

Kitsap Public Health District Consent Agenda May 7, 2019

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
1749 Amendment 8 (1920)	CLH18248	Washington State Department of Health <i>Consolidated Contract</i>	Amendment	01/01/2018-12/31/2021	\$151,537	\$0
Description: Adds statements of work for the LSPAN program; amends the statement of work for the Food Insecurity Nutrition Incentive, HIV Client Services – HOPWA, Infectious Disease Care & Prevention, NEP-PIC NTA 0237, and Tobacco & Vapor Product Prevention and Control programs; adds additional \$151,537 in funding for a revised maximum consideration of \$3,397,128.						
1925	NA	Public Health Activities and Tracking (PHAST) Project <i>Advancing the Adoption and Use of a Uniform Chart of Accounts Crosswalk</i>	Memorandum of Understanding	05/01/2019-03/14/2020	\$0	\$0
Description: The District to collaborate the Robert Wood Johnson Foundation’s Public Health Activities and Services Tracking (PHAST) Project for the purpose of advancing the adoption and use of a Uniform Chart of Accounts (UCOA) crosswalk by local public health departments in the United States for reporting on expenditures and revenues related to Public Health programs and capabilities.						
1927	NA	Office of Superintendent of Public Instruction <i>Summer Food Service Program</i>	Interlocal Agreement	06/03/2019-09/30/2019	\$3,625	\$0
Description: The District to provide all necessary personnel, equipment, material and/or services to inspect 25 approved Summer Food Service Program facilities.						

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 8

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and KITSAP PUBLIC HEALTH DISTRICT hereinafter referred to as “LHJ”, pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

- ☒ Adds Statements of Work for the following programs:
 - LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019
- ☒ Amends Statements of Work for the following programs:
 - Food Insecurity Nutrition Incentive Program - Effective January 1, 2018
 - HIV Client Services-HOPWA - Effective July 1, 2018
 - Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2019
 - NEP-PIC NTA 0237 - Effective January 1, 2018
 - Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-8 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-7 Allocations as follows:

- ☒ Increase of **\$151,537** for a revised maximum consideration of **\$3,397,128**.
- ☐ Decrease of _____ for a revised maximum consideration of _____.
- ☐ No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-8 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-7.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
TABLE OF CONTENTS

DOH Program Name or Title: Food Insecurity Nutrition Incentive Program - Effective January 1, 2018..... 3
DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2018 8
DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2019..... 13
DOH Program Name or Title: LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019 21
DOH Program Name or Title: NEP-PIC NTA 0237 - Effective January 1, 2018..... 25
DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018 39

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Food Insecurity Nutrition Incentive Program -
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 3

Period of Performance: January 1, 2018 through March 31, 2020

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide Food Insecurity Nutrition Incentive program (FINI) funding to increase the purchase of fruits and vegetables by low-income consumers participating in Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase. This program will test strategies that could contribute to our understanding of how to best increase the purchase of fruits and vegetables by SNAP participants and develop effective and efficient benefit redemption technologies.

Revision Purpose: The purpose of this revision is to remove FFY18 unspent funds and funds projected to be unspent at the end of the grant period.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	Total Consideration
				Start Date	End Date			
FFY18 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211285	01/01/18	09/30/18	50,000	-7,500	42,500
FFY19 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211295	10/01/18	09/30/19	89,063	-10,716	78,347
FFY20 CSS USDA FINI PROG MGNT	10.331	333.10.33	TBD	10/01/19	03/31/20	38,410	-13,410	25,000
TOTALS						177,473	-31,626	145,847

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	<p>For Food Insecurity Nutrition Incentive (FINI), the LHJ will perform work as described in the DOH-approved Project Narrative and budget.</p> <p>Any changes to the Project Narrative and budget must be submitted to DOH in writing and pre-approved by DOH and U.S. Department of Agriculture (USDA) before they can be implemented.</p>		<ol style="list-style-type: none"> Supplemental Nutrition Assistance Program (SNAP) target audience reached Project activities completed Data and evaluation measures completed 	<p><u>For the Period:</u> January 1, 2018-March 31, 2020 Due: Based on approved Project Narrative</p>	<p>Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$177,473 \$145,847.</p> <p>LHJ will be reimbursed for allowable costs incurred based on approved federal budget and match</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					documented. LHJ must provide match up front to pull down federal funding. *See special billing requirements section.
1.1	<p>Report data to be collected:</p> <ol style="list-style-type: none"> Required data elements established by DOH, University of Washington's Center for Public Health Nutrition (CPHN) and Westat, the national FINI evaluator. Status update on project deliverables. <p>If available, any success stories when appropriate.</p>		Use forms provided by DOH and CPHN to summarize the work aforementioned in the FINI Project Narrative for monthly, quarterly, and annual reporting.	<p>Reports due for the period January 1, 2018–March 31, 2020:</p> <p>Quarterly Data due Q1 (January 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020</p> <p>Annual Data Due (April 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020</p> <p>Quarterly Data Due Q2 (April 1- June 30) August 1, 2018 August 1, 2019</p> <p>Quarterly Data Due Q3 (July 1 – September 30) November 1, 2018 November 1, 2019</p> <p>Quarterly Data Due Q4 (October 1 – December 31) February 1, 2018 February 1, 2019 February 1, 2020</p>	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.2	Submit Timely Monthly Invoice Vouchers		<p>Prepare and submit invoicing which includes:</p> <ul style="list-style-type: none"> • FINI A19-1A Invoice Voucher • An agency fiscal ledger • Backup documentation supporting all reimbursable costs and local match <p>Invoicing must be sent to the DOH fiscal lead for review before payment is made.</p>	<p>Monthly: Invoices due no later than 30 days after the end of the preceding month. For example, October A19 invoice submitted no later than November 30 and so on.</p> <p>Quarterly invoicing is allowable if approved by DOH contract manager.</p>	See payment information as referenced in task number 1.0

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Travel

The LHJ is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10.

<http://www.ofm.wa.gov/policy/10.htm>

Program Manual, Handbook, Policy References:

Records

(Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2)

All records are to be retained for six years from fiscal closure. This requirement applies to fiscal records, reports and client information. Supporting documentation may be kept at the sub-grantee level, but shall be available for review for six years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed.

Staffing Requirements:

Annual Civil Rights Training Requirement (see FNS Instruction Number 113-1 Chapter XI) - <http://www.fns.usda.gov/sites/default/files/113-1.pdf>

“Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. The local governmental agency, Indian Tribal Organization or non-Governmental Agency must be responsible for training their subrecipients, including ‘frontline staff.’ ‘Frontline staff’ who interact with program applicants or participants, and those persons who supervise ‘frontline staff’ must be provided civil rights training an annual basis.” Documentation must be maintained in personnel files confirming the following:

1. Name(s) of staff completing the annual civil rights training,
2. Date of Training
3. Brief summary of training source(s)/materials

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.)

Amendments

LHJ must submit a request to DOH to amend a project plan and/or budget for prior approval whenever they wish to change the USDA-approved scope of activities and/or budget. No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA.

Budget Revisions

The local governmental agency, Indian Tribal Organization or non-Governmental Agency, is allowed, in the Federal Fiscal year period, to request an adjustment be made to a funded line item listed in within the approved budget, with pre-approval from the DOH designated contract manager. Any anticipated changes to the budget must be pre-approved by DOH.

Special Funding Requirements

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this statement of work and prior to normal completion DOH may terminate task(s), remove funds, or reallocate funds at DOH’s discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the LHJ within seven (7) working days upon notice by the funding source of funding availability.

Monitoring Visits (frequency, type):

Audits

The local governmental agency, Indian Tribal Organization or non-Governmental Agency must make State financial and program audits or reviews conducted by other entities available to the DOH, USDA, or its designee.

Monitoring expectations

The local governmental agency, Indian Tribal Organization or non-Governmental Agency’s premises and records will be made available upon request to DOH and USDA staff for the purposes of observing nutrition education activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

Assurances – All agencies will comply with the following assurances:

- Programming and services provide focus on the SNAP audience.
- Program activities are reasonable and necessary to accomplish FINI objectives and goals.
- Program activities do not supplant existing programs, and where operating in conjunction with existing programs, enhance and supplement them.
- Any messages of nutrition education are consistent with the Dietary Guidelines for Americans and do not disparage any specific food, beverage or commodity.
- Activities or employee hours included as contributions for any other Federal award may not be used as match/cost sharing. The LHJ must maintain and make available for review and audit supporting documentation showing actual hours worked per Federal funding stream for each employee contributing time to both FINI and other Federal awards.
- Documentation of payments for approved FINI activities must be maintained by the LHJ and be available for review and audit.

- Program activities conducted in compliance with all applicable Federal laws, rules, regulations including Civil Rights and OMB circulars governing cost issues, as well as the General Provisions found in Title 2: 2 CFR Part 400; 2 CFR Part 415; 2 CFR Part 416; 2 CFR Part 418; 2 CFR Part 422; Title 7:7 CFR Part 3430 and Research Terms and Conditions (06/11) and National Institute of Food and Agriculture (NIFA) agency Specific Terms and Conditions (10/14) at <http://www.nifa.usda.gov/business/awards/awardterms.html>.
- All materials developed or printed with FINI funds include the appropriate credit to USDA as a funding source. When acknowledging USDA support in accordance with 2 CFR Part 415, grantees must use the following acknowledgment for all projects or initiatives supported by NIFA:
"This material is based upon work that is supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, under award number 2015-70018-23357."

DOH also expects LHI will use NIFA's official identifier in all of its publications, posters, websites and presentations resulting from this award. This identifier can be found at <http://nifa.usda.gov/resource/official-nifa-identifier>.

Special Billing Requirements:

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws and rules including OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the text box below.
 - a. Bills must be for only FINI specific activities, using a DOH A19-1A invoice voucher
 - b. A FINI specific A19-1A must be submitted to the agency's designated DOH FINI contract manager within 30 days of the last day of the month for which the work is being billed.
3. Documentation must be submitted with each FINI A19-1A invoice voucher. Documentation should include the following;
 - a. A copy of the agency's financial expanded/detailed general ledger.
 - b. Backup documentation for all costs which may include but are not limited to receipts, timesheets, volunteer hours, tracking incentive reimbursement, and must be available upon request.
4. Indirect Rate
All indirect rates must be submitted and preapproved by DOH and NIFA-USDA. The LHI is responsible for ensuring that indirect costs included in the LHI's budget and invoicing is supported by an indirect cost agreement and/or cost allocation plan approved by the appropriate agency. The LHI cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

SOURCE	TOTAL BUDGET
USDA	\$177,473 \$145,847

DOH Program Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 2

Period of Performance: July 1, 2018 through June 30, 2020

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to help the housing needs of persons with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) or related diseases and their families.

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2019 to June 30, 2020 and add carryforward funding as well as funding and task/budget information for the period of 07/01/19-06/30/20.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 HOUSING-PEOPLE WITH AIDS FORMULA	14.241	333.14.24	12660281	07/01/18	06/30/19	51,940	36,083	88,023
FFY19 HOUSING-PEOPLE WITH AIDS FORMULA	14.241	333.14.24	12660291	07/01/19	06/30/20	0	53,379	53,379
TOTALS						51,940	89,462	141,402

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons With AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</p>		<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p>Administrative: \$3,398 \$5,759</p> <p>Support Services: \$5,354</p> <p>STRMU: \$7,378</p> <p>Permanent Housing Placement: \$3,830</p> <p>Tenant Based Rental Assistance: \$31,895 \$65,617</p>

			<p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10th of the month.</p> <p>-Submission of Consolidated Annual Performance Report (CAPER) by August 10.</p> <p>-Submission of Monitor responses by the due date requested.</p>		<p>Housing Information Services: \$85</p> <p>TOTAL: \$51,940 \$88,023</p>
July 1, 2019 – June 30, 2020					
1	<p><i>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</i></p> <p><i>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons With AIDS (HOPWA) Program.</i></p> <p><i>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</i></p>		<p><i>-Perform prompt housing inspections.</i></p> <p><i>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</i></p> <p><i>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</i></p> <p><i>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</i></p>	<p><i>Required reports are to be submitted in a timely manner.</i></p> <p><i>DOH may delay payment until the reports are received or recapture unclaimed funds.</i></p>	<p>Administrative: \$3,492</p> <p>Support Services: \$2,500</p> <p>STRMU: \$7,500</p> <p>Permanent Housing Placement: \$0</p> <p>Tenant Based Rental Assistance: \$39,887</p> <p>Housing Information Services: \$0</p> <p>TOTAL: \$53,379</p>

			<p><i>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10th of the month.</i></p> <p><i>-Submission of Consolidated Annual Performance Report (CAPER) by August 10.</i></p> <p><i>-Submission of Monitor responses by the due date requested.</i></p>		
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***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements/Narrative

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA Program.

LHJ shall provide the following inputs:

- Staff who provide services described in this Statement of Work (SOW)

Compensation and Payment:

- Funds provided in the Budget are for services provided during the period July 1, 2018 – June 30, 2019. The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 25, 2019**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers for amounts billable to DOH under this SOW.

Month of A19-1A Invoice	A19-1A Invoice Due Date
July 1-31, 2018	August 25, 2018
August 1-31, 2018	September 25, 2018

September 1-30, 2018	October 25, 2018
October 1-31, 2018	November 25, 2018
November 1-30, 2018	December 25, 2018
December 1-31, 2018	January 31, 2019
January 1-31, 2019	February 25, 2019
February 1-29, 2019	March 25, 2019
March 1-31, 2019	April 25, 2019
April 1-30, 2019	May 25, 2019
May 1-31, 2019	June 25, 2019
June 1-30, 2019	July 25, 2019

(1)The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.

- iv) **Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.

E-mail invoices to: ID.Operations@doh.wa.gov

Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

- (1) **Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.
- (2) **Transfer of Funds among Budget Categories** – The LHJ may transfer contracted funds identified in Task 1 among direct expense categories, EXCEPT equipment, as long as the amount of the **cumulative** transfer does not exceed ten percent of the total contracted funds for the fiscal year and does not change the Statement of Work.
- (3) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

Confidentiality Requirements:

LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: Contractors that keep confidential and identifiable records including medical diagnosis and lab slips.

If your agency fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records.* Proof of LHJ meeting these requirements may be requested during a site visit or audit. To meet the requirements LHJ must have the following in place:

- Clearly written agency policies regarding confidentiality and security of records;
- Appropriate physical and electronic security measures to prevent unauthorized disclosures;
- Signed statements of confidentiality and security for the staff member hired under this agreement who has access to sensitive information, either through access to files or through direct contact with clients. This statement will be on file at LHJ’s office and updated yearly; and
- Appropriate confidentiality training provided to the staff member hired under this agreement with records of attendance.

Technical assistance is available through the Washington State Department of Health.

*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that contractors fit under the definition of “health care providers” and “individuals with knowledge of a person with a reportable disease or condition” in the WAC and RCW.

DOH Program Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) -
Effective January 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: January 1, 2019 through June 30, 2019

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

Revision Purpose: The purpose of this revision is to add the Peer Navigation Proviso task and funds for 04/01/19-06/30/19, update funding source for Drug User Health, add funds for HIV Community Engagement which end on 06/30/19, and change the DOH Program Contact for PLWH.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
STATE HIV PREVENTION	N/A	334.04.91	12401100	01/01/19	06/30/19	43,333	-43,333	0
FFY18 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261858C	01/01/19	03/31/19	112,230	0	112,230
FFY19 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261859C	04/01/19	06/30/19	112,230	0	112,230
STATE HIV CS/END AIDS WA	N/A	334.04.91	12630100	01/01/19	06/30/19	10,413	2,083	12,496
FFY19 RW HIV PEER NAV PROJ-PROVISO	93.917	333.93.91	1261229A	04/01/19	06/30/19	0	14,353	14,353
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	01/01/19	06/30/19	0	54,478	54,478
TOTALS						278,206	27,581	305,787

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Drug User Health				
Syringe Service Program (SSP)	To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will provide clean works / harm reduction supplies with syringes to prevent transmission of disease. SSP will provide	By the 15th of the month, enter previous month's deliverable data into Statewide HIV Activity Reporting and Evaluation (SHARE) system.	Agency must adhere to DOH Infectious Disease (ID) Reporting Requirements	\$20,000 – MI 12401100 12405100 - State HIV Prevention State Drug User Health (\$20,000 for 01/01/19-06/30/19)

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	referrals to address social determinants of health.			
Jefferson County Syringe Exchange	Establish working relationships with local health care providers, identify and reduce barriers for PWUD in accessing MAT, HIV/HCV screening, and HCV tx.	Conduct outreach to local healthcare providers	Agency must adhere to DOH ID Reporting Requirements	\$10,000 \$14,478 – MI 12401100 12405100 - State HIV Prevention State Drug User Health (\$10,000 \$14,478 for 01/01/19-06/30/19)
<i>Addressing Barriers to Hepatitis C Virus (HCV) Treatment Access</i>	<i>Investigate HCV treatment options and resources in the region, operationalize HCV screening and assessment</i>	<i>Implement HCV screening and assessment tool and referral process</i>	<i>January 1, 2019 – June 30, 2019</i>	\$20,000 – MI 12405100 – State Drug User Health (<i>\$20,000 for 01/01/19-06/30/19</i>)
HIV Community Engagement				
HIV Community Engagement	Address social isolation among older, long-term persons living with HIV (PLWH) by providing social opportunities within Kitsap and Clallam Counties	Develop Action Plan and hold at least one (1) community event	January 1, 2019–June 30, 2019	\$4,167 \$6,250 – MI 12630100 – State EAW (\$4,167 \$6,250 for 01/01/19-06/30/19)
End AIDS WA (EAW)	End AIDS Washington Recommendation #11 calls to invigorate and strengthen meaningful community engagement and empowerment for people and communities disproportionately affected by HIV-related health disparities and stigma. These funds are to be used to develop innovative projects for invigorating meaningful community engagement with PLWH and persons at high risk for HIV (PAHR) in Washington State.	Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$6,246 – MI 12630100 – State EAW (\$6,246 for 01/01/19-06/30/19)
HIV Community Services - Care				
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of	Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48	Agency must adhere to DOH ID Reporting Requirements	\$103,580 – MI 1261858C– RW Local Rebates (\$103,580 for 01/01/19-03/31/19)

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	business hours from the time of Client Intake. Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.		\$103,580 – MI 1261859C– RW Local Rebates (\$103,580 for 04/01/19-06/30/19)
Medical Transportation	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; 4) voucher or token systems.	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$1,375 – MI 1261858C– RW Local Rebates (\$1,375 for 01/01/19-03/31/19) \$1,375 – MI 1261859C– RW Local Rebates (\$1,375 for 04/01/19-06/30/19)
Food Bank	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category Deliverables for this reporting period have been identified and	Agency must adhere to DOH ID Reporting Requirements	\$4,950 – MI 1261858C– RW Local Rebates (\$4,950 for 01/01/19-03/31/19) \$4,950 – MI 1261859C– RW Local Rebates

Task	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		can be referenced in LHJ's Quarterly Report Grid.		(\$4,950 for 04/01/19-06/30/19)
Housing	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.	Agency must track and report within the DOH approved data system any and all activity related to this Service Category Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$2,325 – MI 1261858C– RW Local Rebates (\$2,325 for 01/01/19-03/31/19) \$2,325 – MI 1261859C– RW Local Rebates (\$2,325 for 04/01/19-06/30/19)
<i>HIV/STD Prevention</i>				
<i>Addressing Barriers to Hepatitis C Virus (HCV) Treatment Access</i>	<i>Investigate HCV treatment options and resources in the region, operationalize HCV screening and assessment</i>	<i>Implement HCV screening and assessment tool and referral process</i>	<i>January 1, 2019 – June 30, 2019</i>	<i>\$13,333 – MI 12401100 – State HIV Prevention</i> <i>(\$13,333 for 01/01/19-06/30/19)</i>
<i>PROVISO</i>				
<i>Peer Navigation</i>	<i>Provide education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics may include: 1) education on risk reduction strategies such as PrEP for client partners and treatment as prevention; 2) education on health care coverage; 3) health literacy; 4) treatment adherence education.</i>	<i>Agency must track and report within the DOH-approved data system any and all activity related to this Service Category Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</i>	<i>Agency must adhere to DOH ID Reporting Requirements</i>	<i>\$14,353 – MI 1261229A– Peer Navigation Proviso</i> <i>(\$14,353 for 04/01/19-06/30/19)</i>

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

1. Definitions

CONTRACTOR – Entity receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

2. Client Eligibility and Certification - Reference pages 15-17 in the HIV Community Services (HCS) Manual.

3. Title XIX HIV Medical Case Management – Reference pages 42-43 in the HCS Manual.

4. Quality Management/Improvement Activities – Reference pages 132-135 in the HCS Manual.

5. HIV Statewide Data System – Reference pages 136-144 in the HCS Manual.

6. HIV and STD Testing Services

- a. HIV testing services must follow DOH and Centers for Disease Control and Prevention (CDC) guidance for HIV testing.
- b. Persons found to be sero-positive must be provided with partner services (PS) that follow current CDC guidelines for HIV PS and DOH HIV Partner Services Standards. Contractors must refer newly identified HIV infected persons to the local health jurisdiction for PS.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.
- e. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV testing must obtain all necessary and required Washington State certification.
- f. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.
- g. Contractor must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- h. Contractor will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.

7. Reporting Requirements – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.

8. Training requirements – Reference pages 29-30 in the HCS Manual.

9. Participation in Washington State's HIV Planning Process – Reference page 10-11 in the HCS Manual.

10. Participation in End AIDS Washington Initiative

The End AIDS Washington Initiative is a collaboration of community-based organizations (CBOs), government agencies and education and research institutions working together to reduce the rate of new HIV infections in Washington by 50% by 2020. The End AIDS Washington initiative and the forthcoming implementation plan are not owned by any one government agency or CBO. End AIDS Washington is a community-owned effort and will only be successful if all stakeholders—communities, government, the health care system, and people most affected by HIV—are fully engaged in its implementation efforts and empowered to make decisions and set priorities.

11. Participation in End AIDS Washington Statewide Media Campaign

The End AIDS Washington Statewide Media Campaign effort aims to promote the priorities laid out in the EAW Initiative around the state through various ways. Funded agencies will ensure the participation of at least one staff member funded through PAHR Services in End AIDS Washington Campaign related activities including, but not limited to, the End AIDS Washington Champions program. Funded agencies will, whenever possible, utilize End AIDS Washington messaging and branding on educational and outreach materials.

12. Contract Management – Reference pages 32-48 in the HCS Manual.

a. Fiscal Guidance

- i) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2019 –June 30, 2019. The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, 2019. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
- iv) **Advance Payments Prohibited** – Reference page 32 in the HCS Manual.
- v) **Payer of Last Resort** – Reference page 44 in the HCS Manual.
- vi) **Cost of Services** – Reference page 32 in the HCS Manual.
- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR's providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs.
- x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

b. Contract Modifications

- i) **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii) **Contract Amendments – Effective Date** – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH.

c. Subcontracting

- i) This statement of work does not allow a CONTRACTOR to subcontract for services.

d. Written Agreements

- i) The CONTRACTOR should execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with funded Medical HIV Case Management services and activities:
 - (1) Partner Counseling and Re-Linkage Services (PCRS)
 - (2) HIV Testing Services
 - (3) Medical Providers providing services to agency's medical case management clients
 - (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR Technical assistance is available through DOH.

13. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through this RFA will:

- a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health
PO Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3579/Fax: (360) 664-2216
Email: Michael.Barnes@doh.wa.gov

- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub- contractors). Such notice must consist of language similar to the following: "This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website."

14. Youth and Peer Outreach Workers

For purposes of this agreement, the term "youth" applies to persons under the age of 18. All programs, including subcontractors, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

15. Confidentiality Requirements – Reference pages 18-19 in the HCS Manual.

16. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled “Pilot Program for Enhancement of Contractor Employee Whistleblower Protections.” This program requires all grantees, their subgrantees, and subcontractors to:
 - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
 - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and;
 - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

17. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

**Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that CONTRACTORS fit under the definition of “health care providers” and “individuals with knowledge of a person with a reportable disease or condition” in the WAC and RCW.

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050
Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

DOH Program Contact, PLWH

~~Karen Robinson~~ Chris Wukasch
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-~~3437~~ 3429/Fax: 360-664-2216
Karen.Robinson@doh.wa.gov
Chris.Wukasch@doh.wa.gov

DOH Program Contact, SSP

Sarah Deutsch
DOH, Infectious Disease Prevention
PO Box 47840, Olympia, WA 98504-7841
360-236-3579/Fax: 360-664-2216
Sarah.Deutsch@doh.wa.gov

DOH Fiscal Contact

Abby Gilliland
DOH, Infectious Disease Operations Unit
PO Box 47840, Olympia, WA 98504-7841
360-236-3351/Fax: 360-664-2216
Abby.Gilliland@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: March 1, 2019 through September 29, 2019

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to establish funding for Local Strategies for Physical Activity and Nutrition (LSPAN), a project of the State Physical Activity and Nutrition Program (SPAN).

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY18 PHYS ACTVITY & NUTRITION PROG	93.439	333.93.43	77440248	03/01/19	09/29/19	0	60,000	60,000
TOTALS						0	60,000	60,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	PROGRAM ADMINISTRATION: Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD).		Designated KPHD staff will participate in contract management calls.	March 1, 2019-September 29, 2019	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
1b	PROGRAM ADMINISTRATION: Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.		Designated KPHD staff will participate in calls, webinars, and meetings.	March 1, 2019-September 29, 2019	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

AMENDMENT #8

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1c	PROGRAM ADMINISTRATION: Perform administrative duties related to LSPAN.		Quarterly progress reports to DOH via SharePoint site or email	April 15, 2019 (covering March 1, 2019-March 30, 2019) July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019)	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2a	PROGRAM IMPLEMENTATION: Finalize Work Plan and Budget Workbook using DOH-provided templates.		Submit Work Plan to DOH Program Contact via email	Draft due: March 15, 2019 Final due: March 29, 2019	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2b	PROGRAM IMPLEMENTATION: Implement finalized community work plan focused on LSPAN that include: - Addressing at least two (2) state strategies required by this grant funding. - Achieving policy, systems, or environmental changes consistent with the strategies. - Identifying and reaching populations with health disparities.		Quarterly progress reports to DOH via SharePoint site or email	July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019)	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2c	PROGRAM IMPLEMENTATION: Report quarterly expenditures using DOH-provided template.		Report quarterly expenditures using DOH-provided template.	April 15, 2019 (covering March 1, 2019-March 30, 2019) July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019)	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	PROGRAM EVALUATION: Participate in performance measure data collection and program evaluation activities in collaboration with DOH.		Quarterly progress reports to DOH via SharePoint site or email	April 15, 2019 (covering March 1, 2019-March 30, 2019) July 15, 2019 (covering March 31, 2019-June 29, 2019) October 15, 2019 (covering June 30, 2019-September 29, 2019)	Reimbursement for actual costs, not to exceed total contract funding.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

The Local Strategies for Physical Activity and Nutrition (LSPAN) project is providing funds to Kitsap Public Health District to implement policy, systems and environmental changes at the community level to enact healthy nutrition guidelines and support breastfeeding-friendly environments. These changes must support the health of priority populations who experience health disparities. LSPAN is part of DOH's State Physical Activity and Nutrition-Washington (SPANWA) Program. Funding for SPANWA is through a cooperative agreement awarded to DOH from the Centers for Disease Control and Prevention's (CDC) [DP18-1807: State Physical Activity and Nutrition Program](#)

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS):

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the Centers for Disease Control and Prevention (CDC), with a copy to the Health and Human Services (HHS) Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services, Romero Stokes, Grants Management Officer/Specialist, Centers for Disease Control and Prevention Chronic Disease and Birth Defects Services Branch, 2920 Brandywine Road, Mailstop E-09, Atlanta, Georgia 30341, Email: lnj0@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services, Office of the Inspector General, ATTN: Mandatory Grant Disclosures, Intake Coordinator, 330 Independence Avenue SW, Cohen Building, Room 5527, Washington, DC 20201, Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)

- Only DOH-approved budget expenditures will be reimbursed.
- Subrecipients may not use funds to purchase furniture or equipment.
- Funds cannot be spent on capital projects to support built environment changes.
- Reimbursement of pre-award costs generally is not allowed, unless DOH provides written approval to the subrecipient.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Monitoring Visits (frequency, type)

- In-person site visits at least once a year

Special Billing Requirements

- Must use the budget workbook supplied by the program

DOH Program Contact

Amy Ellings, Healthy Eating Active Living Program Manager
Washington State Department of Health
PO Box 47848
Olympia, WA 98504
360-236-3754 (desk) / 360-480-1164 (mobile)
Amy.Ellings@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: NEP-PIC NTA 0237 - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 2

Period of Performance: January 1, 2018 through September 30, 2019

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide additional resources for investigating and eliminating sources of bacterial pollution in shellfish growing areas in Kitsap County.

NOTE: Dates that precede January 1, 2018 are for reference only.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from March 31, 2019 to September 30, 2019 for project continuation; .add and revise deliverable due dates for the extended project reporting period; adjust Task 2.1 from six years to three years; and update the DOH program contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
PS SSI 1-5 PIC TASK 4	66.123	333.66.12	261K1208	01/01/18	09/30/19	28,805	0	28,805
TOTALS						28,805	0	28,805

GOALS & MEASURABLE OBJECTIVES

This simply summarizes key deliverables and measures called out in the tasks below. This table is a component of the FEATS report.

Description (e.g., “shellfish beds reopened”)	Units (e.g. “acres”)	Targets (“number”)
Prioritize DOH closed parcels and prevent new closures due to shoreline hot spots	DOH Closed parcels	15
Number of septic tank pump out vouchers provided	#Vouchers	72
Number of onsite sewage system (OSS) failures identified in priority hot spots	OSS failures	
Number of OSS failures corrected in priority hot spots	OSS corrected	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
TASK 0. PROJECT DEVELOPMENT This task must be completed before initiating any other work under this subaward. Work completed prior to the completion of Task 0 will be ineligible for reimbursement under this subaward.					
0.1	Project Spatial Data and Climate Change Assessment In the tasks below Subrecipients will create a detailed project outline and timeline to describe project expectations and outcomes. The detailed project plan will also identify how the objectives of the project will be evaluated, including quantifiable performance measures and targets. DOH will review project to see if actions may have climate change intersections. If there are strong climate change interconnections, DOH will work with the subrecipient on how the project may be developed to be climate resilient. DOH will work with the subrecipient on the plan and establish mutual expectations. Subrecipients should provide relevant spatial data for their project and this should be identified in the detailed project plan. Subrecipients should consult with technical staff and spatial analysts where appropriate to determine the spatial data, associated metadata, and data storage location that are relevant for the project. All subrecipients should submit project coordinates (latitude, longitude) in decimal degrees.		Project Spatial Data and Climate Assessment	July 15, 2017	Reimbursement up to \$1,760 based on actual costs.
0.2	Quality Assurance Project Plan (QAPP) Development Subrecipient will submit a Quality Assurance Project Plan (QAPP) or QAPP waiver using Environmental Protection Agency's (EPA's) National Estuary Program (NEP) guidance for QAPPs. If a QAPP is required, subrecipients will work with the Washington State Department of Ecology's QA Officer to develop and approve the QAPP. Work related to collecting environmental data may not begin until the QAPP or waivers are completed and		QAPP or QAPP waiver	Draft QAPP due within 30 days of subaward	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	approved. See EPA Programmatic Condition #5 in this agreement for more information.				
0.3	Effectiveness Consultation (if necessary) Consult via telephone call with Puget Sound Partnership (PSP) effectiveness team regarding data LHJ is gathering (30 mins). PSP effectiveness team will provide an analysis approach for the Near-Term Actions (NTAs), about a paragraph per project. PSP effectiveness team will provide an analysis of effectiveness of NTAs. Results will be presented to Strategic Initiative Advisory Team (SIAT).		Effectiveness Consultation (if necessary)	March 31, 2019	
TASK 1. Project Management and Reporting This task describes the data collection and reporting requirements associated with this subaward. Maintenance of project records, submittal of payment vouchers, fiscal forms, and progress reports; compliance with applicable procurement, contracting and interlocal agreement requirements; application for, receipt of, and compliance with all required permits, licenses, easements, or property rights necessary for the project and submittal of required performance items. Carry out project in accordance with any completion dates outlined in the agreement. Refer to and comply with all underlying federal terms and conditions.					
1.1	Project Factsheet Create a project factsheet (using included template) and submit it in MS Word with the first quarterly progress report.		Project Fact Sheet	July 15, 2017	Reimbursement up to \$8,325 based on actual costs.
1.2	Bi-monthly (ConCon invoices are due every 60 days) Invoicing and Progress Summary The subrecipient will email bi-monthly progress summary and invoicing related to project tasks and deliverables to the contract manager. The summary period is synced to inform the Grant Program’s EPA reporting schedule; therefore it is critical that the Project Sponsor submit these summaries to the Grant Program according to the following schedule. Progress Summaries shall include, at a minimum: <ul style="list-style-type: none">A description of the work completed in the last performance period, including total spending by the project sponsor and any partners and any completed deliverables.The status and completion date for the project activities and near-term deliverables.Description of any problem or		Bi-monthly (every two months) invoice and project summaries. FEATS will serve as project summary for performance periods that fall on or near FEATS due dates. See FEATS schedule in Task 1.2.1. <u>Annual Performance Periods:</u> First Period: January – February Second Period: March –April (FEATS) Third Period:	Due annually: June 15 August 15 October 1 (FEATS) December 15 March 15 (FEATS) <i>May 15</i> <i>July 15</i> <i>September 15</i>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>circumstances affecting the completion date, scope of work, or costs.</p> <ul style="list-style-type: none"> Evidence that all the reporting requirements have been satisfactorily completed (see below). 		<p>May – June 30</p> <p>Fourth Period: July – August</p> <p>Fifth Period: September – October (FEATS)</p> <p>Sixth Period: November - December</p>		
1.2.1	<p>Financial and Ecosystem Accounting Tracking System (FEATS)</p> <p>Complete semi-annual FEATS progress reports, as well as a final FEATS report. The final FEATS report, reflecting the final project billing, will be provided during project closeout, after the end of the grant, and will describe the entire project, highlighting project outcomes and discussing lessons learned. See EPA Programmatic Condition #1.</p>		Semi-annual FEATS reports	<p>April 1 October 1</p> <p>And upon project completion.</p>	
1.2.2	<p>Puget Sound Partnership Required NTA Reporting</p> <p>NTA owners are required to report on the following:</p> <ul style="list-style-type: none"> Implementation status of their actions on a semiannual basis Financial status of their actions on an annual basis 		<p>1. Implementation Status</p> <p>2. Financial Status</p>	<p>1: March 31-April 28, 2017 November 1-30, 2017 May 1-31, 2018 November 2018 <i>Upon project/NTA completion or Spring 2019</i> <i>Upon project/NTA completion or</i></p> <p>2.:June 30-August 15, 2017 June 29-August 13, 2018 Upon contract/NTA completion <i>or August 2019</i></p>	
1.2.3	<p>STorage and RETrieval and Water Quality eXchange (STORET) Data Reporting</p> <p>STORET refers to an electronic data system for water quality monitoring data developed by EPA. If subrecipients collect any physical, chemical or environmental data (e.g. dissolved</p>		STORET (if required)	Per FEATS schedule Task 1.2.1	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	oxygen, water temperature, salinity, turbidity, pH, phosphorous, total nitrogen, E. coli or Enterococci, and other biological and habitat data) then STORET reporting will be required. Data for an entire calendar year (January 1 – December 31) should be submitted annually. To assist in tracking in STORET, name your project as follows: NEP_2016_(insert organization name) ; the unique project ID needs to be 35 characters or less. Include the STORET ID in the quarterly progress reports.				
1.2.4	Women/Minority-Owned Business (MBE/WBE) Reports MBE/WBE reporting is required annually. This federal reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the “Other” category that exceed the threshold amount of \$150,000., including amendments and/or modifications.		MBE/WBE Reporting	October 15, annually And upon project completion.	
1.3	Final Project Report A final report will be written by the project owners that describes the methods, results, lessons learned and recommendations for future work. The final report will evaluate the success of achieving the performance measures identified in the detailed project plan. Included with the final project report will be an updated Project Factsheet (see 1.1).		Final Report and updated Fact Sheet	And upon project completion.	
TASK 2. POLLUTION IDENTIFICATION AND CORRECTION (PIC) INCENTIVE VOUCHER PROGRAM Provide septic tank pumping/inspections/riser installation vouchers to property owners with gravity flow drain fields within 200 feet of the marine shoreline or shoreline drainage that have no record of pumping or inspection in the past six <i>three</i> years, and have not received incentives in the past.					
2.1	Properties with gravity flow drain fields within 200 feet of the marine shoreline or shoreline drainage, that have no record of pumping or inspection in the past six <i>three</i> -years and that have not received incentives in the past will be targeted for offer of a voucher.		Septic tank pumping/ inspections/riser installation vouchers distributed (72 x \$250 per shoreline owner)	Ongoing. Report progress in summaries and FEATS per Task 1.	Reimbursement up to \$18,015 based on actual costs.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
TASK 3. BROADER IMPACTS AND COMMUNICATION DOH will work with KPHD to determine targeted audience and ensure purpose of communication is clear.					
3.1	The subrecipient will submit high-quality project photos or video clips of the project (process, progress, etc.). Ensure anyone in the photo or video has signed a release in case photos or videos are used for future publications.		a) Submit high-quality project photos or video clips of the project (process, progress, etc.). b) Meet with Puget Sound Institute/Encyclopedia for Puget Sound staff at project initiation.	a) With final report b) Project initiation	Reimbursement up to \$705 based on actual costs.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

BUDGET	
Category	Amount
Personnel/Salaries	\$5,250
Fringe Benefits	\$2,401
Travel	0
Equipment (federal definition)	0
Supplies	0
Subawards Name and amount each	0
Other Describe: Septic Pump Vouchers	\$18,015
Total Direct Charges	\$25,666
Indirect Charges (federally approved rate)	\$3,139
TOTAL	\$28,805

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

Shoreline Monitoring Plan, Kitsap Public Health District Pollution Identification and Correction Program, December 2015.

Special References

WAC 246-272A, RCW 70.118A, Puget Sound Action Agenda, Interim PIC Program Protocols

Federal funds from the Environmental Protection Agency (EPA) National Estuary Program (NEP) Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Monitoring Visits (frequency, type)

The DOH program contact may conduct at least one monitoring visit during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may at least one fiscal monitoring visit during the life of this project.

Special Billing Requirements

The subrecipient will email monthly invoices and progress summary related to project tasks and deliverables to the contract manager. DOH will assess progress and expenditures quarterly and may withdraw funds if they are not being spent in a timely manner or if invoices are not received monthly and accurate.

Special Instructions

Progress reports are due to DOH via email to ~~tracy.farrell@doh.wa.gov~~, ~~kirsten.weinmeister@doh.wa.gov~~, ~~nichole.simmons@doh.wa.gov~~ and megan.schell@doh.wa.gov on the following dates: March 1, 2018, September 1, 2018, March 1, 2019, with final reporting due by April 30, 2019- upon contract completion. Minority and Women-Owned business Reporting is due to kristy.warner@doh.wa.gov and cc: ~~tracy.farrell@doh.wa.gov~~, ~~kirsten.weinmeister@doh.wa.gov~~, ~~nichole.simmons@doh.wa.gov~~ and megan.schell@doh.wa.gov on the following dates: October 15 annually, and upon contract completion.

All environmental data must be entered by the LHJ into EPA's Storage and Retrieval data system (STORET) at <http://www.epa.gov/STORET>. The semi-annual report format and data reporting requirements will be provided by DOH and may be modified throughout the contract period via email announcement.

Program Specific Requirements/Narrative

The following provisions are the pass-thru requirements of all U.S. EPA - DOH subawards funded under cooperative agreement PC01J18001-0.

Administrative Conditions

1. General Terms and Conditions - Effective March 29, 2016

The subrecipient agrees to comply with the current EPA general terms and conditions available at: <https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-march-29-2016-or-later>. These terms and conditions are in addition to the assurances and certifications made as part of the award and terms, conditions or restrictions cited below.

The EPA repository for the general terms and conditions by year can be found at: <https://www.epa.gov/grants/grant-terms-and-conditions#general>

2. General Terms and Conditions - Consultant Cap - Additional Information

In addition to the General Terms and Conditions #6 "Consultant Cap", as of January 1, 2016, the limit is \$614.48 per day \$76.81 per hour.

NOTE: For future years' limits, the subrecipient may find the annual salary for Level IV of the Executive Schedule on the following Internet site: <http://www.opm.gov/oca>. Select "Salary and Wages", and select "Rates of Pay for the Executive Schedule". The annual salary is divided by 2087 hours to determine the maximum hourly rate, which is then multiplied by 8 to determine the maximum daily rate.

3. General Terms and Conditions – Cybersecurity

The subrecipient agrees to comply with the current EPA general terms and conditions “Cybersecurity”.

The terms and conditions can be found on the EPA Grants Terms and Conditions Website.

For STATE: <https://www.epa.gov/grants/state-grant-cybersecurity-condition>

For TRIBE: <https://www.epa.gov/grants/tribal-grant-cybersecurity-condition>

For Other Recipients: <http://www2.epa.gov/sites/production/files/2015-07/documents/cybersecuritygrantconditionforotherrecipients.pdf>.

4. General Terms and Conditions - Indirect Costs for States and Tribal

The cost principles of 2 CFR 200 Subpart E are applicable, as appropriate, to this subaward.

In addition to the General Terms and Conditions "Indirect Cost Rate Agreements", if the subrecipient does not have a previously established indirect cost rate, it agrees to prepare and submit its indirect cost rate proposal in accordance with 2 CFR 200 Appendix VII.

For State Agencies

The subrecipient must send its proposal to its cognizant federal agency within six (6) months after the close of the governmental unit's fiscal year. If EPA is the cognizant federal agency, the state subrecipient must send its indirect cost rate proposal within six (6) months after the close of the governmental unit's fiscal year to:

Regular Mail

Financial Analysis and Rate Negotiation Service Center Office of Acquisition Management
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, NW, MC 3802R
Washington, DC 20460

Mail Courier (e.g. FedEx, UPS, etc.)

Financial Analysis and Rate Negotiation Service Center Office of Acquisition Management
US Environmental Protection Agency
1300 Pennsylvania Avenue, NW, 6th floor
Bid and Proposal Room Number 61107
Washington, DC 20004

For Indian Tribe

If the subrecipient does not have a previously established indirect cost rate, the subrecipient must submit their indirect cost rate proposals to:

National Business Center
Indirect Cost Services
U.S. Department of the Interior
2180 Harvard Street, Suite 430
Sacramento, CA 95815-3317

The subrecipient agrees to comply with the audit requirements in accordance with 2 CFR 200 Subpart F.

5. Utilization of Small, Minority and Women's Business Enterprises (MBE/WBE)

General Compliance, 40 CFR, Part 33

The subrecipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR, Part 33.

MBE/WBE Reporting, 40 CFR, Part 33, Subpart E

MBE/WBE reporting is required in annual reports. Reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the subrecipient or procurement under subawards or loans in the “Other” category that exceed the threshold amount of \$150,000., including amendments and/or modifications.

Based on EPA's review of the planned budget, this award meets the conditions above and is subject to the Disadvantaged Business Enterprise (DBE) Program reporting requirements. However, if subrecipient believes this award does not meet these conditions, the subrecipient must provide a justification and budget detail within 21 days of the award date clearly demonstrating that, based on the planned budget, this award is not subject to the DBE reporting requirements to the Region 10 DBE Coordinator. The subrecipient agrees to complete and submit a "MBE/WBE Utilization Under Federal Grants, Cooperative Agreements and Interagency Agreements" report (EPA Form 5700-52A) on an annual basis. All procurement actions are reportable, not just that portion which exceeds \$150,000.

When completing the annual report, subrecipients are instructed to check the box titled "annual" in section 1B of the form. For the final report, subrecipients are instructed to check the box indicated for the "last report" of the project in section 1B of the form. Annual reports are due by October 30th of each year. Final reports are due by October 30th or 90 days after the end of the project period, whichever comes first.

The reporting requirement is based on total procurements. Subrecipients with expended and/or budgeted funds for procurement are required to report annually whether the planned procurements take place during the reporting period or not. If no budgeted procurements take place during the reporting period, the subrecipient should check the box in section 5B when completing the form.

The current EPA Form 5700-52A can be found at the EPA Office of Small Business Program's Home Page at <http://www.epa.gov/osbp/dbereporting.htm>.

This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR, Part 33, Section 33.502; however, the other requirements outlined in 40 CFR Part 33 remain in effect, including the Good Faith Effort requirements as described in 40 CFR Part 33 Subpart C, and Fair Share Objectives negotiation as described in 40 CFR Part 33 Subpart D and explained below.

Six Good Faith Efforts, 40 CFR, Part 33, Subpart C

Pursuant to 40 CFR, Section 33.301, the subrecipient agrees to make the following good faith efforts whenever procuring construction, equipment, services and supplies under an EPA financial assistance agreement, and to require that sub-subrecipients, loan subrecipients, and prime contractors also comply. Records documenting compliance with the six good faith efforts shall be retained:

- (a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government subrecipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
- (b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
- (c) Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and local Government subrecipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.
- (d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
- (e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.
- (f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

Contract Administration Provisions, 40 CFR, Section 33.302

The subrecipient agrees to comply with the contract administration provisions of 40 CFR, Section 33.302.

Bidders List, 40 CFR, Section 33.501(b) and (c)

Subrecipients of a Continuing Environmental Program Grant or other annual reporting grant, agree to create and maintain a bidders list. Subrecipients of an EPA financial assistance agreement to capitalize a revolving loan fund also agree to require entities receiving identified loans to create and maintain a bidders list if the subrecipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Please see 40 CFR, Section 33.501 (b) and (c) for specific requirements and exemptions.

Fair Share Objectives, 40 CFR, Part 33, Subpart D

(1) For Grant Awards \$250,000 or Less

This assistance agreement is a Technical Assistance Grant (TAG); or the award amount is \$250,000 or less; or the total dollar amount of all of the subrecipient's financial assistance agreements from EPA in the current Federal fiscal year is \$250,000 or less. Therefore, the subrecipient of this assistance agreement is exempt from the fair share objective requirements of 40 CFR, Part 33, Subpart D, and is not required to negotiate fair share objectives/goals for the utilization of MBE/WBEs in its procurements.

(2) For Subrecipients Accepting Goals

A subrecipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR, Section 33.411 some subrecipients may be exempt from the fair share objectives requirements as described in 40 CFR, Part 33, Subpart D. Subrecipients should work with their DBE coordinator, if they think their organization may qualify for an exemption.

Accepting the Fair Share Objectives/Goals of Another Subrecipient

The dollar amount of this assistance agreement, or the total dollar amount of all of the subrecipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000, or more. The subrecipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA. The Region 10 fair share objectives/goals can be found: <http://www.epa.gov/osbp/pdfs/r10fairsharegoals.pdf>.

By signing this financial assistance agreement, the subrecipient is accepting the fair share objectives/goals and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market.

Negotiating Fair Share Objectives/Goals, 40 CFR, Section 33.404

The subrecipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the subrecipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the subrecipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means **that the subrecipient is not** accepting the fair share objectives/goals of another subrecipient. The subrecipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator within 120 days of its acceptance of the financial assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120 day time frame, the subrecipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

(3) For Subrecipients with Established Goals

The subrecipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR, Section 33.411 some subrecipients may be exempt from the fair share objectives requirements described in 40 CFR, Part 33, Subpart D. Subrecipients should work with their DBE coordinator, if they think their organization may qualify for an exemption.

Current Fair Share Objective/Goal

The dollar amount of this assistance agreement or the total dollar amount of all of the subrecipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000, or more. The Region 10 fair share objectives/goals can be found: <http://www.epa.gov/osbp/pdfs/r10fairsharegoals.pdf>.

Negotiating Fair Share Objectives/Goals

In accordance with 40 CFR, Part 33, Subpart D, established goals/objectives remain in effect for three fiscal years unless there are significant changes to the data supporting the fair share objectives. The subrecipient is required to follow requirements as outlined in 40 CFR Part 33, Subpart D when renegotiating the fair share objectives/goals.

(4) **For DWSRF, CWSRF and BROWNFIELDS RLF Subrecipients ONLY**

Objective/Goals of Loan Subrecipients

As a subrecipient of an EPA financial assistance agreement to capitalize revolving loan funds, the subrecipient agrees to either apply its own fair share objectives negotiated with EPA to identified loans using a substantially similar relevant geographic market, or negotiate separate fair share objectives with its identified loan subrecipients. These separate objectives/goals must be based on demonstrable evidence of the availability of MBEs and WBEs in accordance with 40 CFR, Part 33, Subpart D.

The subrecipient agrees that if procurements will occur over more than one year, the subrecipient may choose to apply the fair share objective in place either for the year in which the identified loan is awarded or for the year in which the procurement action occurs. The subrecipient must specify this choice in the financial assistance agreement, or incorporate it by reference therein.

(5) **R10 DBE Coordinator and Where to Send Report**

Andrea Bennett at (206) 553-1789 or [email: Bennett.Andrea@epa.gov](mailto:Bennett.Andrea@epa.gov). The coordinator can answer any MBE/WBE reporting questions you may have. MBE/WBE reports should be sent to the EPA Region 10, Grants and Interagency Agreements Unit, 1200 Sixth Avenue, Suite 900, OMP-173, Seattle, WA 98101 or FAX to (206) 553-4957.

Programmatic Conditions

1. Semi-Annual Performance Reports

The subrecipient shall submit performance reports every six (6) months during the life of the project. Reports are due 30 calendar days after the end of each reporting period. Reports shall be submitted to the DOH Contract Manager and may be provided electronically.

In accordance with 2 CFR 200.328, as appropriate, the subrecipient agrees to submit performance reports that include brief information on each of the following areas:

- (a) A comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period;
- (b) The reasons why established goals were not met, if appropriate;
- (c) Additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

In addition to the semi-annual performance reports, the subrecipient shall immediately notify the DOH Contract Manager of developments that have a significant impact on the award-supported activities. As appropriate, the subrecipient agrees to inform the DOH Contract Manager as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

The subrecipient will submit performance reports through EPA's Puget Sound Financial and Ecosystem Accounting Tracking System (FEATS). Reports are due at least 30 calendar days after the end of each reporting period. Earlier, but not later due dates may be mutually agreed upon by the Contract Manager and subrecipient in the award document. The reporting periods shall end March 31st and September 30th of each calendar year. Reports shall be submitted to the DOH Contract Manager on the FEATS form provided by the Contract Manager and shall be submitted by electronic mail. The subrecipient agrees to submit performance reports that include brief information on each of the following areas:

- (a) A comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period;
- (b) The reasons for slippages if established outputs/outcomes were not met;
- (c) Additional pertinent information, including when appropriate, analysis and information of cost overruns or high unit costs.

2. Final Performance Report

The subrecipient shall submit a final performance report through FEATS, which is due 90 calendar days after the expiration or termination of the award. The report shall be submitted to the DOH Contract Manager and must be provided electronically. The report shall generally contain the same information as in the periodic reports, but should cover the entire project period. After completion of the project, the DOH Contract Manager may waive the requirement for a final performance report if the DOH Contract Manager deems such a report is inappropriate or unnecessary.

3. Program Income - Addition

If program income is generated, the subrecipient is required to account for program income related to this project. Program income earned during the project period shall be retained by the subrecipient and shall be added to funds committed to the project by EPA and the subrecipient, and shall be used to further eligible project objectives.

4. Recognition of EPA Funding

Reports, documents, signage, videos, or other media, developed as part of projects funded by this assistance agreement shall contain the following statement:

“This project has been funded wholly or in part by the United States Environmental Protection Agency under assistance agreement (number) to (subrecipient). The contents of this document do not necessarily reflect the views and policies of the Environmental Protection Agency, nor does mention of trade names or commercial products constitute endorsement or recommendation for use.”

5. Quality Assurance Requirements (2 CFR 1500.11) (if applicable)

Acceptable Quality Assurance documentation must be submitted within 30 days of the acceptance of this agreement or another date as negotiated with the DOH Contract Manager and NEP Quality Assurance Coordinator. No work involving direct measurements or data generation, environmental modeling, compilation of data from literature or electronic media, and data supporting the design, construction, and operation of environmental technology shall be initiated under this project until the EPA Project Officer, in concert with the EPA Quality Assurance Manager, has approved the quality assurance document.

Instructions to Submit Quality Assurance Documents for Review

Please refer to The Department of Ecology’s website at: <http://www.ecy.wa.gov/programs/eap/qa/docs/NEPQAPP/index.html> for guidance and templates. Submit the Acceptable Quality Assurance documentation to ~~Tom Gries at tgr1461@ecy.wa.gov~~ [Sara Sekerak at \[ssek461@ecy.wa.gov\]\(mailto:Sara.Sekerak@ecy.wa.gov\)](mailto:Sara.Sekerak@ecy.wa.gov) (NEP Quality Assurance Coordinator) for review with a cc: to megan.schell@doh.wa.gov and ~~tracy.farrell@doh.wa.gov~~ Nichole.simmons@doh.wa.gov (DOH NEP Contract Managers).

Additional information on these requirements can be found at the EPA Office of Grants and Debarment website: <http://www.epa.gov/ogd/grants/assurance.htm>.

6. Peer Review

The results of this project may affect management decisions relating to Puget Sound. Prior to finalizing any significant technical products the Principal Investigator (PI) of this project must solicit advice, review and feedback from a technical review or advisory group consisting of relevant subject matter specialists. A record of comments and a brief description of how respective comments are addressed by the PI will be provided to the Project Monitor prior to releasing any final reports or products resulting from the funded study.

7. Competency of Organizations Generating and/or Using Environmental Measurement Data

In accordance with Agency Policy Directive Number FEM-2012-02, Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements, subrecipient shall maintain competency for the duration of the project period of this agreement and this will be documented during the annual reporting process. A copy of the Policy is available online at http://www.epa.gov/fem/lab_comp.htm or a copy may also be requested by contacting the DOH Contract Manager for this award.

Federal Assistance Agreement Funds Up To \$200,000

Subrecipient agrees that if the total federal funding obligated on this award exceeds \$200,000 (resulting from subsequent amendments to this agreement) and will involve the use or generation of environmental data it will (unless it has otherwise done so) demonstrate competency prior to carrying out any activities involving the generation or use of environmental data under this agreement.

Federal Assistance Agreement Funds Exceed or Expect to Exceed \$200,000

Subrecipient agrees, by entering into this agreement, that it has demonstrated competency prior to award, or alternatively, where a pre-award demonstration of competency is not practicable. Subrecipient agrees to submit documentation and demonstrate competency prior to carrying out any activities under the award involving the generation or use of environmental data.

Shellfish Strategic Initiative Quality Assurance Coordinator Contact: Tom Gries at tgr1461@ecy.wa.gov

8. STORET Requirement

Subrecipients are required to institute standardized reporting requirements into their work plans and include such costs in their budgets. All water quality data generated in accordance with an EPA approved Quality Assurance Project Plan as a result of this assistance agreement, either directly or by subaward, will be required to be transmitted into the Agency's Storage and Retrieval (STORET) data warehouse using either WQX or WQX web. Water quality data appropriate for STORET include physical, chemical, and biological sample results for water, sediment and fish tissue. The data include toxicity data, microbiological data, and the metrics and indices generated from biological and habitat data. The Water Quality Exchange (WQX) is the water data schema associated with the EPA, State and Tribal Exchange Network. Using the WQX schema partners map their database structure to the WQX/STORET structure. WQX web is a web based tool to convert data into the STORET format for smaller data generators that are not direct partners on the Exchange Network. More information about WQX, WQX web, and the STORET warehouse, including tutorials, can be found at <http://www.epa.gov/storet/wqx/>

If activities submitted as match for this federal assistance agreement involve the generation of water quality data, the resulting information must be publicly accessible (in STORET or some other database). Subrecipients are encouraged to develop a cross walk between any non-STORET database utilized for the storage of water quality data associated with match activities and EPA's Water Quality Exchange (WQX).

9. Riparian Buffers

Riparian buffer restoration projects in agricultural areas shall be consistent with the interim riparian buffer recommendations provided to EPA and the Natural Resource Conservation Service by National Marine Fisheries Service letters of January 30, 2013 (stamp received date - February 4, 2013) and April 9, 2013 (stamp received date – April 16, 2013), or the October 28, 2013 guidance. Grantees shall confirm in writing projects' consistency with the recommendations referenced above. When developing project proposals, grantees also should consider the extent to which proposals include appropriate riparian buffers or otherwise address pollution sources on other water courses on the properties in the project area to support water quality and salmon recovery. Deviations can only be obtained through an exception approved by EPA. In order for EPA to evaluate a request for an exception, the grantee must submit the scientific rationale demonstrating adequacy of buffers for supporting water quality and salmon recovery. The request must summarize tribal input on the scientific rationale or other relevant issues. The scientific rationale could be developed from sources such as site-specific assessment data, salmon recovery plans, Total Maximum Daily Loads (TMDLs) and the state nonpoint plan. EPA will confer with the National Oceanic and Atmospheric Administration (NOAA) and the Washington Department of Ecology and provide the opportunity for affected tribes to consult with EPA before making a final decision on a deviation request.

10. International Travel (Including Canada)

All International Travel must be approved by the Office of International and Tribal Affairs (OITA) BEFORE travel occurs. Even a brief trip to a foreign country, for example to attend a conference, requires OITA approval. Please contact your DOH Contract Manager as soon as possible if travel is planned out of the country, including Canada and/or Mexico, so that they can obtain appropriate approvals from EPA Headquarters. If you have questions, please contact your DOH Contract Manager listed in this award document.

11. Geospatial Data Standards

All geospatial data created must be consistent with Federal Geographic Data Committee (FGDC) endorsed standards. Information on these standards may be found at www.fgdc.gov

12. ULO Stretch Goal

Subrecipients should manage their programs and subaward funding in ways that reduce the length of time that federal funds obligated and committed to subaward projects are "unspent" federal funds, not yet drawn down through disbursements.

EPA encourages the reduction of these unliquidated obligations (ULOs) by applying the following programmatic term and condition to these assistance agreements. Assistance agreement subrecipients are to apply these "stretch" goals throughout the life of the assistance agreement and to confer with your DOH Contract Manager whenever instances arise that make attainment of these stretch goals unlikely.

A stretch goal for utilization of funds is established. All funds should be spent by 2 years.

Stretch Goal

Funds Awarded in FY 2016

(October, 1, 2016-September 30, 2017)

Should all Be Drawn Down by March 2019

DOH Program Contact

Contract Manager: Nichole Simmons ~~Kirsten Weinmeister~~, Office of Environmental Health and Safety, PO Box 47824, Olympia, WA 98504-7824; 360.236.~~3307~~3208;
~~Kirsten.weinmeister@doh.wa.gov~~ nichole.simmons@doh.wa.gov

Grant Coordinator: ~~Tracy Farrell~~ Megan Schell, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360.236.~~3337~~ 3307;
~~tracy.farrell@doh.wa.gov~~ megan.schell@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control
Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 6

Period of Performance: January 1, 2018 through September 30, 2019

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide state and federal funding for tobacco and vapor product prevention and control activities

Revision Purpose: The purpose of this revision is to add \$6,120 to the funds available from the CDC 1509 Tobacco Prevention Account to be used by 06/30/2019.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Youth Tobacco Vapor Products	N/A	334.04.93	77410880	01/01/18	06/30/19	82,688	0	82,688
FFY17 PHBG Tobacco PPHF	93.758	333.93.75	77410272	01/01/18	09/29/18	29,034	0	29,034
FFY18 Tobacco Prevention	93.305	333.93.30	77410270	03/29/18	03/28/19	11,012	0	11,012
SFY19 Marijauna Tobacco Edu	N/A	334.04.93	77420890	07/01/18	06/30/19	7,501	0	7,501
FFY18 PHBG Tobacco PPHF	93.758	333.93.75	77410282	10/01/18	09/30/19	40,000	0	40,000
FFY19 Tobacco Prevention	93.305	333.93.30	77410280	03/29/19	06/30/19	0	6,120	6,120
TOTALS						170,235	6,120	176,355

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions 1. Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. 2. Conduct outreach and provide technical assistance to local agencies and organizations that are interested in adopting voluntary smoke-free and vape-free campus and/or organizational policies.		Monthly reports must be submitted to DOH on the 15 th of every month.	September 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
2	Reduce Tobacco-Related Disparities In collaboration with priority population partners, educate stakeholders, community leaders, and decision-makers		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	about tobacco-related disparities, evidence-based and promising interventions needed to address health equity, and local level policies and programs that can be designed to eliminate disparities.				exceed total funding consideration
3	Promote and Support Tobacco Cessation <ol style="list-style-type: none"> 1. Share information about cessation resources, including the WA State Quitline and smartphone application as alternative or complementary interventions, with payers and providers. 2. In collaboration with the DOH Tobacco and Vapor Product Prevention and Control Program (TVPPCP), implement outreach and educational activities to increase the number of clinics and hospitals with tobacco dependence treatment embedded in the workflow/EHR, as well as the number of providers billing for cessation services and referring patients to the WA State Quitline and smartphone application. 3. In collaboration with TVPPCP, incorporate 2018-2019 Centers for Disease Control and Prevention (CDC) TIPS campaign materials into agency social media content, and report communications and media efforts in a template provided by the TVPPCP as part of the monthly reporting requirement. 		Monthly reports must be submitted to DOH on the 15 th of every month.	March 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
4	Prevent Initiation Among Youth and Young Adults Educate and inform decision-makers and stakeholders about evidence-based policies, systems and environmental changes to prevent the initiation of tobacco and vapor product use among youth and young adults.		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
5	Decision-Maker Outreach and Education Educate decision-makers and stakeholders on the evidence for a comprehensive tobacco and vapor product prevention program and best practices.		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
6	Health Communications Plan and implement one or more of the following interventions to prevent youth initiation and support cessation, as resources permit: <ol style="list-style-type: none"> a) Paid television, radio, out-of-home (e.g., billboards, transit), print, and digital advertising at the state and local levels. b) Media advocacy through public relations/earned media efforts (e.g., press releases/conferences, social media, and local events), 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>which are often timed to coincide with holidays, heritage months, and health observances.</p> <p>c) Health promotion activities, such as working with health care professionals and other partners and promoting quit lines.</p>				
7	<p>Administration and Management</p> <p>1. Meetings and Conference Calls:</p> <p>a) Participate in contract management conference calls/webinars with TVPPCP every other month, beginning in July 2018. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.</p> <p>b) Attend at least one (1) full day in-person meeting with all regional and priority population contractors.</p> <p>2. Reporting: Submit monthly reports of work including a narrative on overall progress using the reporting template located on SharePoint provided by TVPPCP. All documents related to task activities will be attached.</p> <p>3. Budget*: Submit an annual budget to TVPPCP to reflect planned activities, using a template provided by TVPPCP. Update as needed on SharePoint.</p> <p>4. Billing: Submit A19 invoice voucher form monthly. An updated budget workbook is due the 30th of the month following the month in which costs are incurred.</p> <p>5. Assessment and Evaluation: Using a template provided by TVPPCP, complete project evaluation activity developed and coordinated by TVPPCP as requested.</p>		<p>Monthly reports must be submitted to DOH on the 15th of every month.</p> <p>*Annual budget due by July 30, 2018</p>	September 30, 2019	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19 forms due the 30th of the month following the month in which costs were incurred.</p>
8	<p>Planning and Coordination</p> <p>Revise and update 2017-2018 implementation plan using a template provided by TVPPCP, involving representatives</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	September 30, 2019	Reimbursement for actual expenditures, not to

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>from all counties within the respective ACH region. The 2018-2019 implementation plan will include the following strategies/activities:</p> <ol style="list-style-type: none"> 1. Provide technical assistance (TA) to schools and colleges/universities to implement or strengthen tobacco-free and vape-free campus policies. 2. Educate stakeholders and community leaders about the impact of flavors and menthol on tobacco-related disparities and youth initiation. 3. Communicate with multi-unit trade organizations, landlords and the public on smoke-free and/or vape-free policies. Plan and implement one or more of the following interventions, as resources permit: <ol style="list-style-type: none"> i. Provide technical assistance to multi-unit housing trade organizations and landlords interested in adopting voluntary smoke-free and/or vape-free policies. ii. Respond to and provide referrals to residents of multi-unit housing concerned about the implementation or enforcement of smoke-free and/or vape-free policies. iii. Provide technical assistance to public housing authorities and residents in the implementation and enforcement of required smoke-free policies per Housing and Urban Development (HUD)'s Smoke-Free Public Housing Rule. 				exceed total funding consideration.

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Manual, Handbook, Policy References

Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, Budget Workbook

Federal Funding Restrictions and Limitations:

- Awardees may not use federal funds for lobbying.
- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may not use funds to supplant existing state funding or to supplant funds from federal or state sources.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and sources.
- Awardees are the direct and primary recipients in a cooperative agreement program and must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees are generally not allowed to use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Awardees may not be reimbursed for pre-award costs.
- Awardees may only use funds for evidence-based tobacco control interventions, strategies, and activities.
- Awardees may not use funds to provide direct cessation services or other direct services other than those through evidence-based quit line services.
- Awardees may not use funds to purchase nicotine replacement therapy or other products used for cessation.
- Awardees may not use funds to purchase K-12 school curricula.

Special References (RCWs, WACs, etc)

As a provision of The Youth Tobacco and Vapor Product Prevention Account, [RCW 70.155.120](#), DOH shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce tobacco and vapor product use by youth.

Monitoring Visits

Monthly telephone calls with DOH contract manager.

Special Billing Requirements

DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19-1A invoice voucher form (A19) and required deliverables, to be submitted by the LHJ within 30 days following the month in which costs were incurred. The A19 must be provided to DOH by the 30th of each month in order to receive reimbursement for the previous month. If DOH does not receive the A19 form by the 30th of the month with the required deliverables, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal of both the A19 form and required deliverables.

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19 invoice voucher. Payment to completely expend the “Total Consideration” for a specific funding period will not be processed until all deliverables are accepted and approved by DOH.

Quarterly billing and submission of deliverables may be allowed upon written request from the LHJ and written approval from the DOH Contract Manager.

General Funds State unexpended in each fiscal year may not be carried forward into the new budget period.

Special Instructions

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020

DOH Program Contact

Stacia Wasmundt, Contract Manager
Youth Tobacco and Vapor Product Prevention Consultant
Office of Healthy Communities
Tobacco and Vapor Product Prevention and Control Program
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-2568 / Fax: 360-236-3646
Email: stacia.wasmundt@doh.wa.gov

DOH Fiscal Contact

Sharon Shields
Fiscal Consultant
Prevention and Community Health
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47855, Olympia, WA 98504
Telephone: 360-236-3609/ Fax: 360-664-2619
Email: sharon.shields@doh.wa.gov

Kitsap Public Health District

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18248
Date: March 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY20 CSS USDA FINI Prog Mgnt	NGA Not Received	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	(\$13,410)	\$25,000	\$145,847
FFY20 CSS USDA FINI Prog Mgnt	NGA Not Received	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410		
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	(\$10,716)	\$78,347	
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$7,500)	\$42,500	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167	\$69,167	\$159,198
FFY18 CSS IAR SNAP Ed Program Mgnt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgnt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
FFY19 Housing People with AIDS Formula	NGA Not Received	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	\$141,402
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$36,083	\$88,023	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940		
PS SSI 1-5 BEACH Task 4	01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	10/31/19	\$5,800	\$5,800	\$11,600
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800	\$5,800	
PS SSI 1-5 PIC Task 4	01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A, Amd 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$78,805		
FFY19 Swimming Beach Act Grant IAR (ECY)	01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$14,000	\$14,000	\$28,000
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$5,318	\$295,345	\$295,345
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$290,027		
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	\$14,258	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134

Kitsap Public Health District

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	\$2,500	\$2,500
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	\$7,054
FFY19 Tobacco Prevention	U58DP006004	Amd 8	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	\$6,120	\$6,120	\$17,132
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	
FFY18 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 8	93.439	333.93.43	03/01/19	09/29/19	09/28/18	09/29/19	\$60,000	\$60,000	\$60,000
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$69,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		
FFY19 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 8	93.917	333.93.91	04/01/19	06/30/19	04/01/19	06/30/19	\$14,353	\$14,353	\$71,765
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$22,871	\$57,412	
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541		
FFY18 RW HIV Provider Capacity-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$159,854	\$159,854	\$279,745
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
GFS-Group B (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)	\$0	\$0
GFS-Group B (FO-SW)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000		
FY2 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	01/01/18	06/30/18	\$20,000	\$20,000	
SFY19 State Drug User Health Program		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$54,478	\$54,478	\$54,478
State HIV CS/End AIDS WA		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$2,083	\$12,496	\$23,948
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$10,413		
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$2,083	\$2,083	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	
State HIV Prevention		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	(\$43,333)	\$0	\$51,667

Kitsap Public Health District

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18248
Date: March 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333		
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000		
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP		Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	\$403,323
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	\$22,500
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	\$30,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	\$30,000
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	\$82,688
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	06/30/19	\$112,230	\$112,230	\$449,460
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000	

Kitsap Public Health District

EXHIBIT B-8
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18248
Date: March 15, 2019

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	\$147,345
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6	N/A	346.26.64	01/01/18	12/31/19	07/01/17	12/31/19	\$12,750	\$27,500	\$27,500
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6	N/A	346.26.64	01/01/18	12/31/19	07/01/17	12/31/19	\$14,750		
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	12/31/18	\$2,000		
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$468	\$1,268	\$1,268
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$800		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/19	07/01/17	12/31/19	\$1,949	\$3,149	\$3,149
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6	N/A	346.26.66	01/01/18	12/31/19	07/01/17	12/31/19	\$1,200		
TOTAL									\$3,397,128	\$3,397,128	
Total consideration:	\$3,245,591									GRAND TOTAL	\$3,397,128
	\$151,537										
GRAND TOTAL	\$3,397,128									Total Fed	\$1,665,674
										Total State	\$1,731,454

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit C-8 Schedule of Federal Awards**AMENDMENT #8****Date: March 15, 2019****KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00****CONTRACT CLH18248-Kitsap Public Health District****CONTRACT PERIOD: 01/01/2018-12/31/2020**

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	NGA Not Received	NGA Not Received	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	NGA Not Received	NGA Not Received
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY19 CSS IAR SNAP-ED PROG MGNT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,167	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGNT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$69,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	NGA Not Received	NGA Not Received	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	NGA Not Received	NGA Not Received
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	09/30/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/19	\$11,600	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,991	03/01/19	10/31/19	\$14,000	66.472	Beach Monitoring and Notificaiton Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notificaiton Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT

Exhibit C-8 Schedule of Federal Awards**AMENDMENT #8****Date: March 15, 2019****KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00****CONTRACT CLH18248-Kitsap Public Health District****CONTRACT PERIOD: 01/01/2018-12/31/2020**

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	06/30/19	\$6,120	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/29/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY18 PHYS ACTVITY & NUTRITION PROG	333.93.43	09/01/18	\$923,000	03/01/19	09/29/19	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$29,034	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$18,420	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY19 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/19	06/30/19	\$14,353	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II

Exhibit C-8 Schedule of Federal Awards**AMENDMENT #8****Date: March 15, 2019****KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00****CONTRACT CLH18248-Kitsap Public Health District****CONTRACT PERIOD: 01/01/2018-12/31/2020**

Chart of Accounts Program Title	BARS	DOH	Total Amt	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
		Federal Award Date	Federal Award	Start Date	End Date						
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$1,665,674					

**Memorandum of Understanding
Between
Kitsap Public Health District
and
the Public Health Activities and Services Tracking (PHAST) Project
for
Advancing the Adoption and Use of a Uniform Chart of Accounts Crosswalk**

1. Term of Agreement

- | | |
|---------------------------|-----------------------|
| a. Effective date | <u>May 1, 2019</u> |
| b. Expiration/Review date | <u>March 14, 2020</u> |

2. Overview

The purpose of the memorandum of understanding (MOU) is to define the collaboration between the Public Health Activities and Services Tracking (PHAST) project and Kitsap Public Health District (KPHD) for the purpose of advancing the adoption and use of a Uniform Chart of Accounts (UCOA) crosswalk by local public health departments in the United States for reporting on expenditures and revenues related to public health programs and capabilities and is not intended to be a binding agreement.

PHAST is a research project funded by the Robert Wood Johnson Foundation for the purpose of facilitating evidence-based public health practice in order to promote a culture of health. The overall aim is to develop standardized data collection and reporting methods in collaboration with public health practice partners. Betty Bekemeier, Professor in the School of Nursing at the University of Washington, is the Principal Investigator for PHAST.

3. Responsibilities of the MOU Partners

To ensure development of a broadly applicable Uniform Chart of Accounts for public health financial reporting, KPHD intends to:

- Crosswalk the agency's COA to the final UCOA format, reflecting the major program categories to the extent possible. This should be completed by **July 15, 2019**.
- Make data available to PHAST for analysis, interpretation, and inclusion in the UCOA dashboard. This should be completed by **July 15, 2019**.
- Assist with data validation procedures, including answering questions from the PHAST team to clarify any data inconsistencies. This should be completed by **September 15, 2019**.
- Provide optional feedback on data visualizations that will be developed to display data from all participants of the UCOA project. This should be completed by **November 15, 2019**, if applicable.

To protect local public health budget and related data, PHAST investigators at the University of Washington intend to:

- Restrict original data access to PHAST study staff. Data will be stored, processed, and analyzed on a password-protected network drive maintained by University of Washington School of Nursing IT staff.
- Seek Human Subjects review and approval as needed through the University of Washington for any study procedures involving human subjects research.
- Actively consult with partners representing the participating agencies throughout the process of data collection, analysis, preliminary data interpretation, and preparation for dissemination.
- Conduct analysis and disseminate findings (when available) regarding the validity of the crosswalk process, as well as fidelity of data produced when applying the crosswalk to agency financial reporting systems. Specifics regarding individual health agencies will not be released without written permission from the related practice-based partners.
- Create password protected sites and/or private opportunities for displaying/discussing preliminary findings with participants, prior to broader or public dissemination of findings.
- Ensure that all actual budget data and figures are kept confidential and will be available to PHAST study staff only.

4. Signatures

By signing below, the parties acknowledge that they have read, understand, and acknowledge the conditions set forth above:

Public Health Activities and Services Tracking Project

By: Betty Bekemeier
Type/Print Representative Signature

Title: Professor, University of Washington School of Nursing

Date: _____

Kitsap Public Health District

By: _____
Keith Grellner Signature

Title: Administrator

Date: _____

INTERLOCAL AGREEMENT
Agreement No. 20190314

between

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Old Capitol Building, P.O. Box 47200
Olympia, WA 98504-7200

and

KITSAP PUBLIC HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98366

Federal Identification #42-1689063

THIS AGREEMENT is made and entered into by and between the Kitsap Public Health District, hereinafter referred to as "Health District," and the Office of Superintendent of Public Instruction, hereinafter referred to as "OSPI."

PURPOSE OF THIS AGREEMENT

This Agreement is necessary for the successful implementation and operation of health and sanitation evaluations of food service management companies (vendors), sponsor food preparation facilities, and feeding sites operating under the U.S. Department of Agriculture (USDA) Summer Food Service Program (SFSP) during the summer of 2018 as required by 7 CFR Part 225 as a condition to the allocation and expenditure of USDA SFSP funding.

THEREFORE, IT IS MUTUALLY AGREED THAT:

STATEMENT OF WORK

The Health District shall furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work set forth below:

In accordance with the applicable local Health District rules and regulations, the Health District agrees to perform periodic health and sanitation evaluations, as determined by the Health District in said Health District's jurisdiction. This shall include twenty-five (25) on-site preparation facilities, zero (0) central kitchen facilities, and zero (0) feeding sites that serve meals that have been prepared elsewhere.

Entities participating in the Summer Food Service Program will contact the Health District if they intend to operate the program this year. OSPI will provide the Health District with a list of approved sponsors no later than June 20, 2019. The Health District shall contact the sponsor(s) for feeding site and preparation locations prior to inspection. OSPI will report to the Health District any health-related problems discovered on routine visits conducted by site monitors for

Health District follow-up, if necessary. The Health District shall submit copies of the inspection(s) to both the sponsor and OSPI along with the invoice to OSPI by September 30, 2019.

PERIOD OF PERFORMANCE

Subject to its other provisions, the period of performance of this Agreement shall commence on June 3, 2019 or date of execution, whichever is later, and be completed on September 30, 2019, unless terminated sooner as provided herein.

PAYMENT

Compensation for the work provided in accordance with this Agreement has been established under the terms of RCW 39.34. The parties have determined that the cost of accomplishing the work herein will not exceed a total of three thousand six hundred twenty-five dollars (\$3,625) unless the parties mutually agree to a higher amount. Compensation for services shall be based on the following rates:

- Twenty-five (25) on-site preparation facilities at a rate of one hundred forty-five dollars (\$145) per inspection/evaluation.

Funds for the payment of this Contract are provided by federal program Summer Food Service Program (SFSP), Catalog of Federal Domestic Assistance, (CFDA) #10.559.

BILLING PROCEDURE

The Health District shall submit invoices to the Superintendent's designee, Arianne McConchie, no later than September 30, 2019, for those inspections/evaluations actually performed for the SFSP. Invoices received after September 30, 2019 WILL NOT BE PAID. The invoice shall include the Agreement number and document to the Contract Manager's satisfaction a description of the work performed and payment requested. Within approximately thirty (30) calendar days of the Contract Manager receiving and approving the invoice, payment will be mailed or electronically transferred to the Health District by Agency Financial Services, OSPI.

AGREEMENT ALTERATIONS AND AMENDMENTS

This Agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

ASSIGNMENT

The work to be provided under this Agreement, and any claim arising thereunder, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent shall not be unreasonably withheld.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND INELIGIBILITY

The Health District certifies that neither it nor its principals are debarred, suspended, proposed for debarment, or voluntarily excluded from participation in transactions by any federal department or agency. The Health District further certifies that they will ensure that potential subcontractors or subrecipients or any of their principals are not debarred, suspended, proposed for debarment, or voluntarily excluded from participation in covered transactions by any federal department or agency. The Health District may do so by obtaining a certification statement from the potential subcontractor or subrecipient or by checking the "List of Parties Excluded from Federal Procurement and Non-Procurement Programs" provided on-line by the General Services Administration, and Washington State vendor debarment list.

CONTRACT MANAGEMENT

The following shall be the contact person for all communications and billings regarding the performance of this Agreement.

Kitsap Public Health District	OSPI
Dayna Katula Contract Manager 345 6 th Street, Suite 300 Bremerton, WA 98366 Phone: (360) 728-2301 Fax: (360) 873-1379 Email: dayna.katula@kitsappublichealth.org	Arianne McConchie Community Nutrition Programs - Lead Old Capitol Building, P.O. Box 47200 Olympia, WA 98504-7200 Phone: (360) 725-6202 Fax: (360) 664-9397 Email: arianne.mcconchie@k12.wa.us

CREATIVE COMMONS ATTRIBUTION LICENSE

Health District understands that, except where otherwise agreed to in writing or approved by OSPI or the Contract Manager, all original works of authorship produced under this Agreement shall carry a [Creative Commons Attribution License](#), version 4.0 or later.

All Materials Health District has adapted from others' existing openly licensed resources must be licensed with the least restrictive open license possible that is not in conflict with existing licenses.

For Materials that are delivered under this Agreement, but that incorporate pre-existing materials not produced under this Agreement, Health District will license the materials to allow others to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. If Health District would like to limit these pre-existing portions of the work to [non-commercial use](#), the [Creative Commons Attribution-NonCommercial-ShareAlike](#) license, version 4.0 or later, is acceptable for these specific sections.

Health District warrants and represents that Health District has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to apply such a license.

DISPUTES

In the event that a dispute arises under this Agreement, it shall be determined by a Dispute Board in the following manner: Each party to this Agreement shall appoint one member to the Dispute Board. The members so appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Board shall be final and binding on the parties hereto.

GOVERNANCE

This Agreement is entered into pursuant to and under the authority granted by the laws of the state of Washington and any applicable federal laws. The provisions of this Agreement shall be construed to conform to those laws.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable state and federal statutes and rules
- Statement of work
- Attachments – Attachment A Local Health Jurisdiction Intent to Contract
- Any other provisions of the Agreement, including materials incorporated by reference.

INDEPENDENT CAPACITY

The employees or agents of each party who are engaged in the performance of this Agreement shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

RECORDS MAINTENANCE

The parties to this Agreement shall each maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six (6) years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this Agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

RESPONSIBILITIES OF THE PARTIES

Each party to this Agreement hereby assumes responsibility for claims and/or damages to persons and/or property resulting from any act or omission on the part of itself, its employees, its officers, and its agents. Neither party assumes any responsibility to the other party for the consequences of any claim, act or omission of any person, agency, firm, or corporation not a party to this Agreement.

RIGHTS IN DATA

Copyright in all material created by Health District and paid for by OSPI as part of this Agreement shall be the property of the State of Washington. Both OSPI and Health District may use these materials, and permit others to use them, for any purpose consistent with their respective missions as agencies of the State of Washington. This material includes, but is not limited to: books, computer programs, documents, films, pamphlets, reports, sound reproductions, studies, surveys, tapes, and/or training materials. Material which Health District provides and uses to perform this Agreement but which is not created for or paid for by OSPI shall be owned by Health District or such other party as determined by Copyright Law and/or Health District's internal policies; however, for any such materials, Health District hereby grants (or, if necessary and to the extent reasonably possible, shall obtain and grant) a perpetual, unrestricted, royalty free, non-exclusive license to OSPI to use the material for OSPI internal purposes.

SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.

SUBCONTRACTING

Neither Health District nor any subcontractor shall enter into subcontracts for any of the work contemplated under this Contract without obtaining prior written approval of OSPI. Health District is responsible to ensure that all terms, conditions, assurances and certifications set forth in this Agreement are included in any and all subcontracts. In no event shall the existence of the subcontract operate to release or reduce liability of Health District to OSPI for any breach in the performance of Health District duties. This clause does not include contracts of employment between Health District and personnel assigned to work under this Agreement.

If, at any time during the progress of the work, OSPI determines in its sole judgment that any subcontractor is incompetent, OSPI shall notify Health District, and Health District shall take immediate steps to terminate the subcontractor's involvement in the work. The rejection or approval by OSPI of any subcontractor or the termination of a subcontractor shall not relieve Health District of any of its responsibilities under the Agreement, nor be the basis for additional charges to OSPI.

TERMINATION

Either party may terminate this Agreement upon thirty (30) calendar days' prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

TERMINATION DUE TO FUNDING LIMITATIONS OR CONTRACT RENEGOTIATION, SUSPENSION

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to normal completion of this Agreement, with the notice specified below and without liability for damages:

- a. At OSPI's discretion, OSPI may give written notice of intent to renegotiate the Agreement under the revised funding conditions.
- b. At OSPI's discretion, OSPI may give written notice to Health District to suspend performance when OSPI determines there is reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow Health District's performance to be resumed.
 - 1) During the period of suspension of performance, each party will inform the other of any conditions that may reasonably affect the potential for resumption of performance.
 - 2) When OSPI determines that the funding insufficiency is resolved, it will give Health District written notice to resume performance, and Health District shall resume performance.
 - 3) Upon the receipt of notice under b. (2), if Health District is unable to resume performance of this Agreement or if Health District's proposed resumption date is not acceptable to OSPI and an acceptable date cannot be negotiated, OSPI may terminate the Agreement by giving written notice to Health District. The parties agree that the Agreement will be terminated retroactive to the date of the notice of suspension. OSPI shall be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the retroactive date of termination.
- c. OSPI may immediately terminate this Agreement by providing written notice to Health District. The termination shall be effective on the date specified in the termination notice. OSPI shall be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the effective date of termination. No penalty shall accrue to OSPI in the event the termination option in this section is exercised.
- d. For purposes of this section, "written notice" may include email.

TERMINATION FOR CAUSE

If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within fifteen (15) working days. If failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

TERMINATION PROCEDURE

Upon termination of this Agreement, OSPI, in addition to other rights provided in this Agreement, may require Health District to deliver to OSPI any property specifically produced or acquired for the performance of such part of this Agreement as has been terminated.

OSPI shall pay to Health District the agreed upon price, if separately stated, for completed work and services accepted by OSPI and the amount agreed upon by Health District and OSPI for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services which are accepted by OSPI, and (d) the protection and preservation of the property, unless the termination is for cause, in which case OSPI shall determine the extent of the liability. Failure to agree with such determination shall be a dispute within the meaning of the "Disputes" clause for this Agreement. OSPI may withhold from any amounts due to Health District such sum as OSPI determines to be necessary to protect OSPI against potential loss or liability.

The rights and remedies of OSPI provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law under this Agreement.

After receipt of a notice of termination, and except as otherwise directed by OSPI, Health District shall:

- a. Stop work under this Agreement on the date and to the extent specified, in the notice;
- b. Place no further orders or subcontractors for materials, services or facilities except as may be necessary for completion of such portion of the work under the Agreement that is not terminated;
- c. Assign to OSPI, in the manner, at the times, and to the extent directed by OSPI, all rights, title, and interest of Health District under the orders and subcontracts in which case OSPI has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts;
- d. Settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, with the approval or ratification of OSPI to the extent OSPI may require, which approval or ratification shall be final for all the purposes of this clause;
- e. Transfer title to OSPI and deliver, in the manner, at the times and to the extent as directed by OSPI, any property which, if the Agreement had been completed, would have been required to be furnished to OSPI;

- f. Complete performance of such part of the work not terminated by OSPI; and
- g. Take such action as may be necessary, or as OSPI may direct, for the protection and preservation of the property related to this Agreement which, in is in the possession of Health District and in which OSPI has or may acquire an interest.

WAIVER

A failure by either party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original Agreement.

ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement.

Kitsap Public Health District

Superintendent of Public Instruction
State of Washington

Signature

Title

Kyla L. Moore, Contracts Administrator

Print Name

Date

Date

Who certifies that he/she is the entity identified herein, OR a person duly qualified and authorized to bind the entity so identified to the foregoing Agreement.

Approved as to FORM ONLY
by the Assistant Attorney General

New or Renewed Contracts for the Period of 03/01/2019 through 03/31/2019

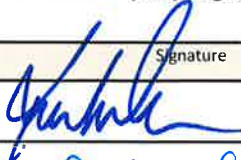

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (2 contracts)									
Intersection									
ID: 1915	Community Health, Dana Bierman	Subcontract	Closed		\$3,136.00	03/09/19	03/15/19	04/11/19	
Description: Vendor to advertise KPHD FINI program/effort on local public transit coaches.									
.....									
Port Orchard Farmers Market									
ID: 1910	Chronic Disease Prevention, Dana Bierman	Subcontract	Closed		\$2,740.00	03/12/19	03/01/19	03/31/20	
Description: FINI Year 5 Subcontract.Subcontractor to promote the Fresh Bucks incentive program in support of SNAP participants. \$2,740 in compensation + \$6,249.10 match									
.....									

Kitsap Public Health Board Meeting

Date: May 7, 2019

CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers

Approvals:

	Signature	Date
Administrator		4/22/2019
Finance Manager		04/22/2019

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Beginning Warrant	Ending Warrant	Total Amount
Accounts Payable	3/4/2019	3773415	3773424	\$ 33,048.02
Accounts Payable	3/5/2019	DD88829	DD88835	3,258.28
Accounts Payable	3/11/2019	3773976	3773983	17,924.29
Accounts Payable	3/11/2019	3773705	-	181.95
Accounts Payable	3/12/2019	DD89168	DD89176	4,244.57
Accounts Payable	3/18/2019	3774505	3774519	7,657.54
Accounts Payable	3/19/2019	DD89475	DD89493	13,988.87
Accounts Payable	3/26/2019	DD89832	DD89848	17,157.54
Accounts Payable	3/25/2019	3774993	3775019	14,790.27
Accounts Payable Total				\$ 112,251.33
Payroll PERS Payment (February)	3/12/2019	N/A	N/A	114,561.66
Payroll Taxes	3/29/2019	N/A	N/A	146,270.07
Payroll Benefits	3/29/2019	3775104	3775132	122,203.86
Payroll Benefits	3/29/2019	DD89860	DD89860	7,896.01
Payroll	3/29/2019	N/A	N/A	387,485.16
Payroll Total				\$ 778,416.76
Grand Total				\$ 890,668.09

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page
Date

03/04/1

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di	369036	ALLIED DESIGN ONE TIME PAYMENT		1523977	001	3773415	PK	03/04/19	460.00
Warrant 3773415 total									460.00
	301784	COMCAST PO BOX 60533		1523980	001	3773416	PK	03/04/19	719.95
Warrant 3773416 total									719.95
	16054	KITSAP COUNTY DEPT OF ADM		1523983	001	3773417	PK	03/04/19	25,113.00
Warrant 3773417 total									25,113.00
	10699	KITSAP COUNTY INFORMATION		1524101	001	3773418	PK	03/04/19	2,732.46
Warrant 3773418 total									2,732.46
	368947	MAILFINANCE INC		1523984	001	3773419	PK	03/04/19	997.52
Warrant 3773419 total									997.52
	409198	OFFICE DEPOT (POB 29248)		1523986	001	3773420	PK	03/04/19	138.23
Warrant 3773420 total									138.23
	404703	PARSONS CO		1524135	001	3773421	PK	03/04/19	278.13
Warrant 3773421 total									278.13
	403797	SHRED-IT USA 28883 NETWO		1523987	001	3773422	PK	03/04/19	138.27
Warrant 3773422 total									138.27
	423515	STAPLES ADVANTAGE (PO BOX		1523991	001	3773423	PK	03/04/19	602.76
	423515	STAPLES ADVANTAGE (PO BOX		1523994	001	3773423	PK	03/04/19	99.70

Page - 4
Date - 03/04/1

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Page - 33
Date - 03/04/19

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WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page
Date

- 03/11/1

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health D1	330427	CHAMP SOFTWARE, INC.		1525135	001	3773976	PK	03/11/19	99.00
Warrant 3773976 total									99.00
	339396	GIUNTOLI, PAUL		1525027	001	3773977	PK	03/11/19	194.88
Warrant 3773977 total									194.88
	10943	HANSSEN-KELLER, JOHANNA		1525029	001	3773978	PK	03/11/19	26.10
Warrant 3773978 total									26.10
	12367	KING COUNTY FINANCE: ACCT		1525146	001	3773979	PK	03/11/19	165.00
Warrant 3773979 total									165.00
	231611	MICROSOFT SERVICES PO BOX		1525148	001	3773980	PK	03/11/19	3,008.07
Warrant 3773980 total									3,008.07
	393428	OXFORD DIAGNOSTIC LABORAT		1525149	001	3773981	PK	03/11/19	60.24
Warrant 3773981 total									60.24
	327504	US BANK (JUNIOR DIST		1525224	001	3773982	PK	03/11/19	1,375.03
	327504	US BANK (JUNIOR DIST		1525225	001	3773982	PK	03/11/19	1,217.54
	327504	US BANK (JUNIOR DIST		1525226	001	3773982	PK	03/11/19	403.84
	327504	US BANK (JUNIOR DIST		1525249	001	3773982	PK	03/11/19	1,264.45
	327504	US BANK (JUNIOR DIST		1525250	001	3773982	PK	03/11/19	738.50
	327504	US BANK (JUNIOR DIST		1525251	001	3773982	PK	03/11/19	5,386.01
	327504	US BANK (JUNIOR DIST		1525290	001	3773982	PK	03/11/19	86.75
	327504	US BANK (JUNIOR DIST		1525290	002	3773982	PK	03/11/19	1,901.97
	327504	US BANK (JUNIOR DIST		1525294	001	3773982	PK	03/11/19	1,371.91

Page
Date

- 03/11/1

[illegible]

Page
Date

- 03/11/1

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/Itm Date	Warrant Amount
00969 Kitsap Public Health D1	95969	427147 WINTERS, CHRISTOPHER M.		1525033	001	3773705	PK	03/12/19	181.95
Warrant 3773705 total									181.95
Department 95969 total									181.95

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page
Date

32
03/11/19

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	226171	BROWN, STEVEN		1524995	001	89168	PT	03/12/19	631.08
Warrant 89168 total									631.08
	344819	FISK, APRIL		1525026	001	89169	PT	03/12/19	458.43
Warrant 89169 total									458.43
	412198	HAMEL PATRICK B		1525028	001	89170	PT	03/12/19	82.36
Warrant 89170 total									82.36
	317954	LINDEN, LISA		1525030	001	89171	PT	03/12/19	406.54
Warrant 89171 total									406.54
	421248	MOORE, MEGAN R		1525031	001	89172	PT	03/12/19	105.14
Warrant 89172 total									105.14
	406011	MURRAY, KEISHA R.		1525032	001	89173	PT	03/12/19	80.33
Warrant 89173 total									80.33
	279396	POINT DEFIANCE AIDS PROJE		1525151	001	89174	PT	03/12/19	209.98
Warrant 89174 total									209.98
	12382	UNITED BUSINESS MACHINES		1525153	001	89175	PT	03/12/19	2,118.75
Warrant 89175 total									2,118.75
	11598	ZIMNY, JAMES A.		1525034	001	89176	PT	03/12/19	151.96

Page - 33
Date - 03/11/19

[illegible]

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page
Date

- 5
- 03/18/1

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health D1	369036	<i>ACCIS</i> ONE TIME PAYMENT		1526196	001	3774505	PK	03/18/19	425.00
Warrant 3774505 total									425.00
	419644	BLUE DOT INVESTMENTS, LLC		1526422	001	3774506	PK	03/18/19	560.10
Warrant 3774506 total									560.10
	397272	COLLINS COMPUTING INC		1526421	001	3774507	PK	03/18/19	165.00
Warrant 3774507 total									165.00
	301784	COMCAST PO BOX 60533		1526423	001	3774508	PK	03/18/19	594.94
Warrant 3774508 total									594.94
	369036	<i>GRIEST, LAURA</i> ONE TIME PAYMENT		1526427	001	3774509	PK	03/18/19	250.00
Warrant 3774509 total									250.00
	369036	<i>HOLM, NICOLAS</i> ONE TIME PAYMENT		1526429	001	3774510	PK	03/18/19	240.00
Warrant 3774510 total									240.00
	212307	KITSAP COUNTY HUMAN SERVI		1526434	001	3774511	PK	03/18/19	2,685.83
Warrant 3774511 total									2,685.83
	217750	NICOLAISEN, NIELS		1526191	001	3774512	PK	03/18/19	396.14
Warrant 3774512 total									396.14
	426229	QUATRIS HEALTHCO LLC		1526436	001	3774513	PK	03/18/19	296.60
	426229	QUATRIS HEALTHCO LLC		1526436	002	3774513	PK	03/18/19	238.71

Page
Date

03/18/1

[illegible]

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page - 24
Date - 03/18/19

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	389139	ACRANET CBS BRANCH		1526195	001	89475	PT	03/19/19	49.00
Warrant 89475 total									49.00
	413333	ADER, SAM A		1526181	001	89476	PT	03/19/19	186.76
Warrant 89476 total									186.76
	359315	DENSON, DAYDRA		1526182	001	89477	PT	03/19/19	92.22
Warrant 89477 total									92.22
	237409	DESIGNS UNLIMITED		1526424	001	89478	PT	03/19/19	2,289.00
Warrant 89478 total									2,289.00
	10476	FEDEX (PO BOX 371461 PITT		1526425	001	89479	PT	03/19/19	8.40
Warrant 89479 total									8.40
	410696	GRIEGO, YANEISY		1526183	001	89480	PT	03/19/19	88.16
Warrant 89480 total									88.16
	409737	HUNTER, KARI L		1526184	001	89481	PT	03/19/19	37.93
Warrant 89481 total									37.93
	200487	JEFFERSON COUNTY HEALTH/H		1526430	001	89482	PT	03/19/19	4,682.85
Warrant 89482 total									4,682.85
	422629	KINDSCHY, BRANDON J.		1526185	001	89483	PT	03/19/19	33.64

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page 25
Date 03/18/19

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Warrant Itm Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Warrant 89483 total								33.64
	11553	KITSAP COMMUNITY RESOURCE		1526431	001	89484 PT	03/19/19	3,306.11
Warrant 89484 total								3,306.11
	285101	LYTLE, ROSS		1526188	001	89485 PT	03/19/19	100.00
Warrant 89485 total								100.00
	388624	MAZUR, KARINA M		1526189	001	89486 PT	03/19/19	106.14
Warrant 89486 total								106.14
	295081	NGUYEN, LOAN		1526190	001	89487 PT	03/19/19	50.00
Warrant 89487 total								50.00
	388608	PHILLIPS, LYNN J.		1526192	001	89488 PT	03/19/19	294.02
Warrant 89488 total								294.02
	211982	PHIPPS, BETH M.		1526193	001	89489 PT	03/19/19	148.21
Warrant 89489 total								148.21
	24869	STERICYCLE INC (PO BOX 6		1526442	001	89490 PT	03/19/19	681.47
Warrant 89490 total								681.47
	410738	STUNTZ, JAYME M.		1526194	001	89491 PT	03/19/19	50.89
Warrant 89491								

Page
Date

26
03/18/19

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									50.89
	248662	WASHINGTON STATE UNIVERSI		1526446	001	89492	PT	03/19/19	<u>1,359.86</u>
Warrant 89492 total									1,359.86
	244803	WEX BANK		1526447	001	89493	PT	03/19/19	<u>424.21</u>
Warrant 89493 total									424.21
Department 95969 total									<u>13,988.87</u>

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page
Date

26
03/25/19

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	281133	ACOSTA, NANCY		1526895	001	89832	PT	03/26/19	38.86
Warrant 89832 total									38.86
	188781	ASSOCIATION OF WASHINGTON		1526929	001	89833	PT	03/26/19	500.00
Warrant 89833 total									500.00
	10922	BOYSEN-KNAPP, KAREN		1526904	001	89834	PT	03/26/19	34.64
Warrant 89834 total									34.64
	400843	CIULLA, LAURA M.		1527154	001	89835	PT	03/26/19	244.18
Warrant 89835 total									244.18
	356354	GUIDRY, JESSICA		1526907	001	89836	PT	03/26/19	341.88
Warrant 89836 total									341.88
	285101	LYTLE, ROSS		1526911	001	89837	PT	03/26/19	44.08
Warrant 89837 total									44.08
	398308	NEOFUNDS BY NEOPOST		1526958	001	89838	PT	03/26/19	2,500.00
Warrant 89838 total									2,500.00
	328673	OUTHWAITE, MINDI		1526912	001	89839	PT	03/26/19	126.50
Warrant 89839 total									126.50
	416795	PORT ANGELES FARMERS MARK		1526981	001	89840	PT	03/26/19	262.00

- 27
- 03/25/19

Department 95969

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WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page
Date

28
03/25/19

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									118.32

Department 95969
total

17,157.54

Page
Date

- 3
- 03/25/1

[illegible]

Page
Date

3
03/25/1

[illegible]

Page
Date[illegible]

Page - 3
Date - 03/25/1

[illegible]

09200

Account Ledger Inquiry

From Date/Period 03/01/19

Thru Date/Period 03/12/19

Ledger Type. . . AA

Subledger. . . . *

Account. 95969.2315

ACCRUED EMPLOYEE BENEFITS

Skip to Doc/Type

Y-T-D Period End : 3,901.59-

Cumul Period End : 113,148.48-

Additional Selections Exist

O	DT	Document	Date	Explanation/Alpha	Debit	Credit	P
0	U1	355076	03/12/19	DAILY CASH TRANSMI	18,984.26		P
-	U1	355076	03/12/19	DAILY CASH TRANSMI	95,577.40		P
					114,561.66		

Ledger Total 114,561.66

Unposted Total

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ledg F24=More

09200

Account Ledger Inquiry

From Date/Period 03/01/19

Account. 95969.2317

Thru Date/Period 03/31/19

ACCRUED TAXES

Ledger Type. . . AA

Skip to Doc/Type . 355761 U1

Subledger. . . . *

Y-T-D Period End :

Cumul Period End :

Additional Selections Exist

0	DT	Document	Date	Explanation/Alpha	Debit	Credit	P
U1		355761	03/29/19	DAILY CASH TRANSMI	146,270.07		P

146,270.07

Ledger Total

146,270.07

Unposted Total

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ldg F24=More

Page - 1
Date - 03/25/1

[illegible]

Page - 1
Date - 03/25/1

[illegible]

WARRANTS BY DEPARTMENT
A/P USE THIS REPORT FOR SORTING
WARRANTS & GIVE TO IND DEPARTMT

Page 1
Date 03/25/1

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total									4,161.69
	426137	WCIF FIRST CHOICE HEALTH		1528793	001	3775122	PK	03/29/19	168.96
Warrant 3775122 total									168.96
	426140	WCIF METLIFE ACCIDENT		1528796	001	3775123	PK	03/29/19	145.52
Warrant 3775123 total									145.52
	426139	WCIF METLIFE CRITICAL		1528795	001	3775124	PK	03/29/19	103.65
Warrant 3775124 total									103.65
	426138	WCIF METLIFE HOSPITAL		1528794	001	3775125	PK	03/29/19	52.37
Warrant 3775125 total									52.37
	5606	WCIF STANDARD ACCIDENT		1528684	001	3775126	PK	03/29/19	304.94
Warrant 3775126 total									304.94
	5601	WCIF STANDARD BASIC LIFE		1528676	001	3775127	PK	03/29/19	729.60
Warrant 3775127 total									729.60
	341372	WCIF STANDARD LIFE INSURA		1528764	001	3775128	PK	03/29/19	1,851.06
Warrant 3775128 total									1,851.06
	360635	WCIF STANDARD STD		1528768	001	3775129	PK	03/29/19	514.90
Warrant 3775129 total									514.90
	5605	WCIF STANDARD VTL		1528681	001	3775130	PK	03/29/19	1,619.34

Page - 1
Date - 03/25/1

[illegible]

Page - 5
Date - 03/25/19

[illegible]

Kitsap County
Summary Payroll RegisterPage - 43
Date - 3/25/19
Period - 03/31/19
Payroll ID - 620Company - Home . . 00969 Kitsap Public Health District
Home Bus. Unit . . 95969 Kitsap Public Health District

Deductions and taxes are confidential and have been redacted

Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C	Msg
427227	ABAZI, ORNELA	165.11	4,660.95	641.11	4,660.95			3,776.61	9400839	N	
4563	ABNEY, BEVERLY M.	173.35	5,241.00	1,553.60	5,241.00			3,486.12	9400840	N	
278956	ACOSTA, NANCY M.	173.33	7,356.00	1,769.66	7,356.00			4,385.72	9400841	N	
413193	ADER, SAM A.	173.33	4,212.00	1,355.70	4,212.00			2,769.51	9400842	N	
407901	ADHIKARI, ANISH	173.33	6,344.00	1,259.51	6,344.00			4,351.71	9400843	N	
419470	ANDERSON, AMY C.	173.31	5,241.00	1,451.88	5,241.00			3,463.11	9400844	N	
215189	BANIGAN, LESLIE B.	173.33	7,071.00	1,353.84	7,071.00			5,020.41	9400845	N	
328436	BAZZELL, RICHARD L.	173.33	6,571.00	2,094.18	6,571.00			4,436.56	9400847	N	
419805	BELL, GUS J.	173.34	6,972.00	1,769.08	6,972.00			4,922.83	9400848	N	
407902	BERGER, ANGELINE C.	173.30	3,927.00	1,285.08	3,927.00			3,029.27	9400849	N	
404611	BIERMAN, DANA J.	173.35	5,724.00	1,316.61	5,724.00			4,278.88	9400850	N	
398569	BONSELL, KRISTINA	S138.67	3,715.00	1,133.83	3,715.00			2,683.83	9400851	N	
426250	BORJA, WINDIE R.	164.32	3,307.83	1,263.37	3,307.83			2,662.12	9400852	N	
2058	BOYSEN-KNAPP, KAREN	138.68	4,808.00	897.40	4,808.00			3,453.59	9400853	N	
245475	BROWER, JANET L.	173.35	7,922.00	1,837.11	7,922.00			3,498.24	9400854	N	
271677	BROWN, STEVEN J.	173.33	6,571.00	1,288.96	6,571.00			4,240.28	9400855	N	
411387	CHANG, MARGO W.	173.34	3,056.00	970.40	3,056.00			2,389.44	9400856	N	
400655	CIULLA, LAURA M.	173.35	6,835.00	1,696.06	6,835.00			4,664.38	9400857	N	
246639	DALTON, MELANIE A.	173.83	7,375.78	1,830.61	7,375.78			5,586.83	9400858	N	
359180	DENSON, DAYDRA D.	34.67	1,244.50	166.06	1,244.50			890.17	9400859	N	
223648	EAKES, DEANNA L.	173.32	4,787.00	1,063.47	4,787.00			3,086.44	9400860	N	
395244	EILERS, KATHARINE E	63.11	3,458.43	5.05	3,458.43			2,920.43	9400861	N	
4565	EVANS, ERIC V.	173.35	7,922.00	2,808.36	7,922.00			2,780.54	9400862	N	
340919	EVANS, KELLY A.	173.34	5,526.00	1,526.21	5,526.00			3,844.35	9400863	N	
288900	FANNING, LAUREN	89.75	2,692.50	15.77	2,692.50			2,472.76	9400864	N	
421693	FINE, GEORGE F.	138.64	2,863.00	1,200.01	2,863.00			2,212.84	9400865	N	
321284	FISK, APRIL K.	173.35	5,802.00	2,508.27	5,802.00			3,544.87	9400866	N	
356883	FONG, YOLANDA N.	173.34	9,449.00	2,507.18	9,449.00			6,694.21	9400867	N	
337331	GIUNTOLI, PAUL A.	173.33	6,571.00	1,661.80	6,571.00			4,190.48	9400868	N	
401905	GONZALEZ, ANNA K.	173.32	5,763.00	2,509.20	5,763.00			4,311.17	9400869	N	
1264	GRELLNER, KEITH J.	173.34	11,593.00	2,078.17	11,593.00			8,214.85	9400870	N	
421427	GRESS, NICOLE R.	173.37	3,209.00	1,784.26	3,209.00			2,400.68	9400871	N	
410072	GRIEGO, YANEISY	173.33	3,529.00	1,267.07	3,529.00			2,728.05	9400872	N	
355732	GUIDRY, JESSICA F.	173.35	7,922.00	2,783.36	7,922.00			5,639.54	9400873	N	
356336	GUZMAN, DAMARYS L.	173.31	4,194.00	1,810.74	4,194.00			2,907.27	9400874	N	
412171	HAMEL, PATRICK B.	173.32	5,645.00	2,125.35	5,645.00			3,732.60	9400875	N	
3013	HANSSSEN-KELLER, JOH	155.98	6,113.00	813.79	6,113.00			4,408.01	9400876	N	
427228	HELVIK, BRITTANY M.	148.58	2,619.43	774.71	2,619.43			2,106.64	9400877	N	
4579	HOLDCROFT, GRANT A.	173.33	7,545.00	1,788.19	7,545.00			4,788.20	9400878	N	
270783	HOLDCROFT, JODIE ST	173.33	6,571.00	1,661.80	6,571.00			4,164.06	9400879	N	
1041	HOLT, JUDITH A.	173.35	7,922.00	1,553.14	7,922.00			4,537.98	9400880	N	
2726	HOLT, KAREN L.	173.35	7,922.00	2,401.82	7,922.00			5,261.83	9400881	N	
306605	HUGHES, RACHEL J.	173.33	3,900.00	1,315.21	3,900.00			2,871.86	9400882	N	
409213	HUNTER, KARI L.	173.34	6,093.00	1,364.49	6,093.00			4,255.97	9400883	N	
295036	JAMESON, BETTY S.	173.31	3,714.00	1,291.08	3,714.00			2,798.06	9400884	N	
400651	JOHANSON, KRISTA M.	173.31	3,714.00	1,723.46	3,714.00			2,842.19	9400885	N	
421429	JOHNSON, RENEE K.	173.31	5,376.00	1,231.91	5,376.00			3,917.68	9400886	N	
358933	JONES, KIMBERLY D.	173.33	6,571.00	1,288.96	6,571.00			4,518.78	9400887	N	
393427	KATULA, DAYNA R.	173.32	5,912.00	2,135.00	5,912.00			3,587.26	9400888	N	

Kitsap County
Summary Payroll Register

Page - 44
Date - 3/25/19
Period - 03/31/19
Payroll ID - 620

Company - Home . . 00969
Home Bus. Unit . .

95969 Kitsap Public Health District
Kitsap Public Health District

Deductions and taxes are confidential and have been redacted

Number	EMPLOYEE Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C Msg
418812	KELLUM, LYNDSEY B.	104.00	3,434.00	1,040.52	3,434.00			2,596.86	9400889	N
245476	KENCH, DONALD C.	173.33	3,867.00	2,082.38	3,867.00			2,632.77	9400890	N
250913	KIESS, JOHN F.	173.34	9,449.00	3,592.55	9,449.00			6,344.75	9400891	N
421430	KINDSCHY, BRANDON J	173.34	4,876.00	2,333.43	4,876.00			3,489.07	9400892	N
16125	KNOOP, MELINA V.	173.33	6,571.00	1,661.80	6,571.00			4,383.68	9400893	N
243184	KRUSE, CHARLES H.	173.33	6,661.00	2,232.20	6,661.00			4,915.64	9400894	N
327580	KUSHNER, SIRI E.	173.35	7,922.00	2,783.36	7,922.00			6,048.16	9400895	N
416539	LAIRD, MELISSA Y.	173.35	7,922.00	1,862.11	7,922.00			5,552.31	9400896	N
316830	LINDEN, LISA B.	173.36	4,894.00	2,002.91	4,894.00			2,347.60	9400897	N
285038	LYTLE, ROSS D.	173.33	6,571.00	2,029.80	6,571.00			4,281.79	9400898	N
388104	MAZUR, KARINA MARIA	173.31	6,397.00	1,664.23	6,397.00			4,436.45	9400899	N
421431	MCDOWELL, STACI M.	89.51	1,972.80	1,390.23	1,972.80			1,629.75	9400900	N
414387	MCKENZIE, MAYA A.	173.31	5,012.00	1,459.51	5,012.00			3,390.78	9400901	N
387088	MCKINNON, BRYAN M.	173.31	5,376.00	1,271.45	5,376.00			4,200.69	9400902	N
279971	MOEN, ANNE M.	173.34	4,876.00	1,874.24	4,876.00			3,374.25	9400903	N
406607	MOONTREE, KAELE L.	64.75	1,942.50	11.38	1,942.50			1,647.05	9400904	N
421227	MOORE, MEGAN R.	173.32	5,191.00	2,041.45	5,191.00			3,816.53	9400905	N
324204	MORGAN, W. NEWTON	173.33	6,871.00	2,133.11	6,871.00			4,890.36	9400906	N
312378	MORRIS, DAWN M.	138.67	4,150.00	892.02	4,150.00			3,004.50	9400907	N
406005	MURRAY, KEISHA R.	173.32	4,553.00	974.01	4,553.00			3,491.17	9400908	N
295033	NGUYEN, LOAN T.	138.65	3,440.00	799.88	3,440.00			2,665.79	9400909	N
208456	NICOLAISEN, NIELS K	173.33	6,571.00	2,245.51	6,571.00			4,670.65	9400910	N
3128	NOBLE, GREGORIA A.	173.34	4,876.00	1,151.89	4,876.00			3,189.22	9400911	N
22459	NORTH, EDWIN	173.33	8,571.00	2,867.57	8,571.00			2,327.14	9400912	N
405301	NUNO, CRYSTAL M.	173.35	5,927.00	1,205.39	5,927.00			3,317.38	9400913	N
426938	ONARHEIM, CARIN E.	173.29	3,835.00	939.94	3,835.00			2,736.95	9400914	N
243679	OUTHWAITE, MINDI L.	121.35	4,701.00	1,158.68	4,701.00			3,237.22	9400915	N
419118	PANDINO, LINDA E.	173.32	4,300.00	1,367.12	4,300.00			3,223.18	9400916	N
388198	PHILLIPS, LYNN J.	130.00	4,351.00	1,595.61	4,351.00			2,837.15	9400917	N
229901	PHIPPS, BETH M.	173.34	8,024.00	1,477.51	8,024.00			5,104.22	9400918	N
394466	PREWITT, SUSANA C.	173.31	4,000.00	955.35	4,000.00			3,046.99	9400919	N
1214	QUAYLE, TIMOTHY P.	173.34	6,828.00	2,278.86	6,828.00			4,653.02	9400920	N
419860	QUIST-THERSON, NII	173.33	7,344.00	2,708.36	7,344.00			5,361.76	9400921	N
418444	RAMUNNO, PHILIP M.	173.35	5,263.00	1,492.07	5,263.00			3,965.51	9400922	N
324654	RHEA, SUSAN R.	173.33	3,900.00	1,315.21	3,900.00			2,555.53	9400923	N
396295	RHOADES, LACEY P.	158.66	4,817.01	661.20	4,817.01			2,233.32	9400924	N
267073	RIDGE, BETTI L.	173.32	6,716.00	1,680.62	6,716.00			4,655.20	9400925	N
404613	RORK, IAN M.	173.32	4,423.00	1,383.08	4,423.00			3,321.27	9400926	N
425553	SHUHLER, YANA	173.34	3,056.00	1,279.93	3,056.00			2,184.70	9400927	N
1224	SMITH-ROSE, SHELLEY	156.01	5,409.00	722.45	5,409.00			3,750.05	9400928	N
361388	SMITH, TERRI L.	173.33	7,344.00	1,762.11	7,344.00			5,121.89	9400929	N
347366	STEDMAN, KELSEY E.	173.33	6,545.00	1,285.59	6,545.00			4,289.37	9400930	N
423168	STEWART, TOBBI S.	173.34	4,876.00	1,441.86	4,876.00			3,610.25	9400931	N
410415	STUNTZ, JAYME M.	173.33	6,233.00	2,564.19	6,233.00			4,252.28	9400932	N
1682	TURNER, DENISE M.	173.35	4,741.00	1,140.37	4,741.00			2,929.83	9400933	N
401072	TURNER, SUSAN E.	173.34	15,176.00	3,343.10	15,176.00			8,307.25	9400934	N
426251	WAGNER, MARY K.	121.34	2,246.00	863.65	2,246.00			1,571.45	9400935	N
392243	WALTHER, SUSAN B.	173.35	5,927.00	2,010.61	5,927.00			3,978.93	9400936	N
14545	WELLBORN, BRIAN D.	129.99	2,900.00	1,161.12	2,900.00			1,745.61	9400937	N

Kitsap County
Summary Payroll Register

Page - 45
Date - 3/25/19
Period - 03/31/19
Payroll ID - 620

Company - Home . . 00969
Home Bus. Unit . .

Kitsap Public Health District
95969 Kitsap Public Health District

Deductions and taxes are confidential and have been redacted

EMPLOYEE	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I Err C	Msg
397255 WENDT, JAN E.	173.34	6,672.00	2,233.62	6,672.00			4,942.83	9400938	N	
2189 WERDALL, LORI E.	12.70	315.08	.46	315.08			290.18	9400939	N	
426939 WINTERS, CHRISTOPHE	173.36	4,894.00	1,444.20	4,894.00			3,670.70	9400940	N	
301566 YANDA, KERRIE L.	173.35	7,601.00	2,292.38	7,601.00			5,037.90	9400941	N	
2908 ZIMNY, JAMES A.	173.32	8,999.00	1,968.23	8,999.00			6,497.07	9400942	N	
Total.	16643.60	572,382.81	162,062.29	572,382.81	81,486.06	103,411.59	387,485.16			