

CONTRACT

Department Log Number

State Contract Number

- CONTRACT NAME:**  
The name of this Contract is LHD Environmental Services - (Weber-Morgan Health Department)
- CONTRACTING PARTIES:**  
This Contract is between the Utah Department of Environmental Quality (DEPARTMENT), and Weber-Morgan Health Department (CONTRACTOR).
- CONTRACT PERIOD:**  
The service period of this Contract will be July 1, 2011 through June 30, 2012, unless terminated or extended by agreement in accordance with the terms and conditions of this Contract.
- CONTRACT AMOUNT:**  
The Contractor will be paid up to a maximum amount of \$ 89,425.00 in accordance with the provisions in this Contract. This Contract is funded with 24 % Federal funds and with 76 % State funds. The CFDA # is 66.468 and 66.605 and relates to the federal funds provided.
- CONTRACT INQUIRIES:**  
Inquiries regarding this Contract shall be directed to the following individuals:

**CONTRACTOR**  
 Contact Person: Gary House  
 Business Address: 477 23<sup>rd</sup> Street  
Ogden, UT 84401  
 Phone Number: 801-399-8472 7100

**DEPARTMENT**  
 Program: Environmental Services  
 Contact Person: Renette Anderson  
 Phone Number: 801-536-4478

6. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

Attachment A: Gen. Provisions for Contracts with other Government Entities

Attachment B: Service Delivery Plans

- DEPARTMENT agrees to pay 25% of annual allotment amount each quarter on August 1, November 1, February 1, and May 1 of each applicable fiscal year.
- CONTRACTOR agrees to perform services identified in attached Service Delivery Plans.

IN WITNESS WHEREOF, the parties sign this Contract

CONTRACTOR: Weber-Morgan Health Department

UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY

By: [Signature] 7-7-11  
 Signature of Authorized Individual Date

By: [Signature] 7/20/2011  
 Brad T. Johnson Deputy Director Date

Print Name: Gary House

Title: Health Officer/Director

CONTRACT RECEIVED AND PROCESSED BY JUL 20 2011  
 State FINANCE Date

87-6000308  
 Federal Tax Identification Number or Social Security Number

State Purchasing: \_\_\_\_\_ Date