2011 CONTRACT FOR HUMAN SERVICES  
BETWEEN THE CITY OF LAKewood AND  
Tacoma Pierce County Health Department (TPCHD)  

THIS AGREEMENT is entered into this 27th day of __________, 201___, by and between the City of Lakewood, Washington, a code city duly organized and existing pursuant to laws of the State of Washington, hereinafter referred to as the “City”, and TPCHD, hereinafter referred to as the “Agency”.

WHEREAS, the City has determined the need to have certain human services performed for its citizens; and,

WHEREAS, the City desires to have the Agency perform such services pursuant to certain terms and conditions, now, therefore,

IN CONSIDERATION OF the mutual benefits and conditions hereinafter contained, the parties hereto agree as follows:

1. Scope of Services to be Performed by Agency. The Agency shall perform those services described on “Exhibit A”, attached hereto and incorporated herein by this reference as if fully set forth, generally known by the project title of “Access to Care Dental Outreach.” In performing such services, the Agency shall at all times comply with all Federal, State, and local statutes, ordinances and rules applicable to the performance of such services and the handling of any funds used in connection therewith. The Agency shall request, in writing, prior approval from the City whenever the Agency desires to amend the scope of services.

2. Identified Community Support. In order to recognize the participation and involvement of the City in the funding of this Agreement, and to insure that those people who benefit from the activities and services of the Agency are aware of the City’s involvement, the Agency shall, when possible, include the words “funded in part by the City of Lakewood” on flyers, pamphlets, brochures, advertisements, annual reports or other printed information prepared by or for the Agency advertising or promoting the activities and services of the Agency pertaining to the particular program funded by the City. Such advertisements shall be filed with the City of Lakewood Parks, Recreation and Community Services Department, Human Services Division.

3. Compensation and Methods of Payment. The City shall pay the Agency for services rendered as set forth on “Exhibit B”, Revised Budget and Budget Narrative, attached hereto and incorporated herein by this reference. The total amount to be paid shall not exceed $10,500. Compensation shall be paid by the City following receipt of a properly completed invoice in the form attached hereto as “Exhibit C”, Request for Reimbursement. If the amount of the total compensation is in an amount not to exceed $5,000, the Agency may, upon completion of the contracted services, submit a request to the City for the entire amount due at one time, which request shall be submitted to the City by the 15th day of December, 201___, and shall be processed for payment by the City in the normal course after that date, in accordance with the terms hereof. If the agency chooses not to submit a request for the total amount at one time, the payment schedule below applies. If the amount of the total compensation is more than $10,500, the Agency shall submit requests to the City for payment as follows:
Monthly, on the 15th day of the month.

Bimonthly (every two months), on the _____ day of the month in which such request is submitted.

Quarterly, on the ____ day of the month in which such request is submitted.

Other: ________________________________

The requests for such payment shall be processed for payment by the City in the normal course after that date, in accordance with the terms hereof. Any/all requests for reimbursement shall not exceed the proportionate amount of contracted outputs identified and set forth on “Exhibit D” Output Report Form.

4. **Agency Budget.** The Agency shall apply the funds received under this Agreement with the maximum limits set forth in this Contract solely to the services specified in Paragraph 1, above, and according to the approved budget of the Agency. Prior approval from the City is required whenever the Agency desires to amend its budget by transferring funds among the budget categories.

5. **Duration of Contract.** This Contract shall be in full force and effect for a period commencing on the 1st day of January, 2011 and ending on the 31st day of December, 2011, unless sooner terminated under the provisions hereinafter specified.

6. **Independent Contractor.** The Agency and City agree that the Agency is an independent contractor with respect to the services provided pursuant to this Contract. Nothing in this Contract shall be considered to create the relationship of employer and employee between the parties hereto. Neither the Agency nor any employee of the Agency shall be entitled to any benefits accorded City employees by virtue of the services provided under this Contract. The City shall not be responsible for withholding or otherwise deducting federal income tax or social security payments or contributing to the State Industrial Insurance Program, or otherwise assuming the duties of an employer with respect to the Agency, or any other employee of the Agency.

7. **Indemnification and Defense.** The Agency shall defend and indemnify, and save harmless the City, its agents and employees, from and against any and all liability arising from injury or death to persons or omissions of the Agency, its agents, servants, officers or employees, irrespective of whether in connection with such act or omission it is alleged or claimed that an act of the City, or its agents or employees caused or contributed thereto. In the event that the City shall elect to defend itself against any claim or suit arising from such injury, death or damage, the Agency shall, in addition to indemnifying and holding the City harmless from any liability, indemnify the City for any and all expense incurred by the City in defending such claim or suit, including attorney’s fees.
8. **Insurance**

A. The Agency shall procure and maintain in full force throughout the duration of the Contract commercial comprehensive general liability insurance with a minimum coverage of $1,000,000.00 per occurrence combined single limit and $2,000,000.00 in the aggregate for personal injury and property damage and non-owned automobile. The said policy shall name the City as an additional named insured on the insurance policies, and A COPY OF THE ENDORSEMENT NAMING THE CITY AS AN ADDITIONAL INSURED SHALL BE ATTACHED TO THE CERTIFICATE OF INSURANCE.

B. In addition to the insurance provided for in Paragraph A above, the Agency shall maintain or insure that its professional employees or contractors maintain professional liability insurance in the event that services delivered pursuant to this Contract, either directly or indirectly, involve providing professional services. Such professional liability insurance shall be maintained in an amount not less than $500,000.00 combined single limit per claim and in the aggregate. For the purposes of this paragraph “professional service” shall mean services provided by a physician, licensed psychologist, or other licensed professional.

C. Certificates of coverage as required by Paragraph A and B above shall be delivered to the City within fifteen (15) days of execution of this contract. Further, it is the responsibility of the Agency to ensure a valid certificate of insurance is in effect at all times throughout the course of this contract. Requests for reimbursement under this contract may be withheld until such time as a valid certificate of insurance is provided to the City.

9. **Record Keeping and Reporting.**

A. The Agency shall maintain accounts and records, including personnel, property, financial and programmatic records which sufficiently and properly reflect all direct and indirect costs of any nature expended and services performed in the performance of this Contract and other such records as may be deemed necessary to the City to ensure proper accounting for all funds contributed by the City for the performance of this Contract and compliance with this Contract. The Agency shall notify the City within ten (10) days of any change in program personnel.

B. These records shall be maintained for a period of seven (7) years after termination hereof unless permission to destroy them is granted by the office of the archivist in accordance with Chapter 40.14 RCW and by the City.

C. The Agency shall provide monthly activity reports to the City containing program goals and outputs in the format attached hereto as “Exhibit D”, “Outputs Report.” Payment for services will not be made if Output Reports are not received by the last day of the following month in which services were provided. Output Reports shall be submitted monthly regardless of the payment schedule selected.

D. The Agency shall provide activity reports to the City containing actual outcomes, indicators and an evaluation of the program. Such reports shall generally follow the format of the “Outcome Based Program Evaluation Report” form attached hereto as Exhibit E. The Agency shall employ a data collection system in accordance with Exhibit F, attached hereto. Payment for services shall not be made if the Outcome Based Program Evaluation Reports are not received by the dates indicated below. The reports shall be submitted to the City in the frequency and by the dates indicated as follows:

- Midyear, on the 31st day of July, 2011 (School based/pre-approved programs)
- Annual, on the 31st day of January, 2012.
E. The Agency, at the request of the City, shall make public presentations regarding the program funded by the City. Such presentation shall be prepared in advance and approved by the City.

F. The City of Lakewood places a high priority on collaboration. As such, the Agency shall provide representation at the monthly Collaboration Meeting.

10. **Audits and Inspections.** The records and documents with respect to all matters covered by this Contract shall be subject at all times to inspection, review or audit during the performance of this Contract. The City shall have the right to an annual audit of the Agency’s financial statements and condition. In addition, the Agency is subject to an annual site monitor of the systems supporting Outcomes Based Evaluation. The City shall have the right to an annual inspection of the Agency’s data systems for tracking outcome achievement. Areas of default noted during the annual inspection may demand additional site monitoring(s).

11. **Termination.** The City of Lakewood may suspend or terminate this Agreement in whole or in part for convenience, upon 15 days written notice to the Agency. If the Agency’s insurance coverage is canceled for any reason, the City shall have the right to terminate this Contract immediately. If for any reason an agency does not comply with all aspects of this contract, including mandatory reports, such non-compliance may jeopardize the agency’s ability to receive future funding.

Further: This Contract may be terminated upon evidence of the following conditions:
1. Agency is no longer operating. The Contract shall be terminated within 10 days of notification that the Agency is no longer operating and performing the duties identified in “Exhibit A” Scope of Services.
2. Change in Scope of Services: Should the Agency no longer provide services identified in “Exhibit A” Scope of Services, the contract may be terminated for non-performance.

12. **Discrimination Prohibited.** The Agency shall not discriminate against any employee, applicant for employment, or any person seeking the services of the Agency to be provided under this Contract on the basis of race, color, religion, creed, sex, age, national origin, marital status or presence of any sensory, mental or physical handicap.

13. **Assignment and Subcontract.** The Agency shall not assign or subcontract any portion of the services contemplated by this Contract without the written consent of the City.

14. **Entire Agreement.** This Contract contains the entire agreement between the parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind any of the parties hereto. Either party may request changes in the Contract. Proposed changes which are mutually agreed upon shall be incorporated by written amendments to this Contract.
15. **Notices.** Notices required by terms of this Contract shall be sent to the other party at the following addresses, unless otherwise requested, in writing, by one of the parties hereto:

**TO THE CITY**
City of Lakewood  
Parks, Recreation & Community Services  
Human Services Division  
6000 Main St SW  
Lakewood, Washington 98499

**TO THE AGENCY:**
TPCHD  
Anthony L-T Chen, MD, MPH,  
Director of Health  
3629 South D Street  
Tacoma WA 98418

16. **Applicable Law, Venue, Attorney’s Fees.** This Contract shall be governed by and construed in accordance with the laws of the State of Washington. In the event any suit, arbitration, or other proceeding is instituted to enforce any term of this Contract, the parties specifically understand and agree that venue shall be properly laid in Pierce County, Washington. The prevailing party in any such action shall be entitled to its attorney’s fees and costs of suit.

17. **E-verify.** The contractor and any subcontractors shall comply with E-Verify as set forth in Lakewood Municipal Code Chapter 1.42. The Contractor shall enroll in, participate in and document use of E-Verify as a condition of the award of this contract. The Contractor shall continue participation in E-Verify throughout the course of the Contractor’s contractual relationship with the City. If the Contractor uses or employs any subcontractor in the performance of work under this contract, or any subsequent renewals, modifications or extension of this contract, the subcontractor shall register in and participate in E-Verify and certify such participation to the Contractor. The Contractor shall show proof of compliance with this section, and/or proof of subcontractor compliance with this section, within three (3) working days of the date of the City’s request for such proof.

IN WITNESS WHEREOF THE PARTIES HERETO EXECUTED THIS CONTRACT AS OF THE DATE AND YEAR FIRST ABOVE WRITTEN.

**CITY OF LAKEWOOD**

Andrew E. Neiditz  
City Manager  
Attest:  
Alice M. Bush  
City Clerk

(date)

(tpchd)

Anthony L-T Chen, MD, MPH  
Director of Health  
Marcy Kull, Ph.D.  
Business Manager

(date)

**TPCHD**

Heidi Ann Wachtler, City Attorney

(date)

2/9/11
Exhibit A

SCOPE AND SCHEDULE OF WORK
2011 HUMAN SERVICES
TACOMA PIERCE COUNTY HEALTH DEPARTMENT
Access to Care Dental Outreach - Lakewood

Scope of Services:

The Access to Care program is a conduit for advocacy, outreach and services with the purpose of providing Lakewood citizens access to adequate, equitable, health and dental care, to increase quality and length of life by reducing chronic and infectious disease.

TPCHD is the fiscal agent for Access to Baby and Child Dentistry (ABCD). ABCD works in conjunction with the Access to Care Program to improve access to quality medical and dental care for residents of Lakewood.

ABCD promotes its program benefits and oral health education at Family Support Centers, Pierce County Infant and Child (WIC) Nutrition Programs, Basic Food outreach, Apple Health for Kids, and other outreach services provided by the Health Department to meet the needs of low-income families. The Access to Care program plans to increase the efforts of ABCD in the avenue of Early Childhood Carie prevention. The overall goal is to improve the current 9% rate of Pierce County children receiving the first dental visit by age one.

In Lakewood, emphasis will be placed on education and engaging activities for new and expecting mothers, young families, and Spanish speaking families in Lakewood.

Access to Care will focus on dental education for parents and dental treatment for Medicaid children six years of age and under. The program will extend education to pregnant and new moms through Apple Health for Kids.

This program is new to the City of Lakewood and will be monitored for successful implementation.
Location of service delivery: Various sites throughout Lakewood
Time of service: Dates and times to be determined Dates and times will be provided to COL
Duration of service: Year round
Target group: (1) City of Lakewood residents only with this funding
2. Children ages six and under
3. Expectant mothers and families on Medicaid
Income level: Low-Mod
Service area: Lakewood Only

(This program will provide:

Annual Outputs
90 Total unduplicated number of Lakewood residents served
Total unduplicated number of residents served regardless of residence
Access to Care will offer 2 Provider trainings in Lakewood; recruit and train
10 new ABCD certified providers in Lakewood, Schedule 6 new and expecting parent
workshops with estimated 60 in attendance and enroll 30 babies 1 year or younger.

Outcomes
The CITY intends to have the CONTRACTOR employ a data collection system in accordance with Exhibit
"F". All Outcomes and Indicators must align with the Pierce County Funders Group Mandated Outcome
List and Common Outcome and Indicator Catalogue. Programs needing to adjust their outcome(s) and/or
indicator(s) must follow the procedure identified in Section 14 of this contract.

Budget
Personnel
<table>
<thead>
<tr>
<th>Amt. Funded</th>
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</thead>
<tbody>
<tr>
<td>10,500.00</td>
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</table>

Salaries and benefits for Health Promotion Specialist - Outreach.

Operating Expenditures
<table>
<thead>
<tr>
<th>Amt. Funded</th>
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<tbody>
<tr>
<td>0.00</td>
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</table>

No operating expenses are covered through this contract.

TOTAL
<table>
<thead>
<tr>
<th>Total Funding</th>
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<td>10,500.00</td>
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</table>
## PROGRAM:

### 2011 REVISED Program Budget

A. On the Program Budget Detail below, provide a complete REVISED program budget, as outlined.

B. In reference to Column 2B, provide a budget narrative for the expenses listed. Attach no more than one additional page.

**Program Period** (based on revised budget January 1, 2011 to December 31, 2011)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>City of Lakewood Funds Requested</th>
<th>City of Lakewood Funds Awarded</th>
<th>Other Funding Sources</th>
<th>Total Program Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONNEL COSTS</strong></td>
<td></td>
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</tr>
<tr>
<td>Salaries</td>
<td>25,200</td>
<td>7,455</td>
<td>41,543</td>
<td>47,420</td>
</tr>
<tr>
<td>Benefits</td>
<td>10,800</td>
<td>3,045</td>
<td>18,098</td>
<td>20,617</td>
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<tr>
<td>Total Personnel</td>
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<tr>
<td><strong>OPERATING EXPENSES</strong></td>
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<tr>
<td>Facility Costs</td>
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<tr>
<td>Communication</td>
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<tr>
<td>Supplies</td>
<td>250</td>
<td>250</td>
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<tr>
<td>Travel</td>
<td>612</td>
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<td>Training</td>
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<td>Consultants</td>
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<tr>
<td>Direct Services (not staff)</td>
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<tr>
<td>Equipment</td>
<td>400</td>
<td>400</td>
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<tr>
<td>Other (explain) – Agency indirect &amp; direct</td>
<td>9,000</td>
<td>18,399</td>
<td>20,503</td>
<td></td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>9,000</td>
<td>23,557</td>
<td>25,661</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>45,000</td>
<td>10,500</td>
<td>83,198</td>
<td>94,098</td>
</tr>
</tbody>
</table>

Estimated # of Lakewood Youth & Children Served: 
Estimated # of Lakewood Adult Family Members Served: 
Estimated TOTAL # of Lakewood Clients Served: 

List below the funding sources identified in Column 3.

- Health Department Contribution
- Medicaid Title XIX
- Department of Health

*Other expense categories must be approved prior to submitting revised budget*
Program Budget Narrative

Agency indirect rate = 19.9%
Agency direct management rate = 4.5%

Communication = phone/computer monthly expense $358 per month
Travel est. @ 100 miles per month reimbursed at federal mileage rate of $.51 per mile ('11 rate)
Dental equipment/repairs = $400

Supplies = dental related supplies for 2011 for this program est. @ $250
2011 HUMAN SERVICES
REIMBURSEMENT REQUEST

EXHIBIT C

Request Date:

TO:
City of Lakewood - General Services Dept.
Attention: Kimberly Dodds
6000 Main Street SW
Lakewood, Washington 98499
Phone: (253) 589-2489

FROM:
TACOMA PIERCE HEALTH DEPT.
3629 South "D" Street MS 427
Tacoma, WA 98418
Phone: 253-798-6573

This reimbursement request is for activities or services rendered under the City of Lakewood
Human Services agreement identified as: ACCESS TO CARE - DENTAL ABCD
# Lakewood residents served this month _______ # Lakewood residents served to date _______

COSTS INCURRED FROM DATE: ___________ TO ___________

<table>
<thead>
<tr>
<th>COST CATEGORY</th>
<th>BUDGET</th>
<th>AMOUNT REQUESTED</th>
<th>REQUESTED TO DATE</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Salaries &amp; Benefits (Health Prom. Spec. Outreac</td>
<td>10,500.00</td>
<td></td>
<td>10,500.00</td>
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</table>

TOTAL 10,500.00 0.00 10,500.00

I CERTIFY THAT THE ABOVE COSTS HAVE BEEN INCURRED AND PAYMENT HAS BEEN MADE OR IS NOW DUE AND THAT NECESSARY RECEIPTS OR INVOICES ARE ATTACHED. A 6-MONTH OR ANNUAL PERFORMANCE AND OUTCOME REPORT IS ATTACHED AS REQUIRED.

AUTHORIZED SIGNATURE (AS SET FORTH IN THE AGREEMENT) DATE

FOR CITY OF LAKewood USE ONLY

REVIEWED BY: ____________________________ Human Services Coordinator DATE

I hereby acknowledge that the funds requested in this invoice are eligible for reimbursement under the terms set forth in Exhibit B of the agreement. I approve this invoice for payment: BARS# 001.11.551.20.41.020

__________________________ Parks, Recreation & Community Service Director DATE

__________________________ (City Manager) DATE
Program: Access to Care Dental  
Amount funded: $10,500

Purpose: ACCESS TO CARE: DENTAL OUTREACH/ACCESS TO BABY AND CHILD DENTISTRY (ABCD)

Actual Outputs (numbers served)

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<tr>
<td>Uninsured clients receiving services (roll over from 2010)</td>
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<tr>
<td>Conduct ABCD Provider Training</td>
<td>2</td>
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<tr>
<td>Recruit new ABCD providers in the City of Lakewood</td>
<td>10</td>
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<tr>
<td>Conduct ABCD New Parent Education Workshops for Lakewood residents</td>
<td>6</td>
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<td>Minimum workshop attendance per date (Expected Output is 50 in 2011)</td>
<td>10</td>
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<tr>
<td>Minimum Lakewood ABCD enrollees age one year or younger</td>
<td>30</td>
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</tbody>
</table>

**Numbers are an unduplicated count for 2011. Clients must be City of Lakewood residents.**

This form does not replace the annual Outcome Based Evaluation report.

This report must be submitted with invoices for reimbursement to: City of Lakewood Parks, Recreation & Community Service  
Attention: Kimberly Dodds  
6000 Main Street SW  
Lakewood, WA 98499  
Phone: (253) 589-2489

(Continued in next page.)
January 1, 2010—December 31, 2010 Common Report Form
Outcome Based Program Evaluation
City of Tacoma, Pierce County Community Services, City of Lakewood

Agency Name ____________________________

Program Name ____________________________

Staff Contact ____________________________ Email ____________________________

Phone ____________________________ Fax ____________________________

Check one annual reporting cycle.
The included data sheets should represent 12 months of data.

REPORTING PERIOD:  

Program Funded by: (please check all that apply during report period)

☐ City of Tacoma ☐ Pierce County Community Services ☐ City of Lakewood

- Data sheets Due: **By Monday, January 31, 2011.**
- Provide an electronic and hard copy to each funder.

OUTPUTS: TOTAL NUMBER OF UNDUPPLICATED INDIVIDUALS SERVED _______

TOTAL NUMBER OF UNDUPPLICATED FAMILIES SERVED _______

THE DATA IN THIS OBE REPORT IS BASED ON ☐ INDIVIDUALS ☐ FAMILIES

THE BELOW REQUESTED FINANCIAL INFORMATION IS REQUIRED ONLY IN JANUARY REGARDLESS
OF YOUR REPORTING CYCLE. JULY TO JUNE CYCLE WILL SUBMIT THIS FINANCIAL INFORMATION
ON THEIR JANUARY DATA SHEET FORM. JANUARY TO DECEMBER CYCLE WILL SUBMIT THEIR FINANCIAL
INFORMATION ON THE COMMON REPORT FORM.

FINANCIAL INFORMATION:

$ __________ LOCAL GOVERNMENT (PIERCE COUNTY, CITY OF TACOMA, CITY OF LAKewood)
$ __________ LOCAL PRIVATE FOUNDATIONS (WASHINGTON STATE FOUNDATIONS)
$ __________ STATE GOVERNMENT
$ __________ FEDERAL GOVERNMENT
$ __________ NATIONAL FOUNDATIONS (ANY PRIVATE DOLLARS OUTSIDE OF WASHINGTON)
$ __________ CLIENT FEES
$ __________ DONATIONS
$ __________ TOTAL PROGRAM REVENUE
### SECTION ONE: CONTRACTED/MANDATED OUTCOME 1

**A. Contracted Outcome:** (e.g., #1)

**B. ___ % & ___ # of clients achieved**

**C. Define criteria for achieving outcome:** See Attachment A for guidelines to calculate achievement rates. Describe the rationale for choosing the criteria in Question 2 of narrative.

Mark one of the following: ☐ Must meet Indicator A only; ☐ Must meet Indicator B only; ☐ Must meet both Indicator A and B; ☐ Must meet either Indicator A or B; ☐ Other ____________________________ (must be clear and specific, e.g., Must meet Indicator A and 50% of Indicator B)

### SECTION TWO: INDICATORS

List indicators for above outcome

<table>
<thead>
<tr>
<th>A. Indicator</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measurement Tool</strong> (attach blank copy)</td>
<td><strong>a) # or ___ % of clients achieved</strong></td>
</tr>
<tr>
<td><strong>Total # of people served</strong></td>
<td><strong>b) # or ___ % of the data was missing.</strong></td>
</tr>
<tr>
<td><strong># of people data collected on</strong></td>
<td><strong>c) # or ___ % were not in the program long enough to evaluate.</strong></td>
</tr>
<tr>
<td><strong>Sampling Strategy used:</strong> ☐ Yes ☐ No</td>
<td><strong>d) # or ___ % left the program prior to evaluation</strong></td>
</tr>
<tr>
<td>If yes, which strategy was used? ☐ Random Sample ☐ Systematic Sample ☐ Stratified Sample ☐ Convenience Sample</td>
<td><strong>e) # or ___ % did not achieve this indicator and were in the program the appropriate duration.</strong></td>
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<td></td>
<td><em>Sum of a) through e) will equal f).</em></td>
</tr>
</tbody>
</table>

*Use only if program is designed to work with clients 12 or more months*

*Program duration > 1 year ☐ Yes ☐ No*

If yes, complete the following

___ # or ___ % less than 1 year achieved indicator.

___ # or ___ % greater than 1 year achieved indicator.

---

<table>
<thead>
<tr>
<th>B. Indicator</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measurement Tool</strong> (attach blank copy)</td>
<td><strong>a) # or ___ % of clients achieved</strong></td>
</tr>
<tr>
<td><strong>Total # of people served</strong></td>
<td><strong>b) # or ___ % of the data was missing.</strong></td>
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<td><strong>c) # or ___ % were not in the program long enough to evaluate.</strong></td>
</tr>
<tr>
<td><strong>Sampling Strategy used:</strong> ☐ Yes ☐ No</td>
<td><strong>d) # or ___ % left the program prior to evaluation</strong></td>
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*Use only if program is designed to work with clients 12 or more months*

*Program duration > 1 year ☐ Yes ☐ No*

If yes, complete the following

___ # or ___ % less than 1 year achieved indicator.

___ # or ___ % greater than 1 year achieved indicator.
SECTION ONE: CONTRACTED OUTCOME 2

A. Contracted Outcome: (e.g., #2)
B. ___% & ___# of clients achieved

C. Define criteria for achieving outcome: See Attachment A for guidelines to calculate achievement rates. Describe the rationale for choosing the criteria in Question 2 of narrative.
Mark one of the following: □ Must meet Indicator A only; □ Must meet Indicator B only; □ Must meet both Indicator A and B; □ Must meet either Indicator A or B; □ Other ____________________________ (must be clear and specific; e.g. Must meet Indicator A and 50% of Indicator B)

SECTION TWO: INDICATORS
List indicators for above outcome

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Data Analysis

a) ___# or ___% of clients achieved
b) ___# or ___% of the data was missing.
c) ___# or ___% were not in the program long enough to evaluate.
d) ___# or ___% left the program prior to evaluation
e) ___# or ___% did not achieve this indicator and were in the program the appropriate duration.
f) ___*Total. This should equal "# of people served" or if sampling 
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   *Sum of a) through e) will equal f).

Use only if program is designed to work with clients 12 or more months

Program duration > 1 year: □ Yes □ No
If yes, complete the following
___# or ___% less than 1 year achieved indicator.
___# or ___% greater than 1 year achieved indicator.
CITY OF LAKEWOOD

AFFIDAVIT OF COMPLIANCE WITH LAKEWOOD MUNICIPAL CODE 1.42
"E-VERIFY"

As the person duly authorized to enter into such commitment for

[Tacoma - Pierce County Health Department]
(Company or Organization Name)

I hereby certify that the Company or Organization named herein will

(check one box below)

☑ Be in compliance with all of the requirements of City of Lakewood Municipal Code Chapter 1.42 for the duration of the contract entered into between the City of Lakewood and the Company or Organization.

OR

☐ Hire no employees for the term of the contract between the City and the Company or Organization.

NAME

[Signature]

TITLE

[Title]

DATE

[Date: August 11, 2010]
Data Collection Worksheet
SECOND PERFORMANCE MEASURE

Priority Question(s)
Did the parent follow through on the new enrollee/first dental visit appointment with the ABCD provider? If the child's 6 month/2nd checkup due date occurred before December 31, 2011, did the parent follow through with a 2nd dental visit?

Which performance measure data answers your priority question?
Second Performance Measure

Second Performance Measure Type
Outcome

Description of Performance Measure
The Lakewood child or baby with parents that participate in ABCD training and education will receive their recommended dental visits.

Rationale (How it answers your priority question)
For families participating: access, education and positive experience improves usage of children's preventive dental benefits and self-advocacy. Usage and self-advocacy can reduce early childhood caries and the cost/need for restorative dental work in children.

Tool
Survey
Tool developed by program, pilot tested
Survey clients on understanding of the information and benefits.

Data Collection Process
Who collects the data?
Health Promotion Specialist

How often is data collected?
During the referral process. (1 time for families enrolled less than 6 months on December 31, 2011. Twice for families enrolled over 6 months on December 31, 2011.)

Criteria for Change
Families understand the dental benefits available to their young children and babies and why it is important for their child's health and well-being to use the benefits.
Data Collection Worksheet

First Performance Measure (Mandated Outcome)

Outcomes / Criteria

Service Strategy: Health and Seniors/Disabled
Mandated Outcome: Improved health (physical/dental/mental)

Criteria for Achievement: A & B

Indicator A: Accesses services that meet needs

Indicator Achievement (Action Steps):
- Observable change is documented
- Multiple questions were used to achieve indicator

Indicator B: Able to advocate for self in the future

Indicator Achievement (Action Steps):
- Observable change is documented
- Multiple questions were used to achieve indicator

Tools

Interviews
Tool developed by program, no pilot testing

Survey
Tool developed by program, no pilot testing

The Health Department will develop a short survey to measure the family's understanding of the importance of good oral health and its relationship to good nutrition, a healthy body and school readiness.

Data Collection Process

Who collects the data?
Health Promotion Specialist

How often is data collected?
Enrollment, follow-up phone interview with provider, follow-up survey with client

Method

Data collected on all clients

Convenience Sample

The required referral and follow-up component of the ABCD program allows for open communication between the Health Promotion Specialist, the family and the provider. The Health Promotion Specialist will have contact with each family through the process.

Validity

Results consistent with known findings

Use standardized tools

The ABCD program is an evidence-based model. Client participation is easily measured through provider relationships and available billing data.

Reliability

Instructions for coding data

Staff Training

The program will seek directives and appropriate training as needed from TPCHD Office of Community Assessment for all matters related to human subject review and data collection.
Questions:

1) Using 18 months of Outcome data and at least one other performance measure; explain the learnings that have occurred in this program using performance measures.
   a. Performance measures include outcomes, outputs, resources and cost data. The use of outcome data is required.
   b. Encouraged to use charts, tables in addition to the narrative to explain what you've learned.
   c. Recommended that programs provide a bulleted summary of the lessons learned.

2) Given these lessons (must include outcome data and may include any other performance measures), please describe your plans for the program for the next 6-12 months.
   a. May include; changes to service delivery, changes to resource procurement, changes to evaluation system
   b. Include a detailed time line for implementing changes. Be specific and realistic.
   c. If no changes to the program, please explain what you need to learn in order to deliver better outcomes and other performance measures.

3) What else would you like your funder to know about the effectiveness of your program? May include;
   a. demographics of the population and its impact on performance,
   b. intensity and duration of the program and results
   c. difference between participants who complete the entire dosage of service, compared to those who opt out early,
   d. other areas that interest you and may interest your funder.