

INTERGOVERNMENTAL AGREEMENT

This Agreement is entered into, by and between Washington County, a political subdivision of the State of Oregon, and Yamhill County.

WHEREAS ORS 190.010 authorizes the parties to enter into this Agreement for the performance of any or all functions and activities that a party to the Agreement has authority to perform.

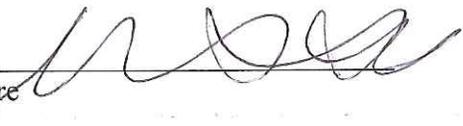
Now, therefore, the parties agree as follows:

- 1) The effective date is: July 1, 2018, or upon final signature, whichever is later.
The expiration date is: June 30, 2019; unless otherwise amended.
- 2) The parties agree to the terms and conditions set forth in Attachment A, which is incorporated herein, and describes the responsibilities of the parties, including compensation, if any.
- 3) Each party shall comply with all applicable federal, state and local laws; and rules and regulations on non-discrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition or handicap.
- 4) To the extent applicable, the provisions of ORS 279B.220 through ORS 279B.235 and ORS 279C.500 through 279C.870 are incorporated by this reference as though fully set forth.
- 5) Each party is an independent contractor with regard to each other party(s) and agrees that the performing party has no control over the work and the manner in which it is performed. No party is an agent or employee of any other.
- 6) No party or its employees is entitled to participate in a pension plan, insurance, bonus, or similar benefits provided by any other party.
- 7) This Agreement may be terminated, with or without cause and at any time, by a party by providing _____ (30 if not otherwise marked) days written notice of intent to the other party(s).
- 8) Modifications to this Agreement are valid only if made in writing and signed by all parties.
- 9) Subject to the limitations of liability for public bodies set forth in the Oregon Tort Claims Act, ORS 30.260 to 30.300, and the Oregon Constitution, each party agrees to hold harmless, defend, and indemnify each other, including its officers, agents, and employees, against all claims, demands, actions and suits (including all attorney fees and costs) arising from the indemnitor's performance of this Agreement where the loss or claim is attributable to the negligent acts or omissions of that party.
- 10) Each party shall give the other immediate written notice of any action or suit filed or any claim made against that party that may result in litigation in any way related to this Agreement.

- 11) Each party agrees to maintain insurance levels or self-insurance in accordance with ORS 30.282, for the duration of this Agreement at levels necessary to protect against public body liability as specified in ORS 30.269 through 30.274.
- 12) Each party agrees to comply with all local, state and federal ordinances, statutes, laws and regulations that are applicable to the services provided under this Agreement.
- 13) This Agreement is expressly subject to the debt limitation of Oregon Counties set forth in Article XI, Section 10 of the Oregon Constitution, and is contingent upon funds being appropriated therefore.
- 14) This writing is intended both as the final expression of the Agreement between the parties with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement.

WHEREAS, all the aforementioned is hereby agreed upon by the parties and executed by the duly authorized signatures below.

Jurisdiction

Signature 

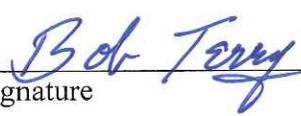
Date 6/28/18

Printed Name MARY STARRETT

Title Chair, Board of Commissioners

Address: 535-NE 5th McMinnville, 97128

WASHINGTON COUNTY:

Signature 

Date 7-17-18

Printed Name Bob Terry

Title Vice Chair

Address:

Washington County HHS
 c/o Adrienne Donner (CRI)
 155 N 1st Ave
 Mail Stop # 6A
 Hillsboro, OR 97124

APPROVED WASHINGTON COUNTY
 BOARD OF COMMISSIONERS
 MINUTE ORDER # 17-214
 DATE 7-17-18
 BY Barbara Heitmanek
 CLERK OF THE BOARD

CFDA # 93.069

Accepted by Yamhill County
 Board of Commissioners on
6/28/18 by Board Order
 # 18-225

ATTACHMENT "A"

Statement of Work and Payment Terms

2018-2019

PURPOSE: Yamhill County has been named to receive funding for the Cities Readiness Initiative (CRI) program which is administered by Washington County. The requirements in this Statement of Work reflect the requirements set by the Oregon Health Authority in the CRI Program Element 02 (PE-02) for Washington County (Coordinating LPHA) and all CRI local public health authority (CRI LPHA).

BACKGROUND: CRI is a nationwide program designed to ready large urban areas for medical countermeasure distribution and dispensing (MCMDD) for all-hazards events. This includes the ability of jurisdictions to develop capabilities for U.S. cities to respond to a large-scale biologic attack, with anthrax as the primary threat consideration. The Portland Metropolitan CRI program is in its thirteenth year and the region includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington and Yamhill counties.

Funding for the CRI program flows from the Centers for Disease Control and Prevention (CDC) to the Oregon Health Authority (OHA) to Washington County. Yamhill County is a sub-recipient of this funding. Although housed in Washington County, the CRI staff report to the public health preparedness coordinators, public health administrators and health officers in each of the region's counties.

Program Element #02: Cities Readiness Initiative (CRI) Program

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Cities Readiness Initiative (CRI) Program activities. Requirements for each Oregon county in the CRI Program Area (CRI LPHAs) are established through a Subcontract between Coordinating LPHA and CRI LPHAs.

The CRI Program focuses on plans and procedures that support medical countermeasure distribution and dispensing (MCMDD) for all-hazards events including, but not limited to, the capability to respond to a large-scale biologic attack with anthrax as the primary threat consideration.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Cities Readiness Initiative (CRI) Program**

- a. **Centers for Disease Control and Prevention (CDC):** The nation's lead public health agency, which is one of the major operating components of the U.S. Department of Health and Human Services.
- b. **Department of Homeland Security (DHS):** The federal agency responsible for protecting the United States territory from terrorist attacks and responding to natural disasters.
- c. **Data Collation and Integration for Public Health Event Responses (DCIPHER):** Online data collection system for collecting program evaluation documents.
- d. **Division of the Strategic National Stockpile (DSNS):** The CDC program that manages the Strategic National Stockpile (SNS) Program.
- e. **DSNS Drills:** A set of three drills developed by the RAND Corporation for the CDC's DSNS. The drills include: staff call down, site activation, and facility set-up.

Exhibit "A"

- f. **Homeland Security Exercise and Evaluation Program (HSEEP):** A capabilities and performance-based program that provides standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercises.
 - g. **National Incident Management System (NIMS):** The DHS' system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter the cause, size or complexity. More information can be viewed at <http://www.fema.gov/emergency/nims/index.shtm> .
 - h. **Operational Readiness Review (ORR):** The evaluation tool assessing the LPHA CRI Program's: materials, products, plans, exercises, and activities. This assessment is conducted by a team of Federal, state, and local preparedness staff using a worksheet developed by Federal and state program partners (formerly the "Annual Technical Assistance Review"). The ORR is used to assess how ready CRI counties are to respond to a MCMDD response.
 - i. **Point of Dispensing (POD) Site:** A site such as a high school gymnasium at which prophylactic medications are dispensed to the public.
 - j. **Portland Metro Cities Readiness Initiative (CRI) Program Area, Metropolitan Statistical Area (MSA):** The Cities Readiness Initiative is a CDC program that aids cities and metropolitan areas in increasing their capacity to receive and dispense medicines and medical supplies during a large-scale public health emergency such as a bioterrorism attack. The counties forming the Portland Metro CRI Program Area are Clackamas, Washington, Multnomah, Columbia, and Yamhill LPHAs in Oregon, and Clark and Skamania LPHAs in Washington State. Washington State is responsible for all CRI activities and funding for the Clark County LPHA and Skamania County LPHA. Additional information about the CRI Program and the cooperative agreement "Guidance for Public Health Emergency Preparedness" is viewable at: <http://www.cdc.gov/phpr/coopagreement.htm>.
 - k. **Push Partner:** A community organization that is trained, willing, and able to assist in a public health emergency. Also known as Closed PODs.
 - l. **Public Health Preparedness Capabilities:** A national set of standards, created by the CDC, for public health preparedness capability-based planning that will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining response capabilities.
 - m. **Strategic National Stockpile (SNS):** A CDC program developed to provide: 1.) rapid delivery of a broad spectrum of pharmaceuticals, medical supplies, and equipment for an ill-defined threat in the early hours of an event; 2.) shipments of specific items when a specific threat is known; and 3.) technical assistance to distribute SNS material. SNS program support includes the 12-hour Push Pack, stockpile and vendor managed inventory, vaccines, federal buying power, CHEMPACK, and Federal Medical Stations.
3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon's Public Health Modernization Manual](#), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:
- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components

Foundational Program

Foundational Capabilities

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
CRI Work Plan	X	X	X	X	X	X	X	X	X	X	X	X
Public Health Preparedness Capabilities	X	X	X	X	X	X	X	X	X	X	X	X
Contingent Emergency Response Funding	X	X	X	X	X	X	X	X	X	X	X	X

Asterisk (*) = Primary foundational program that aligns with each component

X = Foundational capabilities that align with each component

X = Other applicable foundational programs

- b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric: Not applicable
- c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure: Not applicable

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Coordinating LPHA agrees to conduct activities in accordance with the following requirements:

- a. Engage in activities as described in its CRI Program Plan required to be submitted to and approved by OHA on or before September 1.
- b. Use funds for this Program Element in accordance with its CRI Program Budget required to be submitted and approved by OHA on or before August 1.
- c. Submit a work plan to OHA State MCM Coordinator and CRI LPHAs. Proposed work plan is due on or before August 1. Final approved, by all CRI LPHAs, is due on or before September 1. the work plan must present objectives and related activities, identify responsible parties, and establish timelines for the CRI Program Area. The work plan must be created with input from all CRI LPHAs, approved by OHA, and must include objectives to:
 - (1) Enable each CRI LPHA to successfully complete the ORR tool and any accompanying tools, including, but not limited to ORR Action Plans;
 - (2) Enable each CRI LPHA to meet POD Standards;
 - (3) Enable each CRI LPHA to meet exercise requirements; and
 - (4) Provide programmatic and fiscal oversight responsibilities.

- d. Submit semi-annual one-page summary reports from each CRI LPHA, and the CRI program, to OHA State MCM Coordinator. These reports shall provide updates on CRI Program activities, and are due by February 15 and August 31.
- e. Provide other reports about the CRI Program as OHA may reasonably request from time to time.
- f. LPHA must include in its Subcontracts with each CRI LPHA the following requirements:
 - (1) Operational Readiness Review (ORR) every 12 months. Each CRI LPHA, unless otherwise advised, shall complete the submission of ORR to include Dispensing Planning Form, Distribution Planning Form, POD Information Forms, Training and Exercise Planning Form, and Jurisdictional Data Sheet (JDS). These must be submitted no more than 12 month past the last submission date on each form (for example if the JDS was submitted 2/13/17 the next form must be submitted by 2/12/18).
 - (2) Every other year, starting in FY 17-18 (BP1), each CRI LPHA, unless otherwise advised, shall coordinate an ORR site assessment meeting include, at a minimum, the following invitees: local CRI program representative, CRI Coordinator, local emergency management, and OHA State MCM Coordinator. In the Site Assessment years supporting documentation must be submitted with the forms that require it per most recent CDC ORR Guidance. Completed ORR forms and supporting documentation must be submitted to OHA State MCM Coordinator 21 days prior to review date using the DCIPHER system. The initial assessment, BP1, is to be completed prior to June 30th, unless otherwise directed by OHA.
 - (3) Receive State and Store Site Assessment every 12 months. Each CRI LPHA unless otherwise advised, shall submit, through the web based DCIPHER system, Receive, Store and State (RSS) Site Assessment for their designated emergency warehouse. This assessment must be submitted before the 12 months anniversary of the previous submission.
 - (4) Exercise Requirements. Each CRI LPHA shall develop and conduct an exercise program that tests MCM dispensing related emergency response plans and adheres to HSEEP guidance including an after action report, improvement plan and exercise evaluation guide. Exercises completed to meet PE-02 can be used to meet PE-12 requirements if appropriate documentation, as cited in PE-12, is submitted. Each CRI LPHA must complete the following exercises:
 - (a) Three DSNS Drills by April 1, unless given specific permission for extension by OHA State MCM Coordinator. Documentation of the three required drills must be submitted through the DCIPHER system no later than April 1, unless given specific permission for extension by OHA State MCM Coordinator.
 - (b) One Medical Countermeasures Full Scale Exercise (FSE) in 5 year period. Each CRI LPHA must participate in one regional FSE once in 5 year cooperative agreement period. The FSE must include at least 1 POD set up with throughput drill and it is advised that more than one POD is set up to further test the coordination of simultaneously setting up multiple PODs. Each CRI LPHA must document FSE in the web based DCIPHER system along with the Dispensing Throughput Drill by year end of 2019.

5. **Public Health Preparedness Capabilities Requirements.**

The capabilities, functions and tasks below correspond with the capabilities, functions, and tasks located in the Public Health Preparedness Capabilities which can be found at <http://www.cdc.gov/phpr/capabilities/> . Where possible the CRI Program will support the CDC and Oregon Hospital Preparedness Program (HPP) priority capabilities which can be found in Program

Element #12 “Public Health Emergency Preparedness Program (PHEP)” to the current Public Health Financial Assistance Agreement series between LPHAs and OHA.

Capability 1: Community Preparedness.

Function 3: Engage with community organizations to foster public health, medical and mental/behavioral health social networks.

Task 1. CRI LPHAs must utilize Push Partners to share public health or situational awareness messages with their constituencies.

Capability 8: Medical Countermeasure (MCM) Dispensing.

Function 3: Activate Dispensing Modalities.

Task 3. Activate dispensing strategies, dispensing sites, dispensing modalities and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population.

Contingent Emergency Response Funding: Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

6. **General Requirements.** All services and activities supported in whole or in part with funds provided under this Agreement shall be delivered or conducted in accordance with the following requirements:
 - a. **Non-Supplantation.** Funds provided under this Agreement shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. **Audit Requirements.** In accordance with federal guidance, each county receiving funds shall audit its expenditures of CRI Program funding not less than once every two years. Such audits shall be conducted by an entity independent of the county and in accordance with the federal Office of Management and Budget Circular A-133. Audit reports shall be sent to the OHA, who will provide them to the CDC. Failure to conduct an audit or expenditures made not in accordance with the CRI Program guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of funds.
 - c. **CRI Coordinator.** CRI LPHAs shall identify a CRI Coordinator. The CRI Coordinator will be the OHA’s chief point of contact for CRI Program.
7. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA by the 25th of the month following the end of the first, second and third quarters, and no later than 50 calendar days following the end of the fourth quarter (or 12 month period).
8. **Reporting Requirements.**
 - a. Coordinating LPHA must submit a budget to OHA by August 1 of each year using actual award amounts and detailing expected costs of operating the CRI program during the period of July 1 through June 30 of each year. The budget shall include budgets from each CRI LPHA detailing expected costs associated with the CRI program and matching their allocation.
 - b. Coordinating LPHA must submit to OHA by February 15 of each year, the actual expense-to-budget report for the period of July 1 through December 31.

- c. Coordinating LPHA must provide to OHA by September 15 of each year, the actual expense-to-budget report for the period of July 1 through June 30. The budget and expense to budget Excel file set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use CRI funds will be identified in this budget report.
- d. The award of funds under this Agreement to LPHA must include funds to assist in the implementation of the CRI Program requirements as outlined in this Program Element throughout the CRI Program Area. LPHA shall use a portion of the CRI award to fund a CRI Coordinator position who will work under guidance from CRI LPHAs and with technical assistance from OHA.
- e. LPHA must hold, at minimum, quarterly CRI Team meetings that include, at minimum, the CRI Program Coordinator, a representative from each CRI LPHA and the OHA State MCM Coordinator.
- f. LPHA must reallocate any unspent funds awarded to a CRI LPHA that have not been spent or obligated by 60 days prior to the end of the grant period.
- g. LPHA must return to OHA for reallocation to projects that support CRI objectives any funds not spent or obligated by 45 days prior to end of the grant period.
- h. Intergovernmental Agreement (IGA) or Contract. LPHA will develop an IGA, or contract, between itself and all CRI LPHAs in the CRI Program Area. The IGA, or contract, will incorporate all requirements of Program Element 02 CRI program measures.

9. Performance Measures.

Performance Measure 0.1 Each CRI LPHA, unless otherwise advised by OHA, must, to OHA's satisfaction, complete the ORR including updated Dispensing Planning Form, Distribution Planning Form, POD Information Forms, Training and Exercise Planning Form, and Jurisdictional Data Sheet with supporting documents, through the DCIPHER system, to the OHA State MCM Coordinator 21 days prior to the review date. (Refer to Section 4.f.(1) "Operational Readiness Review" of this Program Element).

Performance Measure 0.2 Each CRI LPHA must, to OHA's satisfaction, execute and submit appropriate documentation to the OHA State MCM and CRI Program Coordinators for three separate, unique, DSNS Drills before April 1, unless given specific permission for extension by OHA State MCM Coordinator, each year. Coordinating LPHA will submit through the DCIPHER system to the OHA State MCM Coordinator. These DSNS Drills can be used to meet the requirements set forth in PM 1.1. (Refer to CRI Work Plan Section 4.f.(4) "Exercise Requirements" of this Program Element).

Performance Measure 1.1 CRI LPHAs must, at least once annually, disseminate a preparedness, situational awareness or public health message and include a request for an update of contact information to the partners identified in this Performance Measure (PM) 1.1. (Refer to Capability 1: Community Preparedness).

Performance Measure 8.2 By one day prior to previous year's submission, each CRI LPHA must submit, through the web based DCIPHER system, an updated Receive, Store and State (RSS) Site Assessment for their designated emergency warehouse. (Refer to Capability 8: Medical Countermeasure (MCM) Distribution).

COMPENSATION TERMS: Washington County agrees to pay Yamhill County, as a sub-recipient of this federal funding, a maximum of \$25,726 between July 1, 2018 and June 30, 2019. Any adjustments to the final grant funds will be reflected in an amendment to this IGA.

Invoices must be on a reimbursement basis and submitted not less than quarterly. Supporting documentation from accounting software should be submitted along with any invoice and should tie to the amount being requesting to be paid.

Please submit invoices to the following:

Adrienne Donner
Washington County Dept. of Health and Human Services
155 North First Avenue, MS-6A
Hillsboro, OR 97124
Adrienne_Donner@co.washington.or.us

If Yamhill County does not spend or obligate its award 90 days prior to June 30, 2019 (April 30, 2019), the unspent funds will be retained by Washington County for reallocation.

CFDA #93.069 Public Health Emergency Preparedness

ATTACHMENT J
IDENTIFICATION AS
VENDOR OR
SUBRECIPIENT OF
FEDERAL FUNDS

For CFDA Number(s): 93.069

Washington County has determined that you are a:

- Vendor
 Subrecipient (See Exhibit A)
-

If you have been determined to be a subrecipient, then you must comply with the following terms:

1. Financial Review/Audit

- A. Contractor must maintain auditable financial records per generally accepted accounting principles and in accordance with OAR 309-013-0075 through 0220 and in sufficient detail to permit County or the State to verify how any payments received under this Agreement were expended.
- B. Contractor agrees to permit a program reviewer or an auditor of the Federal, State, or County government or their agents to have access to records and financial statements as may be necessary. Access to records by the County or State may be with notice or without notice. Any refunds to or disallowances by the Federal Government, the State, or the County resulting from audits of Community Human Services Programs related to this Agreement, including Title XIX, shall be the sole responsibility of Contractor for payment to the Federal Government, the State, or the County.
- C. As appropriate, based on criteria in 2 CFR 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards) **OR** OMB Circular A-133, Contractor is designated as a subrecipient. The parties agree to comply with any applicable cost principles established for determining the allowable costs incurred as set forth in 2 CFR 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards), **OR** circulars superseded by 2 CFR 200 (OMB Circular A-87 (State and Local Governments), OMB Circular A-122 (Nonprofit Organizations), OMB Circular A-21 (Institutions of Higher Learning), 45 CFR Part 74 (Appendix E Hospitals), FAR 48 Subpart 31.2 (For-profit Organizations). The parties further agree to comply with, as applicable, the administrative standards for grants set forth in 2 CFR 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).
- D. A Contractor receiving \$100,000 or more from County or County's fiscal agent shall provide County with a Financial Report prepared in accordance with generally accepted accounting principles upon which an independent certified public accountant has expressed an opinion. Such report shall account for funds received during the County's fiscal year, July 1 through June 30, or any part of the County's

fiscal year occurring during the term of this Agreement. The report must be submitted within six months of Contractor's fiscal year end. If the Contractor is unable to meet this deadline, they may request, in writing, an extension of up to three additional months. Failure to provide County with the annual Financial Report may result in withholding of payments due to the Contractor or termination of this agreement. Public agencies that submit reports directly to the State are excluded from this requirement. If the Contractor has a different fiscal year from the County, then the report shall account for funds received during the Contractor's fiscal year.

- E. Contractors determined to be sub-recipients of Federal funds who receive Federal awards during the current contract year from County shall provide County with a Financial Report prepared in accordance with generally accepted accounting principles upon which an independent certified public accountant has expressed an opinion. Such report shall account for funds received during the County's fiscal year, July 1 through June 30, or any part of the County's fiscal year occurring during the term of this Agreement. The report must be submitted within six months of Contractor's fiscal year end. If the Contractor is unable to meet this deadline, they may request, in writing, an extension of up to three additional months. Failure to provide County with the annual Financial Report may result in withholding of payments due to the Contractor or termination of this agreement. Public agencies that submit reports directly to the State are excluded from this requirement. If the Contractor has a different fiscal year from the County, then the report shall account for funds received during the Contractor's fiscal year.
- F. Contractors determined to be sub-recipients of Federal funds who are non-profit organizations as defined by IRS Code 501-C-3 or who are local governments and who receive a total of \$750,000 or more in Federal awards during the current contract year from all grantors, shall provide County with a copy of a single audit report prepared by an independent Certified Public Accountant in accordance with 2 CFR 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards). Such report shall cover the time period indicated in paragraph 1.E and shall be due on the same day as the audited Financial Report.
- G. If Federal grant funds are used to fund this agreement, the parties agree to comply with all applicable requirements set forth in 2 CFR 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards) and with any additional compliance requirements which may be required pursuant to the terms of the grant. To the extent that they exist, any additional compliance requirements not set forth in 2 CFR 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards) are attached hereto as Exhibit A.

2. Expenditure Records

Contractor shall document the expenditure of all funds paid to Contractor under this Agreement. Unless applicable federal law requires Contractor to utilize a different accounting system, Contractor shall create and maintain all expenditure records in accordance with generally accepted accounting principles and in sufficient detail to permit County and Department to verify how the funds paid to Contractor under this contract were expended.

Exhibit A

SUPPLEMENTAL INFORMATION FORM
(As required per 2 CFR 200)

Note: All information requested in this form will be found in your revenue contract.
 If not, you will need to contact the grantor for assistance

Federal Award Identification:

- i. Sub-recipient name (Must match registered DUNS #):
- ii. Sub-recipient DUNS (Data Universal Numbering System) number (§200.32):
- iii. Federal Award Identification Number (FAIN):
- iv. Federal Award Date (§200.39):
- v. Sub-award Period of Performance:
- vi. Amount of Federal funds obligated by this action:
- vii. Total Amount of Federal Funds obligated by this sub-recipient:
- viii. Total Amount of this Federal award:
- ix. Federal award project description:
- x. Federal awarding agency / Pass-through entity: **Washington County Health & Human Services**
- a. Contact Information:
- b. Contact Information:
- xi. CFDA number and name:
- xii. Is this award for Research and Development (R&D)?
- xiii. Indirect cost rate for Federal award:
- a. Election of 10% de minimis indirect cost rate (§200.414):