIBIT D

Required Federal Terms and Conditions

General Applicability and Compliance. Unless exempt under 45 Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Recipient shall comply and, as indicated, require all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Agreement, to Recipient, or to the grant activities, or to any combination of the foregoing. For purposes of this Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. Miscellaneous Federal Provisions.

Recipient shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Agreement or to the delivery of grant activities. Without limiting the generality of the foregoing, Recipient expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Agreement: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal laws requiring reporting of OHA Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Agreement and required by law to be so incorporated. No federal funds may be used to provide grant activities in violation of 42 U.S.C. 14402.

2. Equal Employment Opportunity.

If this Agreement, including amendments, is for more than \$10,000, then Recipient shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).

3. Clean Air, Clean Water, EPA Regulations.

If this Agreement, including amendments, exceeds \$100,000 then Recipient shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. Recipient shall include and require all subcontractors to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this Section.

4. Energy Efficiency.

Recipient shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. seq. (Pub. L. 94-163).

- 5. Truth in Lobbying.** By signing this Agreement, the Recipient certifies, to the best of the Recipient's knowledge and belief that:
- a.** No federal appropriated funds have been paid or will be paid, by or on behalf of Recipient, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
 - b.** If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Recipient shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
 - c.** The Recipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
 - d.** This certification is a material representation of fact upon which reliance was placed when this Agreement was made or entered into. Submission of this certification is a prerequisite for making or entering into this Agreement imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
 - e.** No part of any federal funds paid to Recipient under this Agreement shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
 - f.** No part of any federal funds paid to Recipient under this Agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
 - g.** The prohibitions in subsections (e) and (f) of this Section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
 - h.** No part of any federal funds paid to Recipient under this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation

shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

6. Resource Conservation and Recovery.

Recipient shall comply and require all subcontractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.

7. Audits.

- a. Recipient shall comply, and require all subcontractors to comply, with applicable audit requirements and responsibilities set forth in this Agreement and applicable state or federal law.
- b. If Recipient expends \$500,000 or more in Federal funds (from all sources) in its fiscal year beginning prior to December 26, 2014, Recipient shall have a single organization-wide audit conducted in accordance with the Single Audit Act. If Recipient expends \$750,000 or more in federal funds (from all sources) in a fiscal year beginning on or after December 26, 2014, Recipient shall have a single organization-wide audit conducted in accordance with the provisions of 2 CFR Subtitle B with guidance at 2 CFR Part 200. Copies of all audits must be submitted to OHA within 30 days of completion. If Recipient expends less than \$500,000 in Federal funds in a fiscal year beginning prior to December 26, 2014, or less than \$750,000 in a fiscal year beginning on or after that date, Recipient is exempt from Federal audit requirements for that year. Records must be available as provided in Exhibit B, "Records Maintenance Access".

8. Debarment and Suspension.

Recipient shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension" (See 2 CFR Part 180). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

9. Drug-Free Workplace.

Recipient shall comply and require all subcontractors to comply with the following provisions to maintain a drug-free workplace: (i) Recipient certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in Recipient's workplace or while providing services to OHA Clients. Recipient's notice shall specify the actions that will be taken by Recipient against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Recipient's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of services under this Agreement a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Agreement, the employee will: abide by the

terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify OHA within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by 41 U.S.C. 8104; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any subcontractor to comply with subparagraphs (i) through (vii) above; (ix) Neither Recipient, or any of Recipient's employees, officers, agents or subcontractors may provide any service required under this Agreement while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Recipient or Recipient's employee, officer, agent or subcontractor has used a controlled substance, prescription or non-prescription medication that impairs the Recipient or Recipient's employee, officer, agent or subcontractor's performance of essential job function or creates a direct threat to OHA Clients or others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of this Agreement.

10. Pro-Children Act.

Recipient shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. 6081 et. seq.).

11. Medicaid Services.

Recipient shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. 1396 et. seq., including without limitation:

- a. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 U.S.C. 1396a (a)(27); 42 CFR Part 431.107(b)(1) & (2).
- b. Comply with all disclosure requirements of 42 CFR Part 1002.3(a) and 42 CFR Part 455 Subpart (B).
- c. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. 1396(a)(57) and (w), 42 CFR Part 431.107(b)(4), and 42 CFR Part 489 Subpart I.
- d. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Recipient shall acknowledge Recipient's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
- e. Entities receiving \$5 million or more annually (under this Agreement and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. 1396a(a)(68).

12. Agency-based Voter Registration.

If applicable, Recipient shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.

13. Disclosure.

- a. 42 CFR Part 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.
- b. 42 CFR Part 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.
- c. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last 10 years.
- d. Recipient shall make the disclosures required by this Section to OHA. OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

14. Federal Intellectual Property Rights Notice.

The federal funding agency, as the awarding agency of the funds used, at least in part, for the activities performed under this Agreement, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms “grant” and “award” refer to funding issued by the federal funding agency to the State of Oregon. The Recipient agrees that it has been provided the following notice:

- a. The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work, and to authorize others to do so, for Federal Government purposes with respect to:

- (1) The copyright in any work developed under a grant, subgrant or contract under a grant or subgrant; and
 - (2) Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b.** The parties are subject to applicable federal regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements.”
- c.** The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or contract under a grant or subgrant.

EXHIBIT F

Information Required by 2 CFR Subtitle B with guidance at 2 CFR Part 200

1. Federal Award Identification: **5 NU90TP000544-05-00**
2. Recipient Name: **State of Oregon Department of Human Services**
3. Recipient's Unique Entity Identifier (i.e. DUNS number): **878144021**
4. Federal Award Identification Number (FAIN): **5 NU90TP000544-05-00**
5. Federal Award Date: **June 23, 2016**
6. Period of Performance Start and End Date: From: **July 1, 2016** To: **June 30, 2017**.
7. Amount of Federal Award: **\$7,510,978.00**
 - a. Federal Award Project Description: **Public Health Emergency Preparedness**
 - b. Name of Federal Awarding Agency: **Centers for Disease Control and Prevention**
 - c. Contact Information for Awarding Official:
Shicann Phillips, Grants Management Officer
1825 Century Center Blvd. MS E-85
Atlanta, GA 30345
Email: IBQ7@cdc.gov Phone: 404.498.3013
 - d. Indirect Cost Rate: **17.45%**
CFDA Number and Name: **93.069-Public Health Emergency Preparedness**
Amount: **\$7,510,978.00**
8. Total Amount of Federal Funds Obligated to Recipient: **\$6,000.00**
9. Is Award Research and Development? Yes No



PAULY, ROGERS, AND CO., P.C.
12700 SW 72nd Ave. ♦ Tigard, OR 97223
(503) 620-2632 ♦ (503) 684-7523 FAX
www.paulyrogersandcocpas.com

February 23, 2017

North Central Public Health District
419 East Seventh Street
The Dalles, OR 97058

We are pleased to confirm our understanding of the services we are to provide for the year ended June 30, 2017. We will audit the basic financial statements of North Central Public Health District as of and for the year ended June 30, 2017 in connection with its annual reporting obligation to the State of Oregon.

Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

We have also been engaged to report on supplementary information other than RSI that accompanies the basic financial statements. We will subject the supplementary information to the auditing procedures applied in our audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America and will provide an opinion on it in relation to the basic financial statements as a whole.

Any other information accompanying the basic financial statements will not be subjected to the auditing procedures applied in our audit of the basic financial statements, and for which our auditor's report will not provide an opinion or any assurance.

Audit Objectives

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America, and will include tests of the accounting records of North Central Public Health District and other procedures we consider necessary to enable us to express such opinions. If our opinions are other than unmodified, we will fully discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or issue a report as a result of this engagement. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express an opinion or issue a report, or withdrawing from the engagement.

Management Responsibilities

Management is responsible for the basic financial statements and all accompanying information as well as all representations contained therein. You are also responsible for making all management decisions and performing all management functions; for designating an individual with suitable skill, knowledge, or experience to oversee our assistance with the preparation of your financial statements and related notes and any other nonattest services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Management is responsible for establishing and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the fair presentation of the basic financial statements in conformity with U.S. generally accepted accounting principles.

Management is responsible for establishing and maintaining internal controls for compliance with laws, regulations, contracts and agreements. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of the controls. The objectives of internal control are to provide management with reasonable, but not absolute, assurance that assets are safeguarded against loss from unauthorized use or disposition, that transactions are executed in accordance with management's authorizations and recorded properly.

Management is responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud or illegal acts affecting the District involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud or illegal acts could have a material effect on the financial statements. Management is also responsible for informing us of your knowledge of any allegations of fraud or suspected fraud or illegal acts affecting the District received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the District complies with applicable laws and regulations and for taking timely and appropriate steps to remedy any fraud or illegal acts that we may report.

Management is responsible for making all financial records and related information available to us. We understand that you will provide us with such information required for our audit and that you are responsible for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence, and if applicable, (4) unrestricted access to component information, persons at components (including management and those charged with governance, or component auditors, if applicable). We will advise you about appropriate accounting principles and their application and will assist in the preparation of your financial statements, but the responsibility for the financial statements remains with you. That responsibility includes the establishment and maintenance of adequate records and effective internal control over financial reporting, the selection and application of accounting principles, and the safeguarding of assets. Management is responsible for adjusting the financial statements to correct material misstatements and for confirming to us in the representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Management is responsible for the preparation of the supplementary information in conformity with U.S. generally accepted accounting principles. Management agrees to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) that you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) that the methods of

North Central Public Health District
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measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

We will provide you with an auditor's assistance package prior to our arrival at each stage of fieldwork. This package will detail the schedules and information that we expect your employees to have prepared by the time we arrive. We understand that your employees will have all auditor assistance package items ready and will type all confirmations we request and will locate any invoices selected by us for testing. *The fee for the examination is based on the completion of these supporting schedules and providing other assistance on a timely basis.*

Schedules and Financial Statements Prepared by Management

Management is responsible for ensuring that all accounts are reconciled, preparing the financial statements and all supplementary schedules, preparing the notes to the financial statements, and preparing and reviewing the management's discussion and analysis section. Our responsibility is to audit the financial statements, which includes a review of the notes to the financial statements. Any additional work to assist with the work listed above or any other requested work will be billed at our hourly rate. We will obtain approval of any additional fees before we begin any extra work. We have included our fees for assistance in preparation of the financial statements and notes in our fee section below.

General Audit Procedures

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether caused by error or fraud. Because an audit is designed to provide reasonable, but not absolute, assurance and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements (whether caused by errors or fraud), illegal acts, misappropriation of assets, or noncompliance may exist and not be detected by us. Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, immaterial illegal acts, or illegal acts that do not have a direct effect on the financial statements or major programs. However, we will inform you of any material errors that come to our attention and any fraud that comes to our attention. We will also inform you of any illegal acts that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to matters that might arise during any later period for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, creditors and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will also request certain written representations from you about the financial statements and related matters.

Audit Procedures – Internal Controls

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statement and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

We will obtain an understanding of the design of the relevant controls and whether they have been placed in operation, and we will assess control risk. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Tests of controls relative to the financial statements are required only if control risk is assessed below the maximum level. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed.

Audit Procedures – Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

Audit Administration, Fees and Other Items

Roy R. Rogers is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

At the conclusion of the engagement, we will provide copies of our reports to various local and state agencies, as they require. However, it is management's responsibility to submit these reports. At the conclusion of the engagement, we will provide information to management as to where the reporting packages should be submitted and the number to submit.

The District hereby indemnifies Pauly, Rogers and Co., P.C. and its partners, principals and employees and holds them harmless from all claims, liabilities, losses and costs arising in circumstances where there has been a knowing misrepresentation by a member of the District's management, regardless of whether such person was acting in the District's interest. This indemnification will survive termination of this letter.

The workpapers for this engagement are the property of Pauly, Rogers and Co., P.C. and constitute confidential information. However, we may be requested to make certain information available to grantor agencies pursuant to authority given to it by law or regulation. If requested, access to such workpapers will be provided under the supervision of Pauly, Rogers and Co., P.C. personnel. Furthermore, upon request, we may provide photocopies of selected workpapers to grantor agencies. The grantor agency may intend, or decide, to distribute the photocopies or information contained therein to others, including other governmental agencies.

North Central Public Health District
February 23, 2017

The workpapers for this engagement will be retained for a minimum of three years after the date the auditors' report is issued or for any additional period requested by a federal awarding agency or pass-through entity. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the workpapers.

Our fees for these services will be based on the actual time spent at our standard hourly rates, plus travel and other out-of-pocket costs such as report production, typing, postage, etc. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered as we progress through the audit and are payable upon presentation. The fees for our services should not exceed the following:

Audit Services:	
Financial Statement Audit	\$ 12,100
Non-Audit Services:	
Assistance in preparation of Financials Statements (including review, printing and binding of reports)	<u>2,400</u>
Total	<u>\$ 14,500</u>

This fee includes up to 10 bound copies of the report plus one unbound copy. Additional copies will be billed at the rate of \$40 per copy. This fee is based on the anticipated cooperation from your personnel and on the assumption that the books will be closed, balanced, reconciled, with all material accruals recorded, all auditor requested information prepared prior to our arrival, and that unexpected circumstances will not be encountered during the audit. Our fee is also based upon the scope of work that was done in the previous year. If there is additional activity this year, beyond the scope of last year's work, we will need to charge for that additional work. We will give you a change of scope letter explaining the added work and our estimated fees, which must be signed by you, before we can continue the engagement or before we perform the additional work. Additional time may be necessary due to work which is beyond the scope of the engagement indicated above. Such work could include, but is not limited to, additional agreed upon procedures, audit testing required under the Single Audit Act Amendments of 1996 that was not previously specified, and reconciliations and/or adjustments needed to bring financial statements into conformity with generally accepted accounting principles. The additional time will be billed at our standard hourly billing rates for the individuals who perform those services.

If the District does not have substantially all items on the preparation list available and ready for audit, including all accounts reconciled, the District must contact us to re-schedule the audit. Cancellation for any reason must be communicated to the in-charge auditor at least three days prior to the first scheduled date of fieldwork, otherwise a mobilization fee of \$500 will be charged to the District. If the audit team arrives at the District's offices to conduct fieldwork and finds that the books and records are not adequately prepared for audit, the audit team will have to re-schedule fieldwork until such time that the District's books and records are adequately prepared for audit and a mobilization fee of \$500 will be charged to the District.

Upon issuance of any invoices, there is a 30 day grace period for payment before a finance charge is assessed on any outstanding balance. Should any outstanding balance for our services exceed 31 days, you will be notified in writing of the balance due for the specified work performed, and we will perform no further services until we are paid in full. A total of three letters will be sent before we begin collection procedures after 120 days. You agree to reimburse us for all administrative, collection service, attorney, and other related filing fees and costs associated with the collection of our fees.

Any claim arising out of services rendered to this agreement shall be resolved in accordance with the laws of the State of Oregon. It is agreed by the District and Pauly, Rogers and Co., P.C. or any successors in interest that no claim arising out of services rendered pursuant to this agreement by or on behalf of the District shall be asserted more than two years after the date of this engagement report issued by us.

North Central Public Health District
February 23, 2017

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained on those sites or to consider the consistency of other information in the electronic site with the original document.

We have provided staff to work with your District as auditors. In the future, you may decide that you need the services of one or more full-time employees for this work. At that time, we can assist you in identifying qualified individuals. However, because of the knowledge that our staff has obtained about your District, you may wish to hire one or more of them. If this should occur, we will charge you a recruiting fee equivalent to twenty percent of the annual salary offered to our employee to compensate us for the loss of our valued and extensively trained employee.

We appreciate the opportunity to be of service to the North Central Public Health District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us. This letter will continue in effect until canceled by either party per the terms of our original contract.

Sincerely,



ROY R. ROGERS, CPA
PAULY, ROGERS AND CO., P.C.

Signature: Jim L. Chalchouque, RA, BSN

Title: Director

Date: 4/10/2017



**2016 Local Public Immunization Program—
Delegate Agency-Oregon Immunization Program
Addendum Agreement**

Name of Delegate Agency: South Gilliam County Medical Clinic
Vaccines for Children (VFC) PIN #: 000077

1. **Vaccines for Children Program Enrollment:** Delegate will maintain enrollment as a Vaccines for Children Provider.
2. **Oregon Vaccine Stewardship Statute.** Delegate will comply with all sections of the Oregon Vaccine Stewardship Statute (<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/RulesLaws/Documents/Law333-047Vac.pdf>).
3. **Vaccine Management.**
 - a. Delegate will conduct a monthly, physical inventory of all vaccine storage units. Inventories will be kept for a minimum of three years.
 - b. Delegate will submit vaccine orders according to the tier assigned by the Oregon Immunization Program (OIP).
4. **Vaccine Billing for Insured Clients.**
 - a. Delegate will be billed quarterly by the OIP for billable doses of vaccine.
 - b. OIP will bill the published price in effect at the time the vaccine dose is administered.
 - c. Delegate may not charge or bill a patient more for the vaccine than the published price.
 - d. Payment is due 30 days after the invoice date.
 - e. If timely payment is not received, OIP may not fill future vaccine orders until payment is received.
5. **Delegate Agency Reviews and Oversight.** Representative of the Local Public Immunization Program is encouraged to attend the compliance visit conducted at least biennially by the Oregon Immunization Program (OIP).
6. **Required vaccine administration & management documentation and reporting by the delegate agency:**
 - a. Delegate will use current, signed, OIP Model Standing Orders.
 - b. Delegate will ensure that clinical immunization staff annually view CDC-provided continuing education. Periodic live webinars require preregistration, or pre-recorded webinars are available on demand on the CDC's website.
 - c. Delegate will provide to the patient, parent or legal representative, documentation of vaccines received at the visit with either a new immunization record or update the patient's existing record.
7. **Delegate will comply with state and federal statutory and regulatory retention schedules,** available for review at OHA's office located at 800 NE Oregon St, Suite 370, Portland, OR 97232
8. **Tracking and Recall.**
 - a. Delegates will use ALERT IIS to determine which vaccinations are due for all immunization patients.

- b. Delegates must cooperate with OHA to recall a client if a dose administered to client is found to have been mishandled and/or administered incorrectly, thus rendering such dose subpotent or invalid.

9. Adverse Events Following Immunization.

Delegates must complete a VAERS form when:

- a. An adverse event occurs, as listed in "Reportable Events Following Immunization", available for review at <http://vaers.hhs.gov/professionals/index#Guidance1>. Form may be completed online by going to <https://vaers.hhs.gov/esub/step1>. Save the report number for records and send the number to the OIP Vaccine Safety Coordinator via confidential e-mail or fax (971-673-0278).
- b. Any other event occurs that delegate believes to be related directly or indirectly to the receipt of any vaccine administered by delegate or others occurs within 30 days of vaccine administration, and results in either the death of the person or the need for the person to visit a licensed health care provider or hospital.
- c. Delegate agencies will comply with any VAERS follow-up requested by CDC, VAERS, or OIP.

- 10. **Ending this agreement.** Either party may end this agreement upon 30 days written notice to all parties, including the State Immunization program. This certification shall be terminated on day of receipt of notice if any of the conditions are not adhered to by the delegate agency or its staff.

Check box if there is more than one clinic site. Total number of clinic sites: _____

Delegate Agency Administrator or Director ~ <i>Please print & include title</i> Hollie Winslow, Administrator	
Signature of Delegate Agency Administrator or Director <i>Hollie Winslow</i>	Date 4-12-17
Name of Delegate Agency Immunization Contact Person-- <i>Please print and include title</i> Shannon Binder, Medical Assistant	
Name of Local Health Department North Central Public Health District	
Signature of Local Health Department Administrator <i>Mike Melhofer, BSW</i>	Date 03/17/2017
Signature of OIP Health Educator	Date

Delegate Agency Street Address 422 N Main St.
City, State, Zip Code Condon OR 97823



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

Directors Report for the Board of Health: May 9, 2017

Spring is full of training and conference obligations for NCPHD staff. Most training is required to fulfill our contractual obligations with the Oregon Health Authority Public Health Division. Others allow for staff to improve administrative or supervisory functions.

In the last month staff has attended Oregon Food Training, The Child Abuse Summit, The Open Forum for Quality Improvement, LCAC Training, and DEQ Septic and Soils Conference. Gloria and Kathi are currently at the EDEN convention learning how to use our financial system to its maximum efficiency.

Later this month staff will complete CPR training, Emergency Responder Health Monitoring and Surveillance, Basic Disaster Life Support and attend the National Network of Public Health Institutes Conference.

Work is on going with our partners at EOCCO, CGCCO and the 4RELH. We are also creating new initiatives with our partners at MCMC.

Staff continues to be out in the field regularly. Restaurant inspections, septic work, home visits, WIC Clinics, Emergency Preparedness meetings and Prevention meetings are ongoing. If you see a NCPHD vehicle, give them a wave.

Respectfully submitted,

Teri Thalhofer, RN, BSN