

Agreement Addendum Guidelines

Local Health Department Name	Enter the legal name of the Local Health Department. An up-to-date list is on the Contracts Office website. The words <i>Local Health Department</i> can be used in the AA to reference this entity.
Activity Number and Description	<p>Enter the Activity Number and Description.</p> <p>The Activity Number is assigned by the Agreement Addenda Team Leader with the description that has been labeled by the Program Staff. Changes needed to an existing Activity's Description must be sent to the Agreement Addenda Team Leader before the change can be implemented. If the Program Staff needs a new Activity Number, send the request as an email message to the Agreement Addenda Team Leader with a description of the Activity and the name of the person who will be responsible for that Activity.</p>
Service Period	Timeframe for the Local Health Department to perform the services. The format is M/D/YYYY. The Service Period dates are June through May or any dates in between, with a start date that is the first day of the month, and must match the dates in the Aid-to-Counties Database.
Payment Period	Timeframe for the Local Health Department to request payment. The format is M/D/YYYY. The Payment Period dates are July through June or any dates in between, with a start date that is the first day of the month, and must match the dates in the Aid-to-Counties Database.
DPH Section/Branch Name	Enter the Division Section and Branch Name.
DPH Program Contact Name	Enter the Division Contact Name, Telephone Number including the area code, and e-mail address. This person is responsible for the administration of Agreement Addendum. The words <i>DPH Program Contact</i> can be used in the AA to reference this person.
DPH Program Signature and Date	DPH Program signature and date is required only for negotiable Agreement Addenda. When signed negotiable Agreement Addenda are received by the DPH Contracts Office from the health departments, they will be routed to the Program Staff for completion of the negotiation process and final sign-off signature. Leave blank if Agreement Addenda is non-negotiable.
Original Agreement Addendum	Check this box if it is the Original Agreement Addendum.
Agreement Addendum Revision #	Check this box if the Agreement Addendum information is a revision to the Original Agreement Addendum. Insert the revision number in the space allowed. The revision numbers should be consecutive Agreement Addendum numbers and <u>not</u> the Aid-to-Counties Database revision number.

- I. Background:** Provides understanding of problem(s) to be addressed and how it prevents goals of the program from being achieved. Complete in brief paragraph form.
- What is the primary goal of the program?
 - Gives an overview of what the problem is and explains why the service is necessary.
- II. Purpose:** Identifies the goals of the Activity and desired outcome of Agreement Addendum. Complete in brief paragraph form.
- III. Scope of Work and Deliverables:** The Scope of Work should be in narrative form and should describe who, what, when, how and where.
- Identifies the target population.
 - Who will receive/benefit from the service? (Population served or impacted.)
 - Identifies Deliverables including activities, tasks and services with appropriate time frames.
 - How is the service provided?
 - Where is the work performed (LHD, other location, etc.)?
- IV. Performance Measures/Reporting Requirements:**
- Define performance measures and indicators with benchmarks to be met. How will they be measured (Quantity? Quality? Timeliness? Effectiveness? Efficiency?). Explains what must be accomplished to give the desired result (i.e., performance measures that are specific, measurable, accountable, results-oriented, and time-bound).
 - Reporting requirements should be in narrative form and should include frequency, due dates, to whom the report goes, format and data source, etc.
- V. Performance Monitoring and Quality Assurance:**
- Brief explanation of how performance will be monitored, for example, site visits, reports, phone conference, and if applicable, program sub-recipient monitoring plan.
 - What are the consequences if performance is below expectation? (Example, request corrective action plan.)
- VI. Funding Guidelines or Restrictions: (if applicable)** Include any limitations on the use of funds, or any requirements for pre-approval of selected expenditures.
- Health Director Signature** Original signature of the local health department's Health Director. Signature on the front page signifies that the Health Director has read and accepts all pages of the document.
- Date** Date that the Health Director signed the Agreement Addendum.
- Local Health Department Information** Local Health Department should complete contact information but it is optional.