Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

2015 DPH Consolidated Contract Addendum

This contract addendum is specific to Fond du Lac Health Department whose principal business address is 160 South Macy Street 3rd Floor, Fond du Lac, WI 54935-4241. The contact for the GRANTEE'S Contract Administrator is:

Ms Kim Mueller
160 South Macy Street 3rd Floor
Fond du Lac, WI 54935-4241

Telephone: 920/ 929-3085
Fax: 920/ 929-3102
E-mail: kim.mueller@fdlco.wi.gov

Section 6.D Funding Controls

Funding controls are summarized below. The 2015 Consolidated Contract Overview contains current funding controls for all Profile IDs that are part of the consolidated contract.

Payments through June 30, 2015 are limited to 6/12th of the contract with the balance paid after July 1, 2015 based on reported costs up to the contract level. This applies only to the following Profile IDs:

Profile IDs Subject to 6/12th Funding Controls			
Profile ID	**Name**	**Profile ID**	**Name**
103010	Regional Radon Information Centers	159320	MCH
151734	Oral Health Supplement	159321	Reproductive Health
151735	Oral Health Mouth Rinse	159327	Family Planning
152002	Reproductive Health SLOH	181005	TPCP-WIS-WINS
152020	Family Health-Women's	181012	Tobacco Prevention & Control Program
157720	Childhood Lead		

Payments through September 30, 2015 are limited to 9/12th of the contract with the balance paid after October 1, 2015 based on reported costs up to the contract level. This applies only to Profile ID 154710.

Section 34.A Special Provisions

1. Contract Period

The contract period for Profile 157000 (Well Woman) is limited to January 1, 2015 through June 30, 2015. No expenses incurred after June 30, 2015 will be reimbursed. The 2015 Consolidated Contract Overview contains current funding periods for all Profile IDs that are part of the consolidated contract.

2. Final Report Dates

The due date of the final fiscal report for Profile 150327 (Radon Outreach) shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 150327, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement.

The 2015 Consolidated Contract Overview contains final report due dates for all Profile IDs that are part of the consolidated contract.

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015

Program: Immunization

Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) Contractees must assure reported vaccine preventable diseases (VPD) are investigated and controlled as detailed in the most current edition Wisconsin Disease Surveillance Manual (EPINET) and/or written disease-specific guidance from DPH (e.g. Pertussis Guidelines). Local Health Departments (LHDs) should maintain regular contact with local required reporters of VPDs to encourage and assure prompt reporting. Contractees should solicit the help of the Wisconsin Immunization Program when needed to help assure that an adequate system is in place to report and investigate VPD.

    B) Contractees must annually formally evaluate immunization delivery and the use of vaccine preventable disease surveillance systems and improve the use of those systems in their jurisdictions where needed (e.g., the Wisconsin Electronic Disease Surveillance System (WEDSS).

    C) Contractees must work in collaboration with the Wisconsin Immunization Program to increase the use of existing electronic data collection systems for vaccine record keeping and vaccine preventable disease data systems.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) Contractees must assure the delivery of immunization services in a safe, effective and efficient manner as detailed in the Wisconsin Immunization Program Policies and Procedures Manual and in section 252, HFS 145, Wis. Admin. Code. Contractees must assure the immunization of children is consistent with Healthy People 2020 goals.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) Contractees must use the Wisconsin Immunization Registry (WIR) or an electronic immunization population-based data system that links with the WIR. The data system must have a tracking and recall function to identify children whose immunization records are behind schedule according to the ACIP recommendations. Tracking and recall shall be conducted at least every other month as required by the Wisconsin "Policies and Procedures Manual for Immunization Programs".

    B) Contractees immunization practice must assure the immunization of children, and share children's immunization records with parents or guardians, schools and day care centers and other healthcare providers as provided by the Wisconsin School Immunization Law HFS 144 (section 252).

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) Contractees must engage in community partnerships to identify and address the needs of high-risk populations, reduce racial and ethnic health disparities, and to educate families and the community on the importance of immunizations.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

    A) Contractees must coordinate immunization services with local child healthcare (service) providers: e.g., WIC projects, Medical Assistance programs, and other local public health programs to assess the immunization status of, refer, and provide immunization services to under-immunized children.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

    A) Contractees must develop relationships among public and private healthcare providers to facilitate access by children and families to immunization services. Contractees should work with these providers to assure that current immunization guidelines are followed.

    B) The LHD should promote the medical home concept by referring vaccine recipients to their medical home provider for subsequent immunizations and coordinate with this medical provider to assure adherence to the recommended immunization schedule.

    C) LHDs should promote the exchange and sharing of immunization data using immunization registries.

    D) The LHD will assure adequate surveillance, prompt reporting and epidemiologic follow-up of vaccine preventable diseases. When prompt reporting of a vaccine preventable disease does not occur, the LPHD will formally address the issue with the reporting agency to assure that reports are made according to the latest EPINet Manual.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

    A) Contractees will ensure program staff is competent in current immunization program policy and processes, including that provided through the Centers for Disease Control and Prevention (CDC) distance learning course and CDC updates.

    B) The LHD will follow the Wisconsin "Policies and Procedures Manual for Immunizations" developed and distributed by the Wisconsin Immunization Program, unless otherwise agreed upon; as well as Immunization Policy Memos issues periodically issued from the Wisconsin Immunization Program. The LHD must have written policies on the proper handling and storage of state-supplied vaccine as required by the Vaccines for Children (VFC) Program. These policies must be reviewed with all immunization program related staff on at least an annual basis.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

    A) Billing for payment of childhood immunization services is not required under this section.

    B) LHDs must assure that parents of children who are on Medical Assistance will not be charged a vaccine administration fee or be requested to make a donation for vaccine or vaccine related services. Administration fees cannot be mandatory and clients must be informed that failure to pay the administration fee or make a donation does not preclude them from receiving state-supplied vaccine. This information must be added to immunization advertising materials used by the LHD for state supplied

vaccines. The message must be given to the client in a way and in a language the client understands.

C) Grantees must screen for insurance eligibility in accordance with current DPH guidelines for state supplied vaccines.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

A) Contractees must collect and analyze agency and available private provider immunization data for children 12-35 months of age, school immunization law reports and other available population-based information needed to identify strengths and weaknesses in local delivery systems and plan improvements. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis.

B) LHDs will utilize the WIR for immunization level data analysis.

C) LHDs and Tribes will assure staff competence with the WIR system. LHD and Tribal health staff must attend at least one Regional WIR User Group Meetings or Wisconsin VFC Workshops where WIR is included in the agenda. Attendance at these meetings is necessary for staff to maintain a thorough working knowledge of the functionality of the WIR.

Contract Agreement Addendum: Exhibit I

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015

Program: Radon Indoor Radon RICs

Program Quality Criteria

1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

    A) Contractee must assess surveillance data (including their own data) for prevalence of homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at www.lowradon.org.

2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

    A) Cultural competence and other qualifications of persons delivering radon services must be the same as those of employees of local health agencies, such as environmental sanitarians and public health nurses.

3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

    A) Contractee must maintain a database of measurements carried out by the public with agency assistance and, to the extent possible, follow cases of elevated exposures to promote appropriate interventions and outcomes. However, the ability to follow-up may be limited in some instances, since indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector.

4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

    A) Contractee must serve as a resource for information in their region, and provide referrals when requested for technical information they can't provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation services where appropriate.

5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

    A) Contractee must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.

    B) Contractee must participate in radon outreach training by their regional Radon Information Center, and coordinate outreach for the Radon Action Month media blitz in January with them.

6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

    A) Contractee must use the referral network consisting of their Regional Radon Information Center, nationally certified radon mitigation contractors, and Web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is www.lowradon.org.

7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

A) Contractee must provide guidance on radon testing and mitigation following US EPA policies as recommended in EPA's booklets: Citizen's Guide to Radon, Consumer's Guide to Radon Reduction, and Home Buyers and Seller's Guide to Radon, which are readable and downloadable through the US EPA radon web site and the DPH radon web site.

B) Contractee must meet criteria of cost-effective program administration in state and

local statutes, ordinances and administrative rules.

8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.

A) Considerations of eligibility determination, pursuit of third-party insurance and

Medical Assistance coverage do not apply to radon outreach funded by DPH.

9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

A) Contractee must review results of radon measurements they have facilitated. To the extent funded and practicable, Contractee must follow cases where elevated screening tests are reported, to ensure appropriate follow-up testing is done, and to ensure that every opportunity for radon mitigation by sub-slab depressurization is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances.

B) Contractee¿s report to the radon program in DPH must be sent by email, so it can be included in the DPH report to US EPA, which requires electronic reporting.

Contract Agreement Addendum: Exhibit II

Program Objectives

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015

Contract Source of Funds

Source	Program	Amount
Fond du Lac County	Childhood Lead - Consolidated	$11,522
Fond du Lac County	Immunization - Consolidated IAP	$22,596
Fond du Lac County	Maternal Child Health - Consolidated	$43,640
Fond du Lac County	Radon Regional Information Centers	$11,464
Fond du Lac County	TPCP-COM-INTRVN-LHD	$102,564
Fond du Lac County	TPCP-WIS-WINS	$13,930
Fond du Lac County	WIC USDA	$423,996
	Contract Amount	**$629,712**

Contract Match Requirements

Program	Amount
Childhood Lead - Con	$0
Immunization	$0
MCH	$32,730
Radon-RICs	$0
Tobacco Prevent Control	$0
Tobacco Prevent Control-Consolidated	$0
WIC	$0

Program Sub-Contracts

Program	Sub-Contractee	Sub-Contract Amount
Childhood Lead - Con	None Reported	$0
Immunization	None Reported	$0
MCH	None Reported	$0
Radon-RICs	None Reported	$0
Tobacco Prevent Control	None Reported	$0
Tobacco Prevent Control-Consolidated	None Reported	$0
WIC	None Reported	$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015

Childhood Lead - Con **Program Total Value $11,522**

1	Template Objective 1 - Blood Lead Testing	$7,000
	By December 31, 2015, 650 children at risk for lead poisoning who reside in Fond du Lac County will receive an age-appropriate blood lead test.	
2	Template Objective 3 - Environmental Lead Hazard Investigations	$1,600
	By December 31, 2015, two environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to 15 micrograms per deciliter who reside in Fond du Lac County.	
3	Template Objective 4 - Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter)	$2,922
	Throughout the 2015 contract period, residents from the jurisdiction of the Fond du Lac County Health Department will receive lead poisoning prevention and intervention services that are provided according to 2012 federal recommendations and state guidelines.	

Immunization **Program Total Value $22,596**

1	By December 31, 2015, 75% children residing in Fond du Lac County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.	$22,596

MCH **Program Total Value $43,640**

1	Template Objective 1	$14,546
	By December 31, 2015 implementation activities, for the Wisconsin Healthiest Families Initiative will be undertaken by the Fond du Lac County Health Department in collaboration with community partners focusing on Mental Health.	
2	Template Objective 1	$29,094
	By December 31, 2015, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Fond du Lac County Health Department in collaboration with community partners focusing on safety/injury prevention.	

Radon-RICs **Program Total Value $11,464**

1	This is a multi-year objective, from 2015 through 2017. Throughout calendar years 2015, 2016, and 2017, residents of Fond du Lac, Outagamie, Sheboygan, and Winnebago Counties will be served by a regional Radon Information Center managed by the Fond du Lac County Health Department.	$11,464

WIC **Program Total Value $423,996**

1	Template Objective 1	$423,996
	During the contract budget period of January 1, 2015 through December 30, 2015, the Fond du Lac County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.	

Total of Contract Objective Values	$513,218
Total of Contract Statement Of Work Values	$0

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Childhood Lead Consolidated **Objective #:** 1 of 3 **Objective Value:** $7,000

Objective: Primary Details

Objective Statement

Template Objective 1 - Blood Lead Testing

By December 31, 2015, 650 children at risk for lead poisoning who reside in Fond du Lac County will receive an age-appropriate blood lead test.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

A report to document the number of unduplicated children at risk for lead poisoning residing in Fond du Lac County who received a blood lead test at the appropriate ages: age 1 and age 2, or, if no prior test was done at age 1 or 2, between the ages 3 to 5.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $7,000

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report; or a SPHERE Individual/Household Report, including information from the Lead-testing screen.

Baseline for Measurement

Context

Acceptable value for this objective is up to $18 per blood lead test. Children at highest risk for lead poisoning are those eligible or enrolled in the Medicaid or WIC Program, those living or spending time in pre-1950 housing or pre-1978 housing that is undergoing renovation, or those with a sibling with lead poisoning. Age appropriate blood lead tests are done at around 12 months and around 24 months, or at least once between the ages of 3 to 5 years if the child has no previous test documented. Local health departments should seek third party reimbursement for testing Medicaid-enrolled children by billing Medicaid fee-for-service or the appropriate managed care organization. See new reference: CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) ¿ ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf, CDC, January 4, 2012) and the WCLPPP Handbook for Local Health Departments (http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf, rev. 2014).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Childhood Lead Consolidated **Objective #:** 2 of 3 **Objective Value:** $1,600

Objective: Primary Details

Objective Statement

Template Objective 3 - Environmental Lead Hazard Investigations

By December 31, 2015, two environmental lead hazard investigations will be completed on the primary residences and pertinent secondary properties of children with venous blood lead levels greater than or equal to 15 micrograms per deciliter who reside in Fond du Lac County.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

A report to document: 1) the number of children with a blood lead level greater than or equal to 10 micrograms per deciliter; and 2) the number of associated environmental lead hazard investigations that were completed.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $1,600

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

Context

Acceptable value for this objective is up to $800 per environmental lead hazard investigation. The most important factor in managing childhood lead poisoning is reducing the child's exposure to lead. CDC recommends that environmental investigations be conducted in housing where a child with a venous blood lead level greater than or equal to 15 micrograms per deciliter lives, where the child spends a significant amount of time, secondary residences, and other areas where the child (or other children) may be exposed to lead hazards (e.g., in buildings with more than one housing unit, conduct inspection not only in the elevated blood lead child's residence, but also in adjacent units where children could be at risk). When notified that a child has a blood lead level greater than or equal to 15 micrograms per deciliter, the public health agency will conduct an environmental lead hazard investigation. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child's primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 9 of the WCLPPP Handbook for Local Health Departments (http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf, rev. 2014), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Childhood Lead Consolidated **Objective #:** 2 of 3 **Objective Value:** $1,600

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Childhood Lead Consolidated **Objective #:** 3 of 3 **Objective Value:** $2,922

Objective: Primary Details

Objective Statement

Template Objective 4 - Comprehensive Follow-up for Low Level Lead Exposure (>5 micrograms per deciliter)

Throughout the 2015 contract period, residents from the jurisdiction of the Fond du Lac County Health Department will receive lead poisoning prevention and intervention services that are provided according to 2012 federal recommendations and state guidelines.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

A report to document the extent to which assurance of each of the three follow-up components of this objective was provided, specifically: 1) the number of children with a capillary blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a venous confirmation test; 2) the number of families with children with a venous blood lead level greater than or equal to 10 micrograms per deciliter and the number who received a home visit to provide information on lead poisoning prevention and treatment, and 3) the number of children with a venous blood lead level greater than or equal to 15 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and/or secondary properties, including accompanying work orders and property clearance. For evaluation purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: $2,922

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

Context

There is no designated value range for this objective. This objective is intended to assure that the local health department is providing a comprehensive childhood lead poisoning prevention program and individual interventions for children with low level lead exposure. For this objective, a home visit will be conducted for all children with one or more venous blood lead levels greater than or equal to 10 micrograms per deciliter. For this objective, an environmental lead hazard investigation will be conducted for all children with one or more venous blood lead levels greater than or equal to 15 micrograms per deciliter. This environmental lead hazard investigation includes a risk assessment of the property, issuance of work orders to address the identified lead hazards, and a clearance report indicating that the hazards have been controlled. The intent is to provide early environmental intervention in response to a lead poisoned child to prevent more severe lead poisoning. The environmental lead hazard investigation can include a child¿s primary residence and pertinent secondary properties. The procedure for the investigation is outlined in Chapter 7 of the WCLPPP Handbook for Local Health Departments (http://www.dhs.wisconsin.gov/lead/doc/WCLPPPHandbook.pdf, rev. 2014), and is conducted at lower blood lead levels than required by state statute (Wis Stat 254). Also see new reference: ¿Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention¿ (CDC Advisory Committee on Childhood Lead Poisoning Prevention, January 4, 2012, (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

Context Continued

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015

Program: Childhood Lead Consolidated **Objective #:** 3 of 3 **Objective Value:** $2,922

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $22,596

Objective: Primary Details

Objective Statement

By December 31, 2015, 75% children residing in Fond du Lac County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 02/15/2016

Contract Deliverable (Evidence)

A Wisconsin Immunization Registry (WIR) generated population based standard benchmark report documenting the number of children in Fond Du Lac County Health Department jurisdiction who turned 24 months of age in 2015 contract year. Reports should be run with a 45 day buffer to ensure that all updated data has been received by the WIR. If the objective is not met, include a report of the accountability targets and the progress achieved including the activities and interventions conducted; include any barriers that may have been identified.

For your information the cohort of children for this objective is:

Date of Birth 01/01/2013- 12/31/2013

Criteria for the 2015 End of the Year Report:

The date of birth for End of Year Benchmark: 01/01/2013 - 12/31/2013

Evaluation date: 01/01/2016

Run date: 02/15/2016

Programs Providing Funds for this Objective

Immunization: $22,596

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2013 end of year population based standard benchmark report will be used to determine the baseline for the 2015 population based objective.

For the baseline the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2011 thru 12/31/2011

Evaluation Date: 01/01/2014

Run Date: After: 02/15/2014

Baseline WIR benchmark report result: Benchmark age @ 24 months

Total clients: 1214; 869 clients (72%) met all benchmark criteria, 345 clients did not

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 90% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove them from your cohort.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $22,596

Guidelines for determining increase needed for progress towards 2015 goals:

2013 Calendar Year Baseline Required Increase:

50-59% - 5% Above Baseline;

60-69% - 4% Above Baseline;

70-79% - 3% Above Baseline;

80-85% - 2% Above Baseline;

86-89% - 1% Above Baseline;

> 90 - Maintain.

Agencies should consult with their Regional Immunization Program Advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

Context Continued

Input Activities

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories

- Tracking

- Coordination of immunization services with other LHD programs

- Sharing information with area physicians

- Requesting that information is entered into the WIR.

- Reminder/recall

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove them from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter

- Phone call

- Home visit

- Email

- Text message

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Immunization **Objective #:** 1 of 1 **Objective Value:** $22,596

interventions/activities that LHD's may want to consider in order to achieve this objective.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 2 **Objective Value:** $14,546

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2015 implementation activities, for the Wisconsin Healthiest Families Initiative will be undertaken by the Fond du Lac County Health Department in collaboration with community partners focusing on Mental Health.

Deliverable Due Date: 01/31/2016

Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by 1-31-15, updated throughout the year and completed by marking Final for Contract Year by 1-31-16.

2. A completed Partnership Report for the Focus Area(s) that directly align with the objective.

3. Documentation of the number of life course trainings held, audience, and the number of participants in Sphere.

4. Completed evaluation surveys as requested by the MCH Program.

5. Documentation of agency participation in the MCH/KKA annual summit.

6. A completed Wisconsin Healthiest Families Report related to the step identified in the Objective Statement.

Reporting forms are available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $14,546

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies

2. SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes partner Representation and Contribution of Partnership

3. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: health Teaching; Subintervention: Life Course Framework

4. Evaluation and/or survey tools

5. MCH/KKA Summit attendee list

6. Reporting forms related to selected step(s) for Wisconsin Healthiest Families (available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems)

Baseline for Measurement

Baseline information as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

Context

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 2 **Objective Value:** $14,546

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm.

Context Continued

Primary Activities: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency¿s jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan ¿ In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation ¿ The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 1 of 2 **Objective Value:** $14,546

Step 4: Evaluation and Sustainability ¿ Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

Input Activities

Required activities to support assessment, planning, implementation, and evaluation/sustainability steps include the following:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2015; review at mid-year; and update in SPHERE by contract reporting deadline.

- Participate in education to support the ongoing development of MCH Core Competencies.

- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

- Provide and implement education and/or training and utilization of the Life Course Framework on an ongoing basis with community partners and enter in SPHERE.

- Participate in MCH Program requests related to evaluation efforts throughout the contract year.

- Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.

- Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

- Request technical assistance from MCH contract administrator as needed.

- Promote the MCH Hotline.

- (Optional) Participate in a Learning Community.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 2 of 2 **Objective Value:** $29,094

Objective: Primary Details

Objective Statement

Template Objective 1

By December 31, 2015, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Fond du Lac County Health Department in collaboration with community partners focusing on safety/injury prevention.

Deliverable Due Date: 01/31/2016

Contract Deliverable (Evidence)

1. A completed baseline assessment of agency core competencies by 1-31-15, updated throughout the year and completed by marking Final for Contract Year by 1-31-16.

2. A completed Partnership Report for the Focus Area(s) that directly align with the objective.

3. Documentation of the number of life course trainings held, audience, and the number of participants in Sphere.

4. Completed evaluation surveys as requested by the MCH Program.

5. Documentation of agency participation in the MCH/KKA annual summit.

6. A completed Wisconsin Healthiest Families Report related to the step identified in the Objective Statement.

Reporting forms are available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: $29,094

Agency Funds for this Objective:

Data Source for Measurement

1. SPHERE Report of the MCH Core Competencies

2. SPHERE Partnership Report to include data from the following tab/screen: Partnership Tool. Data entry on this screen includes partner Representation and Contribution of Partnership

3. SPHERE Community Report to include data from the following screens: Community Activity (all appropriate fields), Intervention: health Teaching; Subintervention: Life Course Framework

4. Evaluation and/or survey tools

5. MCH/KKA Summit attendee list

6. Reporting forms related to selected step(s) for Wisconsin Healthiest Families (available at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems)

Baseline for Measurement

Baseline information as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

Context

Note: This work will be accomplished over multiple years with progressive steps negotiated annually. The populations to be served are all infants and children, children and youth with special health care needs, and expectant and parenting families with young children with a special focus on those at risk for poor health outcomes.

All local health departments need to propose reasonable use of their allocated MCH dollars. Those agencies receiving greater allocations of MCH dollars will be expected to provide multiple steps, focus areas, input activities, and/or objectives.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 2 of 2 **Objective Value:** $29,094

Goal: To assure that all families in Wisconsin have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention. For more information go to: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Focus Areas: The focus areas for the Wisconsin Healthiest Families Initiative includes: family supports, child development, mental health, and safety and injury prevention. Go to http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm for definitions. Agencies need to identify separate objectives for each focus area selected.

Framework: Key concepts of the Life Course Framework link to the Wisconsin Healthiest Families Initiative. The focus is on early childhood because it is a critical, sensitive period with life-long impacts on health. The objective promotes a plan for a community system that supports early childhood health and development that can build on protective factors and reduce risk factors for young children and families. Collaborations with community partners are important because the broader community environment strongly affects the capacity to be healthy. The lead for this work may vary from one community to the next and from one focus area to the next. Strengths of community partners should be promoted and supported through strategies identified by the collaborating partners. It is expected that education and/or training and utilization of the Life Course Framework concepts will be provided and implemented on an ongoing basis with community partners.

Outcomes: See sample outcomes at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/WHFdefinitions.htm.

Context Continued

Primary Activities: The Wisconsin Healthiest Families Initiative will be implemented in collaboration with community partners. Sequential steps will be implemented to complete: 1) assessment, 2) plan, 3) implementation, and 4) evaluation and sustainability. These steps will be completed over multiple years. Reporting documents for these steps are located at: http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems.

Step 1: Assessment - Complete a community, population focused assessment that identifies the community program needs or other resources related to family supports, child development, mental health, and/or safety and injury prevention within the agency¿s jurisdiction. Assessment of multiple focus areas can be reported on one Assessment Findings form.

Step 2: Plan ¿ In collaboration with community partners, develop a plan that addresses the strengths and gaps identified in the assessment completed in Step 1. The plan should promote integrated, multi-sector service systems to assure services are easily accessed by expectant families and families with infants and young children, with special focus on those at risk for poor health outcomes. Coalitions/collaboratives will identify strategies and specific activities that map out their process to complete the initiative. The plan will be reported as a Community Logic Model (with one logic model submitted for each focus area) and must reflect the activities of the agency and partners.

Step 3: Implementation ¿ The agency and partners will implement strategies and activities identified in the plan completed in Step 2 to strengthen the system of early childhood services. Step 3 will be reported on the Implementation Report with one report submitted for each focus area addressed by the agency and partners.

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Maternal and Child Health Block Grant **Objective #:** 2 of 2 **Objective Value:** $29,094

Step 4: Evaluation and Sustainability ¿ Evaluate the impact on the community of the strategies and activities implemented and identify how this system will be sustained long term.

Input Activities

Required activities to support assessment, planning, implementation, and evaluation/sustainability steps include the following:

- Complete an initial agency assessment of MCH Core Competencies and enter in SPHERE by January 31, 2015; review at mid-year; and update in SPHERE by contract reporting deadline.

- Participate in education to support the ongoing development of MCH Core Competencies.

- Identify existing and new community partners, their contributions, and level of collaboration via the Partnership Tool in SPHERE.

- Provide and implement education and/or training and utilization of the Life Course Framework on an ongoing basis with community partners and enter in SPHERE.

- Participate in MCH Program requests related to evaluation efforts throughout the contract year.

- Participate in the 2015 Wisconsin Healthiest Families and Keeping Kids Alive Summit.

- Engage in activities with community partners to accomplish assessment, planning, implementation and/or evaluation/sustainability, as identified in the 2015 Wisconsin Healthiest Families Supplement to GAC Objective.

- Request technical assistance from MCH contract administrator as needed.

- Promote the MCH Hotline.

- (Optional) Participate in a Learning Community.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Radon Indoor Radon RICs **Objective #:** 1 of 1 **Objective Value:** $11,464

Objective: Primary Details

Objective Statement

This is a multi-year objective, from 2015 through 2017. Throughout calendar years 2015, 2016, and 2017, residents of Fond du Lac, Outagamie, Sheboygan, and Winnebago Counties will be served by a regional Radon Information Center managed by the Fond du Lac County Health Department.

Deliverable Due Date: 10/31/2016

Contract Deliverable (Evidence)

Six-month reports, emailed by 7/31/15 and 1/31/16 to the Division of Public Health, document the activities and progress toward the negotiated annual target quantities specified in the Context section of this contract. Each report should be emailed as a single file, with all documents, photographs, etc. incorporated in the file, as required for our reports to US EPA.

Programs Providing Funds for this Objective

Radon Indoor Radon RICs: $11,464

Agency Funds for this Objective:

Data Source for Measurement

Agency records:

Report ot DHS bi-annually on the: number of media responses to news releases and other outreach with journal publications and broadcasts: journal and/or broadcast station names; the dates, lengths, and scanned images or the media's website versions of the stories. For Outreach to Professional, Trade and Other Groups needing to know about radon for their work: names of meetings and shows, venues, dates, attendance, and supporting information like announcements and agendas. For Response to Requests for Radon Information and Consulting: A tally of public requests from all channels: telephone, email, walk-in, etc. For Radon Proficiency Certification: Who at the agency is currently certified for radon measurement and mitigation proficiency. For Training and Stocking of Cooperating Local Agencies: A list of local public health agencies in the region and how they are trained and stocked with handouts, detectors and literature as appropriate, with brief information on what they have done. For Statewide and Regional Meetings: meetings RIC staff attended. For Database Development: Summary of measurement results added to the database. Field Site Visits: Number of sites visited. Quality Control Results: spreadsheet of duplicate and sample results.

Baseline for Measurement

Context

These activities shall be completed in 2015: 1) OUTREACH VIA MEDIA: Staff will have issued news releases and other public outreach, stimulating reports on radon risk, testing, and mitigation in major journal and broadcast media. Some of the outreach will have been done during January (National Radon Action Month), for synergy with outreach by other LPHAs, WI DPH and US EPA. Media interviewing the RIC will have been encouraged to also contact local businesses and residents for their radon stories; and to include the RIC telephone number and state website address, www.lowradon.org. 2) OUTREACH TO PROFESSIONAL AND TRADE GROUPS: Presentations will have been delivered by staff at meetings, shows, or conferences of groups that need to deal with radon as part of their work, such as realtors, home builders, code officials and health professionals. 3) RESPONSE TO REQUESTS FOR RADON INFORMATION: Respond to public requests for radon information and consulting. 4) RADON PROFICIENCY CERTIFICATION: National proficiency certification for radon measurement and mitigation will have been maintained by at least one staff working on radon, unless they have attended all recent annual RIC meetings, in which case after eight years of an individual being certified they may let their certification lapse. 5) TRAINING AND STOCKING OF COOPERATING LOCAL AGENCIES: Staff will traing cooperating local public health agencies in their region as interest arises and help with follow-up for elevated measurement results as needed. 6) MEETINGS: Staff will attend statewide conference calls and meetings of RICs and DPH. 7) DATABASE DEVELOPMENT: Staff will have add new results of radon measurements that they facilitated to a database. 8) FIELD SITE VISITS: Staff will visit sites to consult and become informed about challenging radon mitigations or measurements as funding and schedules permit. 9) QUALITY ASSURANCE: Staff will submit radon test kits on a routine basis for duplicate and blank samples, and maintain records of sample results on a spreadsheet. Submission of sample results will be included in 6 month reports to the Division of Public Health.

Context Continued

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Radon Indoor Radon RICs **Objective #:** 1 of 1 **Objective Value:** $11,464

Input Activities

See Context above.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015
Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $423,996

Objective: Primary Details

Objective Statement

Template Objective 1

During the contract budget period of January 1, 2015 through December 30, 2015, the Fond du Lac County WIC Project will maintain an average monthly participation that is at least 97% of the assigned case load.

Deliverable Due Date: 12/31/2015

Contract Deliverable (Evidence)

The State WIC Office will be responsible for providing this deliverable. Monthly participation, 3-month average participation, and/or 12-month average participation per the monthly participation report will be maintained and monitored by the State WIC

Office.

Programs Providing Funds for this Objective

Women, Infants, and Children (WIC) Supplemental Nutrition:

Agency Funds for this Objective:

Data Source for Measurement

WIC Participation Reports. Baseline for Measurement:

Current caseload is 1883 participants.

Programs Providing Funds for this Objective

Women Infants Children Supplemental Nutrition: $423,996

Agency Funds for this Objective:

Data Source for Measurement

Baseline for Measurement

Context

WIC participation means the number of "total participating" on the monthly participation report maintained and monitored by the State WIC Program Office. It is defined as the number of WIC participants, who receive WIC food instruments for one calendar month,

including the number of exclusively breastfed infants.

Context Continued

Input Activities

Policies and procedures as outlined in the Wisconsin WIC Operations Manual.

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%

Contract Agreement Addendum: Exhibit II(B)

Contract #: 27438 **Agency:** Fond du Lac County Health Department **Contract Year:** 2015

Program: Women Infants Children Supplemental Nutrition **Objective #:** 1 of 1 **Objective Value:** $423,996

Corresponding Percentage Recoupment

Corresponding Potential Recoupment Amounts

Definition of Percent Accomplished

Conditions of Eligibility for an Incentive

Wisconsin Tobacco Prevention and Control Program (TPCP)
Local Tobacco Control Multi-Jurisdictional Coalitions (MJC)
Boundary Statement and Work Plan
January 1, 2015 to December 31, 2015

The TPCP has identified a Boundary Statement that sets the parameters of the program within which the funded agency will need to operate to accomplish its objectives.

The purpose of the comprehensive TPCP is to aggressively address the burden of tobacco use and exposure in Wisconsin communities. The overall Program goals are to (1) prevent the initiation of tobacco use by adults and youth, (2) eliminate the exposure to secondhand smoke, (3) promote the use of evidence-based treating tobacco dependence efforts and (4) address tobacco-related disparities. Community Intervention and WI Wins funding will support the building of community capacity to achieve tobacco prevention and control policies.

- The five year funding cycle is from 2010 to 2014. The funding cycle has been extended one year to include 2015. TPCP conducts performance reviews with funded agencies to determine eligibility and continuation of funding.
- Accountability and performance will be reviewed by TPCP staff utilizing TPCP identified data collection methods, including quarterly entry of completed activities into the on-line Activity Tracker.

The TPCP adheres to the Centers for Disease Control and Prevention (CDC) Best Practices which:

- Demonstrate the importance of community support and involvement at the grassroots level in implementing several of the most highly effective policy interventions
- Recommend implementing policies that promote a change in social norms
- Promote utilizing best or promising practices to achieve outcomes by utilizing population-based approaches emphasizing policy and environmental strategies

The CDC recognizes that "some populations experience a disproportionate health and economic burden from tobacco use and recommend that a focus on eliminating such tobacco-related disparities is necessary." The TPCP created and updated Bringing Everyone Along: A Strategic Plan to Eliminate Tobacco-Related Health Disparities in Wisconsin which focuses on reducing the social and economic costs of tobacco use.

Requirements

- Comply with all TPCP lead agency requirements and maintain an active, supportive and diverse coalition membership as defined in the TPCP lead agency requirement document.
- Strategically determine jurisdictions in which to conduct work plan activities utilizing criteria such as policy priorities, tobacco-related disparities, resources and community partnerships. It is not acceptable to conduct all activities in only one jurisdiction or community.
- Serve as both the fiscal agent and the lead agency responsible for implementing and evaluating the work of the MJC or Network.
- Subcontracting is allowable for a maximum of 10% of the Community Interventions allocation with prior review and approval of all subcontracts by the TPCP Contract Administrator.
- Have no affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent organization.
- Use TPCP contract funds to support a minimum of one .75 staff position to serve as the coordinator and the primary contact with the TPCP.
  - Participate in all required TPCP or other tobacco control trainings, meetings and technical assistance efforts.
  - Additional positions, consultants and personnel subcontracts require prior TPCP contract administrator approval.
- Implement required objectives as outlined in the 2015 Work Plan.
  - The TPCP may revise and/or add required objectives, strategies and/or activities in response to tobacco prevention and control emerging priorities.
- Partners must use best or promising practices designed to change environments and develop policies that promote tobacco-free lifestyles.
- All funding provided through the TPCP must link to and support the goals and objectives of the Wisconsin State Health Plan: Healthiest Wisconsin 2020.
- Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line Activity Tracker along with copies of related materials.
- Participate in regular contract administration meetings and teleconferences.
- Submit timely responses to TPCP requests for information and reporting utilizing required formats.
- Integrate efforts to eliminate tobacco-related disparities in work plan activities.
- Communicate and collaborate with other MJCs, networks and state partners.

- Incorporate the promotion of treating tobacco dependence services including:
  - Wisconsin Tobacco Quit Line
  - Striving to Quit
  - N-O-T (Not On Tobacco)
  - First Breath
  - Affordable Care Act (ACA)
  - Local community based treatment options listed on http://www5.medicine.wisc.edu/quitline/programs/
  - National Treatment Resources such as American Lung Association Freedom From Smoking
- Recognize the TPCP as the source of funding on program reports and publications and when providing tobacco control presentations at local, state or national workshops or conferences. The following statement must be used:
  - *This program is funded by the Wisconsin Tobacco Prevention and Control Program, Division of Public Health, Wisconsin Department of Health Services.*

Wisconsin Wins (WI Wins) Requirements (MJCs only)

- Contract for the WI Wins allocation for the jurisdictions that the MJC covers.
  - Subcontracting is allowable with prior review and approval of the subcontract by the TPCP Contract Administrator.
  - Funding is determined based on the number of compliance checks allocated for the jurisdictions the MJC covers.
- Implement required activities
  - Conduct compliance checks using the standard protocol
  - Involve local law enforcement agencies
  - Conduct media outreach and public outreach activities for each county
  - Enter data quarterly using the on-line WI Wins system
  - Participate in any required WI Wins trainings and/or webinars

Unacceptable Activities

- Direct and indirect lobbying
- Provision of tobacco prevention or treatment services of any kind including:
  - Primary tobacco prevention educational endeavors
  - Community-based cessation classes and/or services
  - School-based cessation classes and/or services
  - General teaching or counseling positions or services
- Provision of treating tobacco dependence services or pharmacotherapies
- Paid media (including WI Wins)

Healthy Meeting Guideline Recommendations

TPCP is committed to the health and well-being of its community partners. We want to emphasize the importance of modeling healthy food, beverage, and physical activity; sustainable practices for food and beverages as well as tobacco free environments and lactation facilities for meetings and gatherings supported with TPCP funding. Sample policies, strategies and resources can be requested from your TPCP contract administrator.

References:

Federal Regulations/Guidelines:

- 2006 Surgeon General's Report on the Health Consequences of Involuntary Exposure to Tobacco Smoke, http://www.surgeongeneral.gov/library/secondhandsmoke/
- CDC Best Practices for Comprehensive Tobacco Control Programs—2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- Clinical Practices Guideline: Treating Tobacco Use and Dependence, 2008 Update, http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hsahcpr&part=A28163
- Guide to Community Preventive Services. Reducing Tobacco Use and Secondhand Smoke Exposure, http://www.thecommunityguide.org/tobacco/index.html
- U.S. Food and Drug Administration, http://www.fda.gov/TobaccoProducts/default.htm
- Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012, http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html

State of Wisconsin Statutes:

- Wisconsin Act 12 which prohibits smoking in several enclosed places (Wis. Stat. § 101.123). A summary of Act 12 is available at the Legislative Council Web site at: http://legis.wisconsin.gov/lc/publications/im/im_2010_07.pdf
- Tobacco Retailer Compliance with Wisconsin Law (Wis. Stat. § 134.66)
- Tobacco Compliance Investigations Law (Wis. Stat. § 254.916)

Wisconsin Policies/Guidance:

- Bringing Everyone Along: A Strategic Plan to Eliminate Tobacco-Related Disparities in Wisconsin, http://www.dhs.wisconsin.gov/publications/P4/P43066.pdf
- Wisconsin Tobacco Prevention & Control State Plan Objectives 2014 – 2020, http://www.tobwis.org/files/download/9994b90e52002e4
- Wisconsin State Health Plan: Healthiest Wisconsin 2020, http://www.dhs.wisconsin.gov/hw2020/

Agency Name: Five Counties for Tobacco-Free Living Fond du Lac County Health Department

Contract Period: January 1, 2015 - December 31, 2015

Required Objective 1: Multi-Jurisdictional Coalition (MJC) Development and Maintenance	
Objective Statement: By December 31, 2015, three strategies to support multi-jurisdictional coalition development and maintenance will be implemented.	
Reporting: Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.	
Required Strategies	**Negotiable Activities** *For strategies 1 and 2, identify 3-5 activities** *For strategy 3, identify 1-2 activities**
1. Continued Development and Maintenance of a Functioning MJC	1.1 Provide updates to supporter lists and coalition members regularly with the latest best practice and tobacco prevention-related research (in-person meetings, email blasts, etc.)
	1.2 Conduct coalition recognition and celebration events
	1.3 Organize 1 community event (legislative forum)
	1.4 Hold Bi-monthly meetings
2. Recruit and Actively Engage Coalition Members	2.1 Develop and implement a coalition member engagement strategy to include specific tasks and activities
	2.2 Build a strategic partnership with other community groups or organizations
	2.3 Hold 3 one on one meetings with new coalition members
	2.4 Host a small group gathering in partnership with community members
	2.5 Strategically network with other organizations
3. Collaborate with a local partner to address tobacco related disparities	3.1 Work with Latino groups and organizations
	3.2 Work with Five Counties First Breath Programs
	3.3 Continue to build a relationship with the Spark Program Coordinator

**See Addendum I*

Agency Name: Five Counties for Tobacco-Free Living Fond du Lac County Health Department

Contract Period: January 1, 2015 - December 31, 2015

Required Objective 2: Sustainability of Tobacco Prevention and Control Efforts

Objective Statement:
By December 31, 2015, three strategies in support of tobacco control program sustainability will be implemented with the active involvement of coalition members.

Reporting:
Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line Activity Tracker along with copies of related materials.

Required Strategies	Required Activities
1. Outreach and Education to Local and State Leaders	1.1 Actively engage coalition members to share their stories with state leaders and the community 1.2 Coordinate 5 personal meetings to provide education and resources to state leaders • Collaborate with state partners on sustainability efforts • Meetings are required to include constituents from leader's district 1.3 Conduct 6 varied communications to key grasstop leaders (policy makers, business leaders, etc.) • Communications must include at least 3 different methods such as: personal letters, newsletters, press clippings, photographs of community events, recent publications from national organizations, etc. 1.4 Organize 1 community event (legislative forums, women of influence events or legislative breakfasts, etc.) 1.5 As directed and in collaboration with TPCP and state partners, address smoke-free air enforcement issues
2. Media Advocacy	2.1 Engage coalition members to conduct monthly media outreach activities and generate earned media • At least 4 media outreach must address OTP • Best practice dictates personalizing template media communications • Examples of media outreach activities include: press releases, letters to the editors, feature stories, guest columns, editorial board visits, etc.
3. Completion of Stakeholder Assessment	3.1 Maintain a list of current state leaders 3.2 Maintain a list of current media outlets

Agency Name: Five Counties for Tobacco-Free Living Fond du Lac County Health Department

Contract Period: January 1, 2015 - December 31, 2015

Objective 3: Other Tobacco Products (OTP) Policy

Objective Statement:
By December 31, 2015, one strategy in support of priority OTP policies will be implemented with the active involvement of coalition members.

Wisconsin Tobacco Prevention & Control State Plan 2014-2020 Goal Area and Objective Addressed:

- Preventing Initiation of Tobacco Use Objective #12: By December 31, 2020, the percentage of tobacco use among middle school youth will decrease from 3.8% in 2012 to 1.9%.
- Preventing Initiation of Tobacco Use Objective #13. By December 31, 2020, the percentage of tobacco use among high school youth will decrease from 19.4% in 2012 to 9.7%.

Reporting:
Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line Activity Tracker along with copies of related materials.

Strategies	Activities
Other Tobacco Products (OTP) *OTP strategies and activities are required. Numbers in the activities are negotiable.*	
1. OTP - Outreach and Education to Local and State Leaders	1.1 Strategically identify and conduct 6 presentations utilizing the Tobwis OTP and e-cigarette power points or the educational components of the power points to educate members of local organizations and agencies including local and state governments • Recruit and train coalition members to conduct at least 2 of the 4 presentations 1.2 Strategically conduct 15 environmental scans with the active involvement of coalition members 1.3 Share information from environmental scans with local and state leaders (via presentations, personal meetings, newsletters, etc.) with the active involvement of coalition members

Agency Name: Five Counties for Tobacco-Free Living Fond du Lac County Health Department

Contract Period: January 1, 2015 - December 31, 2015

Objective 4: Smoke-Free Multi-Unit Housing (MUH) Policy

Objective Statement:
By December 31, 2015, three strategies to develop MUH public health policy will be implemented with the active involvement of coalition members.

Wisconsin Tobacco Prevention & Control State Plan 2014-2020 Goal Area and Objective Addressed:

- Elimination of Secondhand Smoke Exposure Objective #3: By December 31, 2015, the percentage of adults who report a voluntary smoke-free policy in their homes will increase from 75.3% in 2012 to 79.1%.
- Elimination of Secondhand Smoke Exposure Objective #9: By December 31, 2020, the percentage of middle school students' exposure to secondhand smoke at home will decrease from 22.1% in 2012 to 11%.
- Elimination of Secondhand Smoke Exposure Objectives #11: By December 31, 2020, the percentage of high school students' exposure to secondhand smoke at home will decrease from 23.3% in 2012 to 11.7%.

Reporting:
Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.

Strategies	Activities
Smoke-Free Multi-Unit Housing *MUH strategies and activities are required. Numbers in the activities are negotiable.*	
1. MUH - Assessment and Identification	1.1 Conduct assessment (or show record of previously collected assessment) of MUH environment in identified jurisdictions: • Collect information related to local MUH environments, identify areas of need, and identify policy building opportunities
2. MUH - Outreach and Education to Local Stakeholders	2.1 Conduct a minimum of 4 personal meetings with property managers or owners to provide education and Clear Gains resources (i.e., larger private property managers or public housing authorities) 2.2 Conduct 2 presentation(s) to a local/regional public housing authority, apartment association, neighborhood group, or relevant trade group about smoke-free MUH and Clear Gains resources. 2.3 Promote the Clear Gains Housing Finder to property owners and/or renters
3. MUH - Media Advocacy	3.1 Conduct media outreach to publicly acknowledge the adoption of MUH policies in collaboration with property managers as appropriate (e.g., pictures, LTE, feature stories, etc.)

Agency Name: Five Counties for Tobacco-Free Living Fond du Lac County Health Department

Contract Period: January 1, 2015 - December 31, 2015

Required Objective 5: Youth Involvement and Support

Objective Statement:
By December 31, 2015, three strategies to actively engage one FACT youth group in support of tobacco control policy and sustainability activities will be implemented.

Wisconsin Tobacco Prevention & Control State Plan 2014-2020 Goal Area and Objective Addressed:

- Preventing Initiation of Tobacco Use Objective #12: By December 31, 2020, the percentage of tobacco use among middle school youth will decrease from 3.8% in 2012 to 1.9%.
- Preventing Initiation of Tobacco Use Objective #13. By December 31, 2020, the percentage of tobacco use among high school youth will decrease from 19.4% in 2012 to 9.7%.

Reporting:
Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the TPCP on-line activity tracker along with copies of related materials.

Required Strategies	Required Activities
1. Development and/or Maintenance of an Active FACT Group	1.1 Hold a minimum of 9 FACT meetings 1.2 Conduct 9 FACTivisms involving a minimum of 3 youth per FACTivism throughout the contract period* • Required to use FACTivism supplies provided by FACT; may also conduct additional FACTivisms* • FACTivisms must engage FACT members and reach non-FACT members 1.3 Strategically recruit 20 new members to join your identified FACT group 1.4 Assure youth reporting of all FACTivisms on FightwithFACT.com within 45 days
**FACT applauds originality and understands its members create unique FACTivisms on a regular basis. To make sure original FACTivisms will officially qualify toward this objective, contact the FACT Field Guru for prior approval and technical assistance.*	
2. Outreach and Education to State Leaders	2.1 Engage FACT youth in 2 personal meetings to educate state legislators 2.2 Engage FACT youth in 2 MJC activities, such as active participation in meetings and events
3. Media Advocacy	3.1 Assist youth in garnering 3 earned media hits (television, radio and newspaper, including online versions) as a direct result of the implementation of the FACTivisms and/or the outreach and education of state leaders • Youth must be actively engaged in garnering earned media (writing LTE or press release, submitting photo and caption, contacting media to attend FACTivism/event, providing interviews, etc.)

Agency Name: Five Counties for Tobacco-Free Living Fond du Lac County Health Department

Contract Period: January 1, 2015 - December 31, 2015

Required Objective 6: Wisconsin Wins

Objective Statement:
By December 31, 2015, 199 compliance investigations at licensed tobacco retail vendors, 4 related public outreach activities and 4 related media outreach activities in each MJC county will be implemented according to the prescribed schedule.

Wisconsin Tobacco Prevention and Control State Plan 2014-2020 Goal Area and Objective Addressed:

- Preventing Initiation of Tobacco Use Objective # 10: By December 31, 2020, the percentage of middle school youth who report ever using any form of tobacco will decrease from 17.2% in 2012 to 8.6%.
- Preventing Initiation of Tobacco Use Objective # 11: By December 31, 2020, the percentage of high school youth who report ever using any form of tobacco will decrease from 45.1% in 2012 to 22.55%

Reporting:
Quarterly reporting is required within 15 days of the end of the calendar quarter utilizing the on-line WI Wins data system.

Required Activities

1. Conduct compliance investigations* throughout the year.
    - A compliance investigation must use positive reinforcement (per guidance from SAMHSA/CSAP) designed to support retailers who refuse sales to underage youth and educate those who would sell to minors about the legal and health consequences of such sales.
    - Twenty percent (20%) of the total number of compliance checks must include investigations in bars & grills, taverns, liquor stores, bowling alleys, resorts and golf courses.
    - E-cigarettes cannot comprise more than 20% of your contracted checks.

2. Municipal or county level law enforcement agencies must be actively involved in collaborative efforts with all WI Wins tobacco compliance inspections.

3. 4 related media outreach and 4 related public outreach activities in each MJC county must be completed throughout the year using the WI Wins listing of acceptable media outreach and public outreach activities**.
    - Activities not on this list must be approved by the Youth Access Program Coordinator prior to being implemented.
    - A variety of outreach activities must be conducted throughout the year rather than conducting the same activity multiple times.

4. Compliance data along with public and media outreach activities must be entered into the WI Wins online data system within 15 days of the end of the calendar quarter.

***See Addendum II*
**See Addendum III*

Addendum I

2014 Coalition and Network Development and Maintenance Addendum

> *"If you want to move people, it has to be toward a vision that's positive for them, that taps important values, that gets them something they desire, and it has to be presented in a compelling way that they feel inspired to follow."*
> *—Dr. Martin Luther King, Jr.*

Below is a menu of potential options to select from to help complete the negotiation of activities for objective 1 – Multi-Jurisdictional Coalition/Network Development and Maintenance. Unique activities can be proposed and approved through consultation with your contract administrator.

Coalition/Network Development and Maintenance Activities:

- Hold X number of executive/leadership team meetings
- Formalize a coalition/network structure (mission, vision, bylaws, leadership team)
- Draft a coalition communication plan
- Provide updates to supporter lists and coalition members regularly with the latest best practice and tobacco prevention-related research (in-person meetings, email blasts, etc.)
- Execute action-based coalition meetings
- Develop a volunteer orientation process
- Distribute a (quarterly or monthly) newsletter
- Conduct coalition recognition and celebration activity(ies), including media outreach
- Conduct regular evaluation of coalition activities (member feedback through surveys, informal discussion, etc.)
- Development and use of a coalition membership commitment form
- Establish and strengthen relationship(s) with media
- Enhance or create a social media presence based on a social media plan

Coalition/Network Recruitment and Engagement Activities:

Recruitment

- Hold X one-on-one member recruitment meetings
- Engage coalition members in the implementation of the strategic recruitment plan (SRP)
- Build a strategic partnership with a new community agency or organization
- Host a small group gathering in partnership with community members (porch gatherings, coffee meetings, etc.)
- Implement a supporter list needs assessment survey
- Strategically network with other community groups or organizations

Engagement

- Host X one-on-one new coalition member orientation meetings
- Engage coalition members in a phone banking session of coalition's supporter list
- Expand and strengthen an existing partnership with a community agency or organization
- Develop and recruit for coalition positions for member engagement (media tracker, community greeter, newsletter editor, new product watch captain, WI Wins outreach cards, etc.)
- Conduct skill-based trainings and/or workshops for coalition members (storytelling, LTE drafting, spokesperson, etc.)
- Develop and implement a coalition member engagement strategy, to include specific tasks and activities

Addendum II

2015 WI Wins Outreach Activities

Below is a list of acceptable media and public outreach activities. WI Wins and/or Smokecheck.org must be a significant focus of all outreach activities. Although this list contains many ideas for outreach activities, it is not exhaustive. To assure an original outreach activity will qualify toward the required objective, please contact the Youth Access Program Coordinator.

Media Outreach Activities:

- Participate in on-air or print interviews
- Send a press release to local daily, weekly, or monthly newspaper
- Share local story with newspaper, television or radio
- Submit Letter to the Editor (LTE) to local newspaper
- Send WI Wins Public Service Announcement to television or radio stations (contact Youth Access Program Coordinator for copy)
- Call into community talk radio shows or morning shows
- Submit a WI Wins update for local newsletters
    - Community
    - High School
    - Health Department
    - Local Coalitions (not including Tobacco-Free Coalition)
    - Neighborhood Watch
    - Places of Worship
    - Chamber of Commerce

Public Outreach Activities:

- Arrange for presentations to civic leaders or community groups
    - Board of Health, County/City or Town Board, School Board, PTA/O, Crime Prevention Committee
    - District Attorney, local government officials, legislators
    - Law Enforcement Agencies
- Send letters or emails to local public leaders about retailers and clerks who succeed in making a difference in their community. Encourage them to call, send a note or pay a visit to the stores thanking the owners/clerks
- Work with a local youth group to send thank you cards to local clerks and retailers who obey the law
- Actively involve coalition members in promoting WI Wins and/or Smokecheck.org
    - Have volunteers canvas local retailers with WI Wins leave behinds (e.g. SmokeCheck.org promotional card and ID reference card, Smoke Check OTP information sheet, etc.)
- Send direct mail to retailers
    - Must contain program information about WI Wins and/or Smokecheck.org
    - Must include specific community or county compliance check information (e.g. rates)
    - Can include information about OTPs and the importance of checking IDs

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Addendum III
January – December 2015 WI Wins Allocations

County	Total Checks	Total Allocation
ADAMS	24	$1,680
ASHLAND	23	$1,610
BARRON	45	$3,150
BAYFIELD	29	$2,030
BROWN	118	$8,260
BUFFALO	17	$1,190
BURNETT	29	$2,030
CALUMET	20	$1,400
CHIPPEWA	67	$4,690
CLARK	31	$2,170
COLUMBIA	53	$3,710
CRAWFORD	22	$1,540
DANE	256	$17,920
DODGE	54	$3,780
DOOR	35	$2,450
DOUGLAS	58	$4,060
DUNN	32	$2,240
EAU CLAIRE	59	$4,130
FLORENCE	12	$840
FOND DU LAC	58	$4,060
FOREST	19	$1,330
GRANT	51	$3,570
GREEN	26	$1,820
GREEN LAKE	18	$1,260
IOWA	26	$1,820
IRON	17	$1,190
JACKSON	23	$1,610
JEFFERSON	58	$4,060
JUNEAU	36	$2,520
KENOSHA	45	$3,150
KEWAUNEE	19	$1,330
LA CROSSE	58	$4,060
LAFAYETTE	20	$1,400
LANGLADE	31	$2,170
LINCOLN	31	$2,170
MANITOWOC	52	$3,640
MARATHON	69	$4,830
MARINETTE	56	$3,920
MARQUETTE	19	$1,330
MILWAUKEE – SUBURBAN	171	$11,970
MILWAUKEE - CITY OF	490	$34,300
MONROE	37	$2,590
OCONTO	46	$3,220
ONEIDA	43	$3,010
OUTAGAMIE	100	$7,000

January – December 2015 WI Wins Allocations

County	Total Checks	Total Allocation
OZAUKEE	37	$2,590
PEPIN	9	$630
PIERCE	36	$2,520
POLK	57	$3,990
PORTAGE	40	$2,800
PRICE	21	$1,470
RACINE	106	$7,420
RICHLAND	14	$980
ROCK	86	$6,020
RUSK	25	$1,750
SAUK	60	$4,200
SAWYER	34	$2,380
SHAWANO	40	$2,800
SHEBOYGAN	80	$5,600
ST. CROIX	77	$5,390
TAYLOR	23	$1,610
TREMPEALEAU	36	$2,520
VERNON	21	$1,470
VILAS	40	$2,800
WALWORTH	76	$5,320
WASHBURN	23	$1,610
WASHINGTON	76	$5,320
WAUKESHA	168	$11,760
WAUPACA	50	$3,500
WAUSHARA	28	$1,960
WINNEBAGO	87	$6,090
WOOD	50	$3,500

BUDGET TEMPLATE DIRECTIONS
WI Tobacco Prevention and Control Program

I. Complete Budget Detail

A. Provide title and incumbent's name. If incumbent's name is not available, fill in vacant position. Provide annual salary of position, FTE, number of months, amount of salary that will be directed to this contract. **Please also remember that by statue, 255.15, No recipient of moneys distributed may expend more than 10% of those moneys for administrative costs.**

These are costs associated with administering the grant program, rather than to provide direct services. Administrative costs might include indirect costs, Administrative and Support Services (internal services), personnel costs to manage the program.

B. If there are contractual services, provide description of contractual services with costs.

C. Provide description and costs for supplies and photocopying/printing.

D. Provide description and costs for Agency Operations. Use the miscellaneous line for any costs that are not covered under the given areas.

E. Provide description and costs for Indirect Costs. Leave blank if your agency does not have indirect costs.

NOTE: As stated in the contract, a copy of the CARs report is to be sent to your contract administrator.

Contract #: 27438
Program: Tobacco - WI Wins
Agency: Fond du Lac County Health Department
Contract Year: 2015

BUDGET DETAIL - January 1 - December 31, 2015

Agency: Five Counties for Tobacco-Free Living FDL County Health Department

BUDGET DESCRIPTION					AMOUNT
A. Personnel Services					
Title/position & Incumbent's Name (if available)	Annual Salary	FTE	Salary for Contract	Fringe Benefit Amount for Contract	
Sandy Bernier Tobacco Control Program Coordinator	50,000	0.88	$44,039	$21,583	$65,622
Anna Linke Program Assitant	27,025	0.60	$26,125	$10,367	$36,492
Tobacco Compliance Employees	$450.00				$450.00
	$77,475	1.40	70,164	$31,950	
				A. Personnel Services TOTAL	$ 102,564
B. Contractual (if applicable)					
Marquette County WI WINS $1330 (19@70)					$1,330
Washington County WI WINS $5,320 (76@70)					$5,320
Waushara County WI WINS $1,960 (28@70)					$1,960
				B. Contractual TOTAL	$ 8,610
C. Program Supplies					
1. Supplies (office supplies, etc.) Itemizations					
Postage					$192
Cups for FACT activities					$40.00
Laminating pouches ($15.79@3=$47.37) pocket folders ($3.71@3=$11.13) Sharpie ($7.39@2=$14.78) Small Table top display ($85.00)					$158.28
				C-1 Supplies SUB TOTAL	$ 390

2. Printing/Photocopying Itemizations	
Print educational materials	$200.00
C-2 Printing/Photocopying SUB TOTAL	$ 200
3. Events/Meetings (food, room costs, etc.) Itemizations	
Community Educational Event	$100.00
C-3 Events/Meetings SUB TOTAL	$ 100
4. Incentives & Stipends (promotional items, etc.) Itemizations	
C-4 Incentives & Stipends SUB TOTAL	$ -
C. Program Supplies TOTAL	$ 690
D. Agency Operations	
1. Rent Itemizations	
D-1 Rent SUB TOTAL	$ -
2. Communication Itemizations	
Telephone Connection	$300
Internet Connection	$600.00
D-2 Communications SUB TOTAL	$ 900

Contract #: 27438
Program: Tobacco - WI Wins | Agency: Fond du Lac County Health Department | Contract Year: 2015

3. Travel Itemizations	
Transportation	
Mileage	$500.00
Hotel Tobacco Control Meetings	$160.00
Food	$100
D-3 Travel SUB TOTAL	$ 760
4. Training/Skills Development (course/conference registration, etc.) Itemizations	
12th National Reduce Tobacco Use Conference(Registration $375.00) Lodging ($140@2=$280.00) Airfare $400.00	$1,055.00
WI WALDAB Conference Wisconsin Dells, Lodging Coordinator and Program Assistant 2 nights ($70@2=$140@2=$280.00	$280.00
D-4 Training/Skills Development SUB TOTAL	$ 1,335
5. Electronic & Equipment, (laptop, cell phones, etc.) Itemizations	
D-5 Electronics & Equipment SUB TOTAL	$ -
6. Miscellaneous Itemizations	
D-6 Miscellaneous SUB TOTAL	$ -
D. Agency Operations TOTAL	$ 2,995
1. Indirect/Administrative Costs Itemizations	
	$ 1,635
E. Indirect Costs TOTAL	**$ 1,635**
TOTAL COSTS	**$ 116,494**

According to State Statute 255.15, no recipient of moneys distributed may expend more than 10% of those moneys for (internal services, administration costs, audit expenses, etc.)