

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 24 (2214)	CLH18248	Washington Department of Health <i>Consolidated Contract</i>	Amendment	01/01/2018-12/31/2021	\$4,367,686	\$0
Description: Amends Statements of Work for the following programs: Commercial Tobacco Prevention Program, COVID-19 Coordinated Response, Foundational Public Health Services (FPHS), Infectious Disease Care & Prevention (IDCP), and Supplemental Nutrition Assistance Program-Education. Also includes an increase of \$1,367,686 for a revised maximum consideration of \$22,676,701.						
2081 Amendment 1 (2209)	NA	Hood Canal Coordinating Council <i>Hood Canal Regional PIC</i>	Interlocal Agreement	04/27/2020-09/30/2022	\$35,942	\$0
Description: Amendment to extend end date to September 30, 2022, reduce the inspections for Mason County, and eliminate the public presentation part of the contract (because of COVID). Increases total compensation from \$27,500 to \$35,942 and includes other minor updates in scope of work.						
2203	NA	WA State Dept. of Health <i>Consolidated Contract</i>	Contract	01/01/2022-12/31/2024	\$0	\$0
Description: Defines the joint and cooperative relationship and planning efforts between KPHD and DOH. The contract and all forthcoming statements of work are intended to implement applicable objectives under the Public Health Improvement Plan and facilitate the delivery of public health services to the people of Washington. <i>NOTE: Exhibit A, Statements of Work and Exhibit B, Allocations, will be forthcoming after the execution of this Contract.</i>						
2211	KC-578-21	Kitsap County <i>Nurse Family Partnership</i>	Interlocal Agreement	09/01/2021-06/30/2022	\$26,412	\$0
Description: The District to provide NFP services to Twelve (12) first-time, low-income moms and their babies by maintaining a 0.5 FTE Nurse Home Visitor to intervene with families who either have or at risk for substance abuse and/or mental health problems. The goal is to prevent substance abuse, mental illness, behavioral problems, and future addiction in young children.						

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2021 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 24

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITSAP PUBLIC HEALTH DISTRICT, a Local Health Jurisdiction, 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:
- ☒ Amends Statements of Work for the following programs:
- Commercial Tobacco Prevention Program - Effective July 1, 2021
 - COVID-19 Coordinated Response - Effective July 1, 2020
 - Foundational Public Health Services (FPHS) - Effective July 1, 2021
 - Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2021
 - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2020
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-24 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-23 Allocations as follows:

- ☒ Increase of **\$1,367,686** for a revised maximum consideration of **\$22,676,701**.
- ☐ 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-23 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-22.

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

2018-2021 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Commercial Tobacco Prevention Program -
Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2021 through December 31, 2021

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to provide \$38,402 in SFY22 Youth Tobacco Vapor Products and \$24,482 in FFY21 Tobacco-Vape Prev Comp 1 funding for commercial tobacco (including vaping products) prevention and control activities.

Note: Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies.

Note: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for SFY22. SFY22 will be split between the current 2018-2021 Consolidated Contract (ConCon) and the next ConCon term beginning January 1, 2022. Any unused portion of SFY21 will be carried forward into the new contract term.

Revision Purpose: The purpose of this revision is to add \$7,571 in SFY21 Marijuana Education funding, and add task number 7 to coincide with the added funding.

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
SFY22 Youth Tobacco Vapor Products	N/A	334.04.93	77410892	07/01/21	12/31/21	38,402	0	38,402
FFY21 Tobacco-Vape Prev Comp 1	93.387	333.93.38	77410211	04/29/21	12/31/21	24,482	0	24,482
SFY22 Marijuana Education	N/A	334.04.93	77420822	09/01/21	12/31/21	0	7,571	7,571
TOTALS						62,884	7,571	70,455

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Planning and Coordination 1. Using a template provided by CTPP, build upon existing 2020-2021 implementation plan for 2021-2022 in collaboration with representatives from all counties within the respective Accountable Communities of Health (ACH) region. 2. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors.		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	Funding utilized: State (YTPV, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	As resources permit: 3. Participate in statewide commercial tobacco prevention coalition meetings as established.				Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
2	Reduce Commercial Tobacco-Related Disparities Among Priority Populations 1. In collaboration with priority population contractors, engage and educate internal and external decision makers, stakeholders and community leaders about: <ol style="list-style-type: none"> The value of local control in preventing initiation and continued use of commercial tobacco products that lead to tobacco-related health issues and health disparities. The value of a comprehensive tobacco prevention program to prevent the initiation of commercial tobacco product use among youth and young adults Evidence-based and promising policy options to address the appeal of commercial tobacco products to youth and young adults, including the impact of commercial tobacco product flavors (including menthol) on youth initiation and use. 		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
3	Prevent Commercial Tobacco Use Among Youth and Young Adults 1. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing. 2. Plan and conduct a minimum of one meeting with the prevention-intervention lead at your region's Educational Service District (ESD) to establish a connection, build relationships, and		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	Funding utilized: State (YTVP, CDC) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	share resources. It is encouraged that you coordinate with your YMPEP regional coordinators, where possible, to ensure these meetings are conducted together, and work collaboratively with other regional leads where ESD regions overlap.				The expenditure worksheet in the CTPP budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
4	Leverage Resources for Promoting and Supporting Commercial Tobacco Dependence Treatment <ol style="list-style-type: none"> Promote Washington State Quitline training, materials, and referral processes to providers (doh.wa.gov/quitlinetraining). Promote the Washington State Quitline and self-help options for TUDT, including 2Morrow Health app (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco. In collaboration with CTPP, incorporate 2021-2022 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency communications, and report efforts in a template provided by the CTPP as part of the monthly reporting requirement. Disseminate TUDT resources provided by CTPP and/or developed locally to community-based organizations, centers, and networks supporting disparately affected communities that address emerging tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed, & equity-based. 		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	<p>Funding utilized: State (YTVP, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
5	Eliminate Exposure to Secondhand Smoke and Electronic Cigarette Emissions <ol style="list-style-type: none"> Conduct education and outreach within respective ACH region addressing local smoking and vaping in public places ordinances. 		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	<p>Funding utilized: State (YTVP, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Upon request:</p> <p>2. Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies.</p> <p>3. Respond to technical assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses.</p> <p>4. Provide technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies.</p>				<p>Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
6	<p>Media and Health Communications</p> <p>Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.</p>		Contractor Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month)	07/01/21-12/31/21	<p>Funding utilized: State (YTVP, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
7	<p>Youth Marijuana Prevention and Education</p> <p>Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.</p>		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	09/01/21-12/31/21	<p>Funding utilized: State (Marijuana Prevention and Education)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<i>Grants Management office per the consolidated contract.</i> <i>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</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>

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**Definitions:**

CONTRACTOR – LHJ performing work under this statement of work.

A. Contractor will:

1. Fulfill program administration roles and responsibilities:
 - a) The CTPP Regional Contractor shall ensure the DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
 - b) Participate in required conference calls (including quarterly conference calls between MPEP and CTPP contractors), trainings, webinars, and in-person or virtual meetings for Commercial Tobacco Prevention Program (CTPP) contractors according to the schedule provided by DOH.
 - c) Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
 - d) Submit accurate and complete progress reports, budgets, and A19 invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
 - e) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each CTPP Regional Contractor.
 - f) Meet all requirements outlined in the CTPP Work Plan and Reporting Guidebook provided by CTPP.

- g) Have completed background checks and on file for any staff or volunteer (funded and/or representing a CTPP contractor or subcontractor) who will be with youth and unsupervised. 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.

B. DOH will support Contractor by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - b) Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - c) Providing relevant resources and training, as resources permit.
 - d) Meeting performance measure, evaluation, and data collection requirements.
 - e) Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the LHJ.

C. Program Administration:

1. The contractor shall perform the requirements and activities defined in this statement of work (SOW) and the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2021. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19 invoice. CTPP staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by CTPP.
2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with CTPP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this SOW.
3. DOH reserves the right to determine the amount of any reduction to this statement of work, based on contractor's performance. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual work plan and budget must be approved by CTPP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

D. Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor is required to include language in these contracts that reflects the following:
 - a. Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.
2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:
 - b. Provide verification that criminal history/background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

E. Required Plans and Reports

The contractor shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

<u>Report</u>	<u>Date Due</u>
1. Submit an annual plan and budget	Annually, no later than July 30, 2021, using a template provided by CTPP. DOH approval will occur no later than August 15, 2021. Update as needed on SharePoint.
2. Expenditure Report and Request for Reimbursement (A19)	A19s and updated budget workbook due the 30 th of the month following the month in which costs are incurred. Non-health departments (non consolidated contracts): A-19 documents (PDFs) must be saved, signed and emailed with the following title format: <i>A-19-Contract #-organization name- month-year.</i>
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY22: July 10, 2022. An invoice must be submitted market FINAL INVOICE PROJECTION Final Expenditure Reports and invoices are due no later than August 15, 2022 and must be marked FINAL INVOICE.
4. Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by CTPP. All documents related to task activities will be attached.
5. Assessment and Evaluation	Using a template provided by CTPP, complete project evaluation activity developed and coordinated by CTPP as requested.

The CTPP contractor shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another contractor, or upon termination of the contract for any reason.

F. Payment

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2021.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2021 to June 30, 2022.
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Program Manual, Handbook, Policy References

Meet requirements outlined in the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, Budget Workbook.

H. 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 the use of tobacco and vapor products by youth.

I. Restrictions on Funds**Federal Funding Restrictions and Limitations:**

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Subrecipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Subrecipients may not use funds for tobacco compliance check inspections.
- Subrecipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

DOH Program Contact

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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: COVID-19 Coordinated Response -
Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

SOW Type: Revision **Revision # (for this SOW)** 5

Period of Performance: July 1, 2020 through December 31, 2021

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other <input checked="" type="checkbox"/> Federal *Contractor	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 supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread of COVID-19

NOTE: Pending execution of a new consolidated contract term or an extension to the 2018-2021 consolidated contracts which currently end December 31, 2021, DOH plans to continue the task activities and funding as noted in the task(s) below in a new or revised statement of work effective January 1, 2022.

Revision Purpose: The purpose of this revision is to add additional funding to FFY20 ELC EDE LHJ ALLOCATION, adjust the funding period for BITV-COVID ED LHJ ALLOCATION- CARES from 07/01/20-12/31/21 to 07/01/20-06/30/21, moving the remaining allocation of BITV-COVID ED LHJ ALLOCATION-CARES to FFY20 ELC EDE LHJ ALLOCATION, and update task language, DCHS-Task 1 & 2

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			
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	06/30/21	1,461,780	-1,461,780	0
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	0	0	0
FFY21 COVID19 VACCINE SERVICES-CARES	93.268	333.93.26	74310209	07/01/20	12/31/21	42,016	0	42,016
FFY20 ELC EDE LHJ ALLOCATION	93.323	333.93.32	1897120E	01/15/21	12/31/21	2,560,581	1,636,780	4,197,361
FFY19 ELC COVID ED LHJ ALLOCATION	93.323	333.93.32	1897129G	01/01/21	12/31/21	1,145,035	0	1,145,035
*MASS VACCINATION FEMA 100%	97.036	333.97.03	934V0200	01/21/21	12/31/21	0	0	0
COVID 19 VACCINES	93.268	333.93.26	74310229	07/01/20	12/31/21	1,027,214	0	1,027,214
TOTALS						6,236,626	175,000	6,411,626

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. Examples of key activities include: <ul style="list-style-type: none"> Incident management for the response Testing Case Investigation/Contact Tracing 				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<ul style="list-style-type: none"> Sustainable isolation and quarantine Care coordination Surge management Data reporting <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p> <p>DCHS COVID-19 Response - Tasks 1 and 2 – Unspent ELC funding can be carried forward into new contract term effective January 1, 2022.</p>					
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.</p> <p>DOH does recognize the public health response goes beyond December 2021 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2021 as applicable.</p>		Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	<p>Reimbursement of actual costs incurred, not to exceed \$5,342,396 \$5,167,396 total.</p> <p>\$1,461,780-BITV-COVID-ED-LHJ ALLOCATION-CARES-Funding (MI 1897129V)</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <p>1. Strive to maintain the capacity to surge a minimum of five (5) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations will count towards this minimum.</p>		<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from-DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	<p>\$4,197,361 \$2,560,581 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p> <p>\$1,145,035 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ol style="list-style-type: none"> 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. 6. Perform daily monitoring for symptoms during quarantine period of contacts <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to surge a minimum of five (5) case investigators and contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigation will count toward this minimum. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ol style="list-style-type: none"> a. Strive to enter all case investigation and outbreak data into <i>CREST</i> as directed by DOH. b. Ensure all staff designated to utilize WDRS have access and are trained in the system. 		Enter all case investigation data in WDRS-following guidance from-DOH.		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> c. Include if new positive cases are tied to a known existing positive case or indicate community spread. d. Conduct case investigation and monitor outbreaks. e. Coordinate with Tribal partners in conducting case investigations for tribal members. <p>3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>b. Testing</p> <ul style="list-style-type: none"> i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. 		<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p><i>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</i></p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe. e. Support Infection Prevention and control for high-risk populations <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting 		<p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine measures.</p> <p>i. Have at least one (1) location identified and confirmed through contract/formal agreement that can support isolation and quarantine adequate to the population for your jurisdiction with the ability to expand; alternatively, establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.</p>		<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of isolation and quarantine patients to from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate triggers and coordination to request state isolation and quarantine support either through mobile teams or the state facility to include site identification and access		Report census numbers to include historic total by month and monthly total for current quarter to date.		
COVID-19 Vaccine Services - Task 3 – will be extended through June 30, 2022 in new contract term effective January 1, 2022. Any unspent funds may be carried forward.					
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach. Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services		Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement of actual costs incurred, not to exceed: \$42,016 FFY21 COVID19 VACCINE SERVICES-CARES Funding (MI 74310209) \$1,022,214 COVID19 VACCINES funding (MI 74310229)
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.		Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	
3.C	Catalog activities and conduct an evaluation of the strategies used		Final written report, showing the strategies used and the final	December 31, Annually	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			progress of the reach (template to be provided)		
3.D	Perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.		a) Complete a redistribution agreement. b) Report inventory reconciliation page. c) Report lost (expired, spoiled, wasted) vaccine to the IIS. d) Report transfer doses in the IIS and VaccineFinder. e) Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	a) Complete by August 1, 2021. b) Reconcile and submit inventory once monthly in the IIS. c) Report lost vaccine within 72 hours in the IIS. d) Update within 24 hours from when transfers occur. e) Download as needed (retain temperature data on site for 3 years)	3.D Vaccine Depot: \$5,000 COVID 19 VACCINES Funding (MI 74310229) 07/01/21-12/31/21
Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4					
	<p>*NOTE: Task 4 activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</p> <p>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional IMT to administer the vaccine as efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented.</p> <p>Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.).</p> <p>Leaders Intent about this work from DOH is included as an attachment.</p>				<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements for Mass Vaccination Task 4 below)</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Guidance on vaccination protocols must be followed as provided by DOH and CDC.				
4.A	<p>Local health jurisdiction (LHJ) will coordinate planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>Local health jurisdiction is the coordinating agency for the mass vaccination plan within the county.</p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p> <p>Provide any information as requested by the regional IMT.</p>		<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, • and to the extent possible a regional map of sites/locations. 	Within 30 days of contract amendment execution.	
4.B	<p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</p> <p>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</p>		<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.C	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.		Submission of vaccine use into WA IIS database within 24hrs of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Daily	
4.D	Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).		Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.	Monthly	

***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

DCHS COVID-19 Response - Tasks 1 and 2	BITV-COVID ED LHJ ALLOCATION-CARES
	FFY19 ELC COVID ED LHJ ALLOCATION
	FFY20 ELC EDE LHJ ALLOCATION
COVID-19 Vaccine Services - Task 3	FFY21 COVID 19 VACCINE SERVICES-CARES
	COVID 19 VACCINES
Regional Incident Management Team (IMT) Mass Vaccination Clinics – Task 4	MASS VACCINATION FEMA 100%

DCHS COVID-19 Response - Tasks 1 and 2

Restrictions on Funds: Indirects are NOT allowable for CARES funding from September 2, 2020 forward – LHJ can charge administrative activities as direct costs but not incur indirects from September 2, 2020 through ~~June 30~~ ~~December 31~~, 2021 for activities funded with CARES funds (COVID LOCAL CARES - COVID LHJ OFM ALLOCATION-CARES, BITV-COVID ED LHJ ALLOCATION-CARES, FEMA-75 COVID LHJ ALLOCATION)

- Since the federal guidance was not updated until September 2, 2020, DOH understands that indirects could be charged from March–August 2020.

Payment: Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Submission of Invoice Vouchers: The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

COVID-19 Vaccine Services - Task 3 – allowable activities <https://www.doh.wa.gov/Portals/1/Documents/9240/AllowableUseFedOpsFunds.pdf>

Mass Vaccination – Task 4**Program Manual, Handbook, Policy References**

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

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

Non-mass vaccination efforts are not allowable through this funding stream.

Duplication of billing (sending request for reimbursement) to entities outside of this agreement is prohibited.

Indirect rates are not applicable to these funds.

Special References (RCWs, WACs, etc.)

County Health Emergency Documentation if applicable

Monitoring Visits (frequency, type):

Occasional visits from DOH or IMT/IMO personnel for the purpose of monitoring and surveillance of mass vaccination activities may be expected.

Definitions

Mass vaccination clinic are those outside of the usual healthcare delivery methods such as pop-up clinics, mobile clinics, non-clinical facility clinics (i.e., fairgrounds, arenas, etc.).

Special Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.

Contract (MI) Code: 934V0200 General Mass Vaccination

BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH.

Eligible costs from the timeframe of January 21, 2021 through December 31, 2021 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

DOH Program Contact

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DOH BITV-COVID ED LHJ Allocation-CARES and DOH ELC Allocation Fiscal Contact (Tasks 1 and 2)

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DOH COVID19 Vaccine Services Program Contacts (Task 3)

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DOH General Mass Vaccination Program and Fiscal Contact (Task 4)

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Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Foundational Public Health Services
(FPHS) - Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2021 through December 31, 2021

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS funds. For the 2021 – 2023 biennium, the Steering Committee is using an iterative approach to decision making. Determining investments first for SFY22 (July 1, 2021 – June 30, 2022), then for SFY23 (July 1, 2022 – June 30, 2023). This means that additional tasks and/or funds may be added to an LHJ's FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance (07/01/21 12/31/21). Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total biennial funding allocation is for the period of July 1, 2021 through June 30, 2023. 2021-2023 biennial funding allocations will be divided into four six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022; July 1, 2022; January 1, 2023. Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

The disbursement of funds scheduled for January 1, 2022, July 1, 2022 and January 1, 2023 and deliverable due dates after December 31, 2021 are included in this statement of work for informational purposes only and will be carried forward into a new statement of work in the new consolidated contract term beginning January 1, 2022.

FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year (RCW 43.88.140).

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management (OFM).

2021-2023 Biennium:

SFY22 (July 1, 2021-June 30, 2022)

SFY23 (July 1, 2022-June 30, 2023)

Revision Purpose: The purpose of this revision is to revise language and add funding and tasks for FFY22.

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
FPHS-LHJ-PROVISO (YR1)	N/A	336.04.25	99202111	07/01/21	12/31/21	212,134	1,132,866	1,345,000
Note: Total Consideration is for SFY22 (07/01/21-06/30/22).						0	0	0
TOTALS						212,134	1,132,866	1,345,000

BARS Expenditure Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22	SFY23	21-23 BIENNIUM
			Your jurisdiction	Other jurisdictions			
10-17, 20, 21, 23-29, 40-53, 93	All – CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		529,000	529,000	1,058,000
10	Assessment	CHA/CHIP	X		30,000	30,000	60,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		261,000	261,000	522,000
24	CD	Hepatitis C	X		37,000	37,000	74,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		488,000	488,000	976,000
TOTAL					\$1,345,000	\$1,345,000	\$2,690,000

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
0	FOUNDATIONAL PUBLIC HEALTH FUNDING – <u>ALL</u>	<p><i>In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups:</i></p> <ul style="list-style-type: none"> • Increase delivery of FPHS services in each jurisdiction and statewide as measured via through FPHS annual reporting, indicators, from all agencies receiving FPHS funds, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. All of which is included as part of Results are published in the annual FPHS Investment Report. FPHS indicator metrics are available here. • Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. 		<p>Funds are available beginning July 1, 2021. Half of the annual allocation will be disbursed each July upon receipt completion of the FPHS Annual Report for the previous state fiscal year and the second half will be disbursed each January.</p> <p>Note: Funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Unspent funds must be returned to DOH by July 15th of each year for return to OFM.</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> FPHS annual reporting (template provided by the FPHS Steering Committee via DOH) <ul style="list-style-type: none"> For SFY22 (07/01/21–06/30/22) FPHS annual reporting (template provided by DOH) For SFY23 (07/01/22–06/30/23) 	By 08/15/22 By 08/15/23	
1.	Reinforcing Capacity <i>These funds are to each LHJ to deliver FPHS in their own jurisdiction – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and/ or any or all of the other FPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPHS definitions.</i>			
2.	Assessment – CHA/CHIP (FPHS definitions G.3) <i>These funds are to each LHJ to deliver FPHS in their own jurisdiction – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPHS definitions.</i> <ul style="list-style-type: none"> Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. <i>These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services.</i>			
3.	Communicable Disease (CD) (FPHS definitions C.1, 2, 3, 4, 6) <i>These funds are to each LHJ to deliver FPHS in their own jurisdiction – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS CD services as defined in the most current version of the FPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPHS funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed, and/or contract with other LHJs for staff time or services for delivering FPHS CD. As the pandemic response wains, staff funded with FPHS funds are to shift focus to providing some or all of the FPHS CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases.</i> <ol style="list-style-type: none"> Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. 			

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4.	<p><i>Communicable Disease – Hepatitis C</i> (FPHS definitions C.4.o-p) <i>These funds are to select LHJs to deliver FPHS in their own jurisdictions</i> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, address Hepatitis C cases in the jurisdiction per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised biennially using updated data.</p> <p>The priorities for the 2021-2023 biennium (July 2021 – June 2023):</p> <ul style="list-style-type: none"> • Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS. • Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population, and incorporate Hepatitis B work. 			
5.	<p><i>Environmental Public Health (EPH)</i> (FPHS definitions B.3 & 4) <i>These funds are to each LHJ to deliver services in their own jurisdiction</i> In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services <u>for which fees cannot be charged</u> in their jurisdiction as defined in the most current version of the FPHS definitions and specifically for:</p> <ul style="list-style-type: none"> • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) <p>These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue):</p> <ul style="list-style-type: none"> • Food Safety (FPHS definitions B.3.b.) – Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) – Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permittable systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: <ul style="list-style-type: none"> ○ Work with partners to educate and inform public on OSS monitoring and maintenance ○ Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. ○ Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. 			

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ○ <i>Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources.</i> ○ <i>Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage.</i> ○ <i>Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law.</i> ● <i>Schools Safety (FPHS definition B.3.g) – Assure safe and effective learning environments for children attending K-12 schools – public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include:</i> <ul style="list-style-type: none"> ○ <i>Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities.</i> ○ <i>Participate with statewide public health groups to standardize school program implementation.</i> ○ <i>Focus on schools that have not previously been inspected to assess current conditions</i> ○ <i>Focus on existing elementary schools for first phase of inspections program</i> <ul style="list-style-type: none"> ■ <i>Indoor Air Quality</i> ■ <i>Classroom</i> ■ <i>Healthy cleaning and indoor environments</i> ■ <i>Playground</i> ■ <i>Drinking water (lead)</i> 			

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent. \(wa.gov\)](#)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](#)

FPHS Definitions

<https://wsalpho.box.com/s/qb6ssl0mxbrajx0fla742lw6zcfxzohk>

All FPHS Resources

www.doh.wa.gov/fphs or [FPHS | Powered by Box](#)

Special Instructions

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources

www.doh.wa.gov/lhjfunding

Deliverables are to be submitted to Marie Flake at marie.flake@doh.wa.gov

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services

Washington State Department of Health

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**Exhibit A
Statement of Work
Contract Term: 2018-2021**

DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) -
Effective July 1, 2021

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2021 through December 31, 2021

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input 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 comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD).

Revision Purpose: The purpose of this amendment is to update the MI coding for Task Outreach and Emergency Financial Assistance. There were no other changes to the SOW.

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			
FFY21 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261851C	07/01/21	12/31/21	232,292	0	232,292
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	07/01/21	12/31/21	20,000	0	20,000
FFY21 RW LOCAL PROVISIO	N/A	334.04.98	12618595	07/01/21	12/31/21	41,748	-41,748	0
HIV LOCAL PROVISIO - RW GRANT YEAR 2021	N/A	334.04.98	12618511	07/01/21	12/31/21	0	41,748	41,748
TOTALS						294,040	0	294,040

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Drug User Health				
Syringe Service Program (SSP)	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 operate during scheduled hours to provide new harm reduction supplies and syringes to prevent transmission of disease. SSP will offer referrals to address social determinants of health.	Identify and submit annual projections for each of the SSP deliverables. Enter deliverable data into database for tracking SSP activities by the 15th of each month following service.	Monthly by the 15th of the following month.	\$20,000 – MI 12405100 – State Drug User Health \$20,000 for 07/01/21-12/31/21

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV Community Services - Care				
Outreach Services – Peer Navigation	<p>Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services.</p> <p>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.</p>	Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.	Agency must adhere to DOH ID Reporting Requirements	<p>\$41,748 – MI 12618595 – Local Proviso</p> <p>\$41,748 for 07/01/21-12/31/21</p> <p>\$41,748 – MI 12618511 – Local Proviso</p> <p>\$41,748 for 07/01/21-12/31/21</p>
Case Management	<p>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 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.</p>	<p>Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.</p> <p>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</p> <p>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.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>\$218,281 – MI 1261851C – Local Rebates</p> <p>\$218,281 for 07/01/21-12/31/21</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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	\$2,250 – MI 1261851C – Local Rebates \$2,250 for 07/01/21-12/31/21
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 can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$7,486 – MI 1261851C – Local Rebates \$7,486 for 07/01/21-12/31/21
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	\$4,275 – MI 1261851C – Local Rebates \$4,275 for 07/01/21-12/31/21
Emergency Financial Assistance	Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another	Agency must enter data into the approved DOH data system for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake.	Agency must adhere to DOH ID Reporting Requirements	\$0 – MI 12618595 – HIV Local Proviso \$0 for 07/01/21-12/31/21 \$0 – MI 1261851C – Local Rebates \$0 for 07/01/21-12/31/21

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p> <p>Please note: Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.</p>	<p>Please note: This task requires client level data to be entered into Provide</p>		

***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 – LHJ 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 the HCS Manual for more information.

3. Title XIX HIV Medical Case Management – Reference the HCS Manual for more information.

4. Quality Management/Improvement Activities – Reference the HCS Manual for more information.

5. HIV Statewide Data System – Reference the HCS Manual for more information.

6. HIV and STD Testing Services

- a. HIV testing services must follow DOH and CDC guidance for HIV testing.
- b. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STD/HCV partner services- CONTRACTOR must refer newly identified HIV infected persons to the local health jurisdiction for PS within three (3) business days of a positive result.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV test kits and controls should be procured through DOH.
- e. 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.
- 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. Testing for infections other than HIV is not to be performed anonymously.

- g. In the event of a standalone HIV test, if STD testing is available at the agency, the reason for no accompanying STD test must be documented. If the agency does not offer STD or HCV testing, a referral for STD and HCV testing must be documented.
 - h. 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.
 - i. CONTRACTOR will ensure that sufficient staff is available to perform HIV testing using capillary and venous draws.
- 7. PAHR Services** – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.
- a. PAHR Services programs must follow FY21 PAHR Services Implementation Guidelines.
 - b. All PAHR Services data should be tracked through Provide unless written exception is approved.
 - c. Minimum PAHR Services data elements should be collected by all agencies funded to provide PAHR Services. These data elements may be referenced in FY21 PAHR Services Implementation Guidelines.
- 8. Reporting Requirements** – Reference the HCS Manual for more information.
- 9. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**
Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. It allows individuals and organizations to perform at a greater capacity.
- 10. Training Requirements** – Reference the HCS Manual for more information.
- 11. Participation in Washington State’s HIV Planning Process** - Reference the HCS Manual for more information.
- 12. Contract Management – Reference the HCS Manual for more information.**
- a. **Fiscal Guidance**
 - i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by January 25, 2022. 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 the HCS Manual for more information.
 - v) **Payer of Last Resort** – Reference the HCS Manual for more information.
 - vi) **Cost of Services** – Reference the HCS Manual for more information.
 - 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 using funds from HIV Community Services Tasks.
- 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.

- xi) **Small and Attractive items** – Each agency shall perform a risk assessment (both financial and operational) on the agency's assets to identify those assets that are particularly at risk or vulnerable to loss. Operational risks include risks associated with data security on mobile or portable computing devices that store or have access to state data. Assets so identified that fall below the state's capitalization policy are considered small and attractive assets. Agency shall develop written internal policies for managing small and attractive assets. Internal policies should take into consideration the Office of the Chief Information Officer (OCIO) IT Security Standard 141 Section 5.8 Mobile Computing and Section 8.3 Media Handling and Disposal at <https://ocio.wa.gov/policies>.

The agency shall implement specific measures to control small and attractive assets in order to minimize identified risks. Periodically, the agency should perform a follow up risk assessment to determine if the additional controls implemented are effective in managing the identified risks.

Agency must include, at a minimum, the following assets with unit costs of \$300 or more:

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

Agencies must also include the following assets with unit costs of \$1,000 or more:

- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
- 2) Cameras and Photographic Projection Equipment
- 3) Desktop Computers (PCs)
- 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

- xii) **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. Pre-approval is required when food and refreshments are purchased for these meetings. A sign in sheet with the clients ID number from the DOH approved data system as well as an agenda is required in order to receive reimbursement for these charges.

Food for staff meetings/trainings is not allowable.

PLEASE NOTE: If meals/refreshments are purchased for lunch and learns or other allowable meetings, food can only be purchased for the clients only at per diem. Any expenses over per diem will be denied

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**

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

d. **Written Agreements**

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 the HCS Manual for more information.

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

Krystal Sterling
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-3489/Fax: 360-664-2216
Krystal.Sterling@doh.wa.gov

DOH Program Contact, SSP

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

DOH Fiscal Contact

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PO Box 47840, Olympia, WA 98504-7841
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Abby.Gilliland@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2018-2021

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective October 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: October 1, 2020 through December 31, 2021

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 Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Basic Food, Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidelines.

Revision Purpose: The purpose of this revision is to add FFY22 IAR SNAP ED PROGRAM MANAGEMENT-REGION 5 funds and to extend the period of performance from September 30, 2021 to December 31, 2021.

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			
FFY21 IAR SNAP ED PROG MGNT-REGION 5	10.561	333.10.56	76701915	10/01/20	09/30/21	97,864	0	97,864
FFY22 IAR SNAP ED PROG MGNT-REGION 5	10.561	333.10.56	76701939	10/01/21	12/31/21	0	52,249	52,249
TOTALS						97,864	52,249	150,113

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
1.0	Project Planning, Implementation, and Performance For SNAP-Ed, the Subrecipient will develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient's project work plan approved by Department of Health (DOH).	1. Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences. 2. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan. 3. Satisfactory progress towards State SNAP-Ed project goal(s) selected by Subrecipient is demonstrated and reported.	Sites and audiences included in Project by Subrecipient documented as approved eligible sites or audiences. Documented complete reporting by Subrecipient of the delivery, implementation, and evaluation of approved Project activities in the required PEARS online reporting modules, where	For the Period: 10/01/20 to 09/30/21 12/31/21 Due: per the approved work plan and per the required due dates during the federal fiscal year, and for FFY21 no later than 09/30/21.	Reimbursement upon on-time receipt and approval of acceptable deliverables/ outcomes for the funding period will not exceed \$97,864 \$150,113. Kitsap Public Health District will be paid the allowable costs incurred based on their approved budget and program allowability. See

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
		4. Satisfactory progress towards project objective(s) and additional project goal(s) determined by Subrecipient is demonstrated and reported. 5. Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.	relevant to Project (Program Activities, PSE Site Activities, Indirect Activities, Coalitions, Partnerships, and Success Stories). Documented complete reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports. Cost per reach reported by Subrecipient in approved form/system provided by DOH.		special billing requirements section. **NOTE: The DOH SNAP-Ed program will deny payment for any costs not submitted by the required due dates without prior DOH approval in writing.
1.1	Project Progress: Monitoring and Compliance For SNAP-Ed, the Subrecipient will demonstrate satisfactory progress of the approved Project as documented in DOH SNAP-Ed progress reports, progress reviews, and project and fiscal monitoring reports. Monitoring of Subrecipient Project progress includes but is not limited to the following activities: <ol style="list-style-type: none"> one-on-one progress reviews with DOH, progress reports submitted to DOH, project monitoring completed with DOH or DSHS or USDA, and project monitoring site visits completed by SNAP-Ed statewide initiative teams. 	<ol style="list-style-type: none"> On-time delivery of proposed list of Project site(s) or audience(s) to DOH. All sites and/or audiences are determined to be eligible per current SNAP-Ed eligibility guidance before programming begins with site(s) or audience(s). Demographic data of class participants collected and reported for all direct education strategies. On-time reporting of actual participant reach to DOH in approved method/form. Intervention strategies implemented as planned, or using approved alternate strategies. Approved evaluation plans and methods implemented for the project (e.g. pre and post 	Progress reviews – documentation of one-on-one meeting(s) with DOH SNAP-Ed staff person(s) and Subrecipient completed in person, web conference, phone, or via email as needed. Documentation of progress review notes. Project monitoring – documentation of one-on-one meeting(s) with DOH SNAP-Ed staff person(s), Subrecipient, other SNAP-Ed funded staff, and community partners and/or participants completed in person, web conference, phone, or via email as needed. Completion of on-site program observations	<u>For the Period:</u> 10/01/20 to 09/30/21 12/31/21 Due: Progress reviews. Occur at minimum quarterly within the fiscal year, and no later than 30 business days after the end of the federal fiscal quarter, except for the last quarter <i>of FFY21</i> which must be completed by 09/30/21. Progress reviews can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties. Federal quarters listed below: <i>FFY21</i> Q1: Oct 1 – Dec 31 <i>FFY21</i> Q2: Jan 1 – Mar 31 <i>FFY21</i> Q3: Apr 1 – June 30 <i>FFY21</i> Q4: July 1 – Sep 30	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
	<p>Satisfactory progress of the Subrecipient's Project includes progress shown in the following areas and documented in reporting and/or monitoring completed:</p> <ol style="list-style-type: none"> 1. Progress demonstrated in achieving goal(s) outlined in the project. 2. Progress demonstrated in achieving objective(s) outlined in the project's interventions. 3. Progress demonstrated in creating a sustainable project. 4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation. 5. Progress demonstrated in working with DSHS community services offices (CSOs). 6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients. 7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable. 8. Compliance with current SNAP-Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance). 	<p>surveys for direct education; PSE assessments).</p> <ol style="list-style-type: none"> 7. Evaluation results used to report progress and outcomes of project, and to adapt the project as needed. 8. Evidence of positive change or improvement in SNAP-Ed eligible site(s) or audience(s) based on project activities is demonstrated and reported. 9. If positive change or improvement in SNAP-Ed eligible site(s) or audience(s) not apparent, project must demonstrate acceptable implementation of approved interventions and strategies and use results of process evaluation to improve project plan so that positive change in SNAP-Ed eligible site(s) or audience(s) can occur. 10. Strategy for working with one or more CSOs implemented and demonstrated to increase knowledge, awareness, or participation in SNAP-Ed eligible audience. 11. Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) implemented and demonstrated to increase knowledge, awareness, or participation of program(s) in SNAP-Ed eligible audience. 12. Direct education strategies only: Statewide SNAP-Ed Curriculum team or DOH monitoring reviews show 	<p>where applicable. Completion of project monitoring report forms, with monitoring results documented and provided to Subrecipient.</p> <p>Fiscal monitoring – documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit, with corresponding reports where applicable. Fiscal monitoring completed in person, web conference, phone, or via email as needed.</p>	<p><i>FFY22 Q1: Oct 1 – Dec 31</i></p> <p>Due: Project monitoring. Occurs at minimum once within the fiscal year. If project monitoring documents major deficiencies or corrective action, the Subrecipient will be monitored again within the fiscal year. Project monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p> <p>Due: Fiscal monitoring. Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p>	

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
		education delivered with fidelity, with no major deficiencies. If major deficiencies documented, corrected properly within timeline required. 13. Compliance maintained with current SNAP-Ed financial and cost policy guidance, 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance), and related DOH SNAP-Ed fiscal policy and procedures.			
2.0	<p>Evaluation Data and Reports</p> <p>For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the project and outcomes, using an approved form/system on a regular basis that will at a minimum include:</p> <ol style="list-style-type: none"> 1. Progress reports 2. Reporting in PEARS online reporting system of all SNAP-Ed activities <p>SNAP-Ed activities implemented and evaluation of the project and outcomes are reported in an online program evaluation and reporting system (PEARS) through the following required modules as appropriate for the approved project: Program Activity (direct education), Indirect Activity (health promotion, indirect education channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.</p>	<p>On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including:</p> <ol style="list-style-type: none"> 1. Progress for all intervention strategies reported for approved project plan. 2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE). 3. All qualitative evaluation results (success stories, pictures, etc.) reported for approved project plan describing progress or success of project activities, or positive change or improvement in SNAP-Ed eligible site(s) or audience(s). 4. Required release form(s) for all photos submitted. 5. Direct education strategies only: All required information for scheduled direct education lessons submitted to Statewide SNAP-Ed Curriculum team, 	<p>Documentation showing completion of progress report and submission to DOH on or before the required due dates, or by approved extension date.</p> <p>Completion of required evaluation data in progress reports and PEARS electronically, or using approved reporting method/form, on or before the required due dates, or by approved extension date.</p> <p>Direct education strategies only:</p> <ol style="list-style-type: none"> 1. Submission of required SNAP-Ed participant surveys to DOH using approved submission method, on or before the required due dates for submission, or by 	<p><u>For the Period:</u> 10/01/20 to 09/30/21 12/31/21</p> <p>Progress Reports: Due at minimum quarterly, and no later than 10 calendar days after the end of the quarter, except for the last month of the FFY which is due by 09/15/21. If the 10th calendar day falls on a weekend day, the report is due the next business day.</p> <ul style="list-style-type: none"> • 1st Progress report due 01/11/21 • 2nd Progress report due 04/12/21 • 3rd Progress report due 07/12/21 • Final Progress report due 09/15/21, or follow close-out procedures. <p>PEARS: Project evaluation and reporting required between 10/01/20 to 09/30/21 12/31/21.</p>	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
	<p>The following evaluation activities and information are required based on the Subrecipient's approved project and work plan.</p> <ul style="list-style-type: none"> Formative evaluation Process evaluation Outcome evaluation Qualitative evaluation Evaluation of PSE strategies <p>Please Note: the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements.</p> <p>Please Note: Topics included in Progress Report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (USDA) requirements.</p>	<p>using approved form/system, by dates required.</p> <p>On-time and correct submission of required evaluation data for direct education strategies into PEARS electronically, or using approved reporting method, according to time frame provided, including:</p> <p>6. Direct education strategies only: Pre-test surveys for each project class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after completion of the pre-test survey.</p> <p>7. Direct education strategies only: Post-test surveys for each project class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after completion of the post-test survey.</p> <p>8. Direct education strategies only: Demographic cards for each class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after collection of the demographic cards.</p>	<p>approved extension date.</p> <p>2. When survey data is entered by the Subrecipient, completion of required evaluation data into PEARS electronically, or using approved reporting method, on or before the required due dates for data entry, or by approved extension date.</p>	<ul style="list-style-type: none"> Direct education strategies only: PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided. Due: PEARS Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY 2021 which is due by 09/15/21. Activities completed in Oct 2020 due in PEARS by 11/30/20 Nov 20192020 by 12/31/20 Dec 20192020 by 01/29/21 Jan 2020 by 02/26/21 Feb 2020 by 03/31/21 Mar 2020 by 04/30/21 Apr 2020 by 05/31/21 May 2020 by 06/30/21 Jun 2020 by 07/30/21 Jul 2020 by 08/31/21 Aug 2020 by 09/15/21 Final data entry for all FFY20 FFY21 activities not already reported, due by 	

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
				09/15/21, or follow close-out schedule. <ul style="list-style-type: none"> Activities completed in Oct 2021 due in PEARS by 11/30/21 Nov 2021 by 12/31/21 SNAP-Ed Direct education conducted between 10/01/20 and 09/15/21 12/31/21. <ul style="list-style-type: none"> Direct education strategies only: Completed Pre- and post-test surveys received by DOH, or data entered into PEARS database by Subrecipient, no later than two weeks after completion of the survey. All completed pre- and post-test surveys must be received, or data entered by Subrecipient, no later than COB 09/15/21, or follow close-out schedule. 	
3.0	Civil Rights Training All SNAP-Ed funded staff must complete training each fiscal year in civil rights. *See special requirements section- Civil Rights Documentation must include: <ul style="list-style-type: none"> Training and source Who attended Date completed 	On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff.	Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date.	<u>For the Period:</u> 10/01/20 to 09/30/21 12/31/21 FFY21 Due: 12/31/20 12/31/21 for all SNAP-Ed funded staff. New hires to complete within 30 days of hire. FFY22 Due: 12/31/21	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
3.1	<p>Other Required Training and Meetings</p> <p>The following trainings or meetings are required for <u>all Subrecipients</u> when provided by DOH or WA SNAP-Ed for the staff listed. Unless more staff attendance is required, minimum of one (1) staff person required to attend to satisfy requirements. Multiple staff may attend if costs for attendance are covered in Subrecipient's annual budget.</p> <ul style="list-style-type: none"> Fiscal training – fiscal agent <u>or</u> project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program. Food handler training – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public. Training on data collection and reporting – project coordinator <u>or</u> any staff person responsible for collecting, reporting, or entering SNAP-Ed related data. Regional meeting(s), when provided – project coordinator <u>or</u> any qualified designated staff person. Annual State SNAP-Ed forum, when provided - project 	<p>On-time completion of all required trainings by required SNAP-Ed staff.</p> <p>Attendance of required or appropriate staff person(s) at all required meetings.</p> <p>Demonstration of satisfactory understanding of the information and concepts included in required trainings.</p> <p>SNAP-Ed Curriculum: On-time completion of required training for specific curriculum to be used in direct education strategy by project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</p> <p>Food handler training: Completion of a Washington State authorized food handler or food worker training by all staff who will handle and serve food to the public.</p> <p>Coordinator meetings: Attendance of project coordinator or qualified, designated staff person to at least 75% of all coordinator meetings provided.</p> <p>Regional meetings: Attendance of project coordinator or qualified, designated staff person to at least 50% of all regional meetings provided.</p>	<p>Documentation showing required person(s) and date(s) of attendance for all web-based and in-person required meetings.</p> <p>Documentation showing required person(s); date(s) of attendance; and, completion of training for all web-based and in-person required trainings.</p> <p>Documentation of satisfactory understanding gained from required trainings, and application of applicable knowledge and skills in progress reviews and/or monitoring reports.</p>	<p><u>For the Period:</u> 10/01/20 to 09/30/21 12/31/21</p> <p>Fiscal: Annually, and <i>in FFY21</i> no later than March 31, 2021.</p> <p>SNAP-Ed Curriculum: New direct education staff trained within 30 days for specific curriculum to be used in direct education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator <u>or</u> qualified designated staff person to complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy.</p> <p>Data collection and reporting: Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided.</p> <p>Annual Forum: Annually, when provided, and <i>for</i></p>	See payment information as referenced in task number 1.0.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
	<p>coordinator <u>or</u> any qualified designated staff person.</p> <ul style="list-style-type: none"> SNAP-Ed Curriculum training (either in person or online) (only required for direct education strategies) – project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience. SNAP-Ed Systems Approaches for Healthy Communities training (online, when provided) - project coordinator <u>and</u> all staff involved in planning, implementing, and evaluating SNAP-Ed project activities. SNAP-Ed Systems Approaches for Healthy Communities training (in person, when provided) - project coordinator <u>or</u> qualified designated staff person. Project coordinator meetings (conference calls or in person) – project coordinator <u>or</u> qualified designated staff person. 	<p>State Forum: Attendance of project coordinator or qualified, designated staff person to all state forums provided.</p> <p>SNAP-Ed Systems Approaches for Healthy Communities: Demonstrate satisfactory understanding of the information and concepts included in the training. Satisfactory application of knowledge and skill learned from training to SNAP-Ed project, as needed.</p> <p>If required meeting or training is <u>not provided</u>, Subrecipient is not required to make up requirements for attendance and will be in compliance. Attendance at required meetings and completion of required trainings required only when provided.</p>		<p>FFY21 no later than 09/30/21.</p> <p>Coordinator meetings: Completed on dates scheduled by DOH, when provided.</p> <p>Regional meetings: Completed on dates scheduled by DOH, when provided.</p> <p>SNAP-Ed systems approaches training online: At least once within the three year period of performance, and no later than the end of the first <i>second</i> fiscal year within the three year period of performance.</p> <p>Due: On or before 09/30/21</p> <p>SNAP-Ed systems approaches training in person: Once annually, when provided, on dates scheduled by WA SNAP-Ed.</p>	
4.0	<p>SNAP-Ed Inventory</p> <p>SNAP-Ed Subrecipients are required by regulation to keep an up-to-date inventory list that includes all non-capital equipment, approved capital equipment, purchased curriculum, and other SNAP-Ed purchased items that are not disposable. This list should include items purchased in prior fiscal years still in use and in possession of</p>	<p>On-time updates to SNAP-Ed inventory list.</p> <ol style="list-style-type: none"> Inventory list updated per due dates required. Inventory list contains complete list of all items purchased with SNAP-Ed funds in current fiscal year and previous fiscal years still in 	Completed documentation showing updated SNAP-Ed inventory using approved form/system provided.	<p><u>For the Period:</u> 10/01/20 to 09/30/21 <i>12/31/21</i></p> <p>Due: Inventory list is required to be updated no later than 30 days after the end of each quarter. Final inventory list updated by 09/15/20 <i>09/15/21</i>.</p>	See payment information as referenced in task number 1.0.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
	the Subrecipient. This list should be updated per the due dates required. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure. *See special requirements section - Monitoring	use and in possession of the Subrecipient.		At the time of a fiscal or project monitoring review, or when requested, an up-to-date inventory list must be made available.	
5.0	SNAP-Ed A19 Invoices Subrecipients must use the A19 invoice form specific to the DOH SNAP-Ed program. This document will be sent to all Subrecipients prior to October 31 st of the current fiscal year.	On-time delivery of correct completion of SNAP-Ed A19 invoices, using the current form for the fiscal year. On-time delivery of detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment. Complete documentation of all actual costs incurred shall be accompanied by the Subrecipient's financial system report. If Subrecipient does not have a financial reporting system, the Subrecipient must check with the DOH SNAP-Ed program for further guidance.	SNAP-Ed invoices (A19) with all documented costs and any required accompanying materials received at DOH by due dates required, or by approved extension date.	<u>For the Period:</u> 10/01/20 to 09/30/21 12/31/21 Due: Monthly - Submit invoices to DOH no later than 30 calendar days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30) <ul style="list-style-type: none"> ○ Oct. Invoice due: 11/30/20 ○ November: 12/30/20 ○ December: 01/30/21 ○ January: 02/28/21 ○ February: 03/30/21 ○ March: 04/30/21 ○ April: 05/30/21 ○ May: 06/30/21 ○ June: 07/30/21 ○ July: 08/30/21 ○ August: 09/30/21 ○ September: 11/30/21 ○ October: 11/30/21 ○ November: 12/31/21 Final FFY21 invoice is due October November 30, 2021, or follow close-out schedule. Or	See payment information as referenced in task number 1.0.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Measure (where applicable)	FFY21 Due Date/Time Frame	Payment Information and/or Amount
				*If pre-approved in writing by DOH , agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.	

***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 Subrecipient must have a Data Universal Numbering System (DUNS®) number.

Information about the Subrecipient and this statement of work will be made available on <https://www.usaspending.gov> by DOH as required by P.L. 109-282.

Program Specific Requirements/Narrative*Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)**

The Subrecipient must meet the required set of acceptable deliverables/outcomes and adhere to contractual obligations. The contract's acceptable deliverables/outcomes along with specified due dates will be determined by the DOH SNAP-Ed program and provided to the Subrecipient in writing. Based on contract performance (as documented in progress reviews, progress reports, project monitoring reports, and fiscal monitoring reports) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see <https://www.govregs.com/regulations/2/200.207>), DOH reserves the right to withhold up to 10% of funds from the next applicable payment to the Subrecipient for deliverables/outcomes that are documented as consistently incomplete; continually late (without approved extension by DOH in writing); found to be unacceptable or unsatisfactory according to the standards of acceptable deliverables/outcomes outlined in the Statement of Work; or, not carried out sufficiently or consistently and documented as such. After DOH SNAP-Ed provides documentation of the issue(s) and outlines the appropriate corrective action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the Subrecipient. If satisfactory corrective action is completed within 60 days, the funds withheld will be released to the Subrecipient. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each subsequent monthly payment until the appropriate corrective action is completed. If satisfactory corrective action is completed after the 60-day window, the initial 10% of funds withheld will not be provided as reimbursement to the Subrecipient as penalty. The subsequent monthly withholdings (of up to 5% per month) will be reimbursed to the Subrecipient upon satisfactory completion of the corrective action. The Subrecipient may request reconsideration by submitting a letter to Washington Department of Health SNAP-Education, PO Box 47886, Olympia, WA 98504-7886, or in writing via email to snap-ed@doh.wa.gov.

All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory and on-time completion of acceptance deliverables/outcomes and for allowable costs as outlined in the SNAP-Ed federal guidance, statement of work, state plan, and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance or that are deemed unallowable costs.

Additional Details Regarding Deliverables

Required deliverables for SNAP-Ed reporting will depend on approved SNAP-Ed plan activities for each Subrecipient, e.g. if direct education is not an approved plan activity for a Subrecipient, submission of pre/post surveys is not a required deliverable for that Subrecipient. To attend required trainings during fiscal year, the Subrecipient must use the travel funds within their current allotted budget to send the minimum number of one (1) staff person to the required training. The Subrecipient may request additional travel funds from DOH for required training(s) if necessary and if funds are available.

Monitoring Expectations

The Subrecipient's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing project activities and reviewing for project and fiscal compliance. All non-capital equipment, capital equipment, reusable educational materials and supplies, and any non-disposable items purchased using SNAP-Ed funds should be tracked in an inventory list and available for review upon request. Based on fiscal and project monitoring results or findings, additional monitoring during the fiscal year may be required at the discretion of the DOH SNAP-Ed program, DOH fiscal analyst, or DOH fiscal monitoring unit. Completed project and fiscal monitoring reports with suggestions, observations, comments, feedback, findings, and/or corrective action will be kept on file at DOH and shared with Subrecipients regularly and by request.

Staff Requirements

Upon request by DOH, the Subrecipient must demonstrate that SNAP-Ed staff meet requirements appropriate to their positions including but not limited to: background checks, food handlers' permits, qualifications, and training required by DOH.

Project Coordinator requirements

The Subrecipient must maintain a SNAP-Ed project coordinator. The project coordinator is the main contact between Department of Health SNAP-Ed team and the Subrecipient. DOH SNAP-Ed expectations for the project coordinator responsibilities include:

- Ensure all contract deliverables are met.
- Coordinate the planning, implementation, evaluation, and reporting of all parts of the approved project plan.
- Comply with and remain knowledgeable about all WA SNAP-Ed and DOH SNAP-Ed policies and procedures.
- Comply with and remain knowledgeable about the National SNAP-Ed Guidance.
- Ensure staff and any sub-Subrecipients funded through this contract stay informed of current and new SNAP-Ed policies, and are held accountable to policies when needed.
- Ensure staff and any sub-Subrecipients meet requirements appropriate to their positions, including but not limited to: background checks, food handlers' permits, and trainings required by WA SNAP-Ed and DOH.
- Attend, or designate and send qualified staff member as proxy to, required DOH and State SNAP-Ed meetings and trainings.
- Monitor or maintain knowledge of project budget status, including estimated spend out and total dollars spent to date.
- Submit plan and budget amendments for approval as outlined in the current year's policy and procedures.
- Coordinate the on-time completion of all data entry and reporting.
- Ensure photo and media release forms are obtained for persons featured in SNAP-Ed programming photographs or videos.

Communication Requirements

The Subrecipient must maintain communication with DOH SNAP-Ed. Communication required between DOH SNAP-Ed and the Subrecipient will not be unreasonable or excessive. DOH SNAP-Ed expectations for communication include:

- Submit updates to DOH following any change in contact information for the project coordinator, fiscal agent, contract signatory, or any SNAP-Ed funded staff within 10 business days of the change.
- Be available for regular and intermittent meetings, both in person and phone, with DOH SNAP-Ed as agreed upon or as needed.
- Respond to all DOH and SNAP-Ed Statewide initiative requests within the timeline requested.
- Maintain or obtain an internet connection for communication with DOH, for access to DOH SharePoint webpages, to view updates and messages from Washington SNAP-Ed through the WA SNAP-Ed Providers website, and for reliable reporting of SNAP-Ed activities. If reliable internet connection cannot be secured, the Subrecipient and DOH SNAP-Ed will agree on a plan for necessary communication, data entry, and reporting.
- Obtain a Secure Access Washington (SAW) account to access DOH SNAP-Ed SharePoint webpages.

SNAP-Ed Assurances:

The following assurances must be followed (see program Guidance <https://snaped.fns.usda.gov/program-administration/guidance-and-templates>)

- The Subrecipient is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Programming is provided to approved SNAP-Ed eligible audiences.
- Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) may be claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed targeted individuals. In no case may activities funded under the EFNEP grant be included in the budget for SNAP-Ed.
- Contracts are procured through competitive bid procedures governed by State procurement regulations.
- Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.
- Program activities do not supplant existing nutrition education and obesity prevention programs, and where operating in conjunction with existing programs, enhance as well as supplement them. This applies to all activities and costs under the Federal budget.
- Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.
- All materials developed with SNAP-Ed funds include the appropriate USDA non-discrimination statement and credit SNAP as a funding source in standard font that is easily readable.

SNAP-Ed Statewide Initiatives

Subrecipients are expected to communicate with, respond to, and comply with requests, guidance, requirements, and/or on-site visits from all contracted SNAP-Ed statewide initiative entities.

Any SNAP-Ed curriculum modifications should be developed and executed based on the most current Guidance for Curriculum Modification, found under “[Guidance and Process](#)” on WA SNAP-Ed Providers website. Subrecipients must consult DOH SNAP-Ed as directed.

After notification to the DOH SNAP-Ed implementing agency, the Subrecipient may adjust or deny requests, requirements, and/or site visits from any contracted SNAP-Ed statewide initiative entities if said request, requirement, and/or site visit is deemed unreasonable, burdensome, unnecessarily costly, or inequitable after appropriate consideration and deliberation between the Subrecipient, DOH SNAP-Ed, and the contracted SNAP-Ed statewide initiative entity/entities; and, when necessary, DSHS. After appropriate consideration and deliberation, the resulting decision about whether or not the Subrecipient must comply or can adjust or deny a specific will be provided in writing to the Subrecipient from DOH SNAP-Ed and/or DSHS.

Health and Safety

Subrecipients are not required to work under conditions that could endanger their health, safety, or well-being. Additionally, Subrecipients should ensure they are not putting any SNAP-Ed audience or community members in situations that could endanger their health, safety, or well-being. Participation in SNAP-Ed by the SNAP-Ed audience is voluntary. If an activity is deemed unsafe, Subrecipients must adapt activities as needed to allowable and safe alternatives. For a given situation, all Subrecipients and SNAP-Ed activities should follow current health and safety laws, regulation and guidance from the designated authorities in the applicable city/town, county, state, and/or the related federal authority, e.g. CDC, USDA. If Subrecipient is unable to adapt activities as needed to safe, allowable alternatives within their allocation, funding for the current fiscal year may change after sufficient and acceptable technical assistance between Subrecipient and DOH SNAP-Ed and after prior written notification to the Subrecipient. Any change in annual funding due to inability to adapt project activities as needed to safe, allowable alternatives will not be a permanent change in annual funding, unless accompanied by actions outlined under the ‘Contract Noncompliance and Corrective Action’ section.

Audits

The Subrecipient must make State financial and program audits or reviews conducted by other entities available to the DOH, DSHS, USDA, or its designee.

Indirect Rate/Allocation Plan

All indirect rate/allocation plans must be submitted and preapproved by the DOH grants office and the DOH SNAP-Ed program. The Subrecipient is responsible for ensuring that indirect costs included in the Subrecipient's SNAP-Ed plan and budget are supported by an indirect rate and/or cost allocation plan approved by the appropriate agency. The Subrecipient cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

Annual Civil Rights Training Requirement (see USDA 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. Local agencies are responsible for training their sub recipients, 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."

Records Maintenance - Record Retention and Management - State Agency and All Subrecipients 7CFR 272.2

DOH SNAP-Ed regulations require that all records related to the SNAP-Ed program be retained for six (6) years from fiscal closure. This requirement applies to fiscal documentation and procurement records, contract related documents and emails, progress reports, monitoring reports, and SNAP-Ed client information (pre/post surveys, demographic cards, etc.). Supporting documentation may be kept at the Subrecipient level, but shall be available for review within six years from the date of the last quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed as charges to SNAP-Ed.

Travel

The Subrecipient 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>), with the travel requirements found in the current year's SNAP-Ed federal guidance, and with any travel related DOH SNAP-Ed policy and procedures. If the Subrecipient organization's travel related policy and procedures are in conflict with any of the aforementioned travel related federal or state policies and procedures, the Subrecipient organization will follow the stricter of the travel related policy and procedures unless otherwise approved and allowable by DOH or higher authority.

Amendments

Subrecipients should check the current year's federal SNAP-Ed guidance, the current year's DOH SNAP-Ed budget amendment guidance, and/or with a DOH SNAP-Ed program consultant to know what changes they can make on their own and what changes require an amendment and pre-approval in writing. Notify DOH staff prior to implementing amendments that significantly change the scope or direction of the approved project plan, including creating new or completely ending interventions, or adding different recruitment or delivery sites for reaching SNAP eligible population. Following the current year's guidance when required, subrecipients must submit a written plan amendment or written budget amendment request to DOH, and receive written approval from DOH, prior to making any changes within their project or budget and prior to making any purchases included within the amendment. Any requests needing USDA approval must be submitted to DOH no later than April 1st of each fiscal year, or no later than date specified by USDA, DSHS, or DOH. Following the current year's guidance when required, if Subrecipients submit plan or budget no cost amendments that do not require DSHS or USDA approval, DOH can review those and make approvals on a case by case basis during the federal fiscal year following the current year's guidance when required. All cost amendments that do not require DSHS or USDA approval should be submitted to DOH no later than July 16th of each fiscal year.

Overtime

Staff overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed by the DOH SNAP-Ed program in advance and approved in writing.

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 contract 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 Subrecipient within 10 working days upon notice by the funding source of funding availability.

Special Billing Requirements

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
 - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher.
 - A SNAP-Ed specific A19-1A must be submitted to the subrecipient's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
 - An Subrecipient may request pre-approval to bill every 2 months instead, in which case, that Subrecipient is required to adhere to the billing due dates provided by DOH.
3. The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a Subrecipient is unable to submit the SNAP-Ed A-19-1A on the due date, the Subrecipient is required to submit a request for an exception to the DOH no later than 7 days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
 - At the very least this means a copy of a Subrecipient's financial expanded/detailed general ledger level report.
 - Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
5. If a Subrecipient meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH.
 - All new SNAP-Ed Subrecipients within their 1st fiscal year.
 - Subrecipients with current fiscal findings.
 - Subrecipients who have not submitted adequate or accurate backup documentation within the last year.
 - Subrecipients who receive a rating of "High" from the DOH Federal Subrecipient Risk Assessment Tool.

BUDGET	
Source	Amount
USDA	\$97,864 \$150,113

DOH Program Contact

Christine Ciancetta, SNAP-Ed Contract Manager
 Department of Health
 PO Box 47886, Olympia, WA 98504-7886
Christine.Ciancetta@doh.wa.gov / 360-236-3788

DOH Fiscal Contact

Kim Henderson, Fiscal Analyst
 Department of Health
 PO Box 47886, Olympia, WA 98504-7886
Kim.Henderson@doh.wa.gov / 360-236-3491

**EXHIBIT B-24
ALLOCATIONS
Contract Term: 2018-2021**

**Contract Number: CLH18248
Date: September 15, 2021**

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

Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2021: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% 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	20157001823357	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	20157001823357	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		
FFY20 CSS IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 10	10.561	333.10.56	10/01/19	09/30/20	10/01/19	09/30/20	\$83,000	\$83,000	\$83,000
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708	\$69,875	\$159,906
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		
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	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 24	10.561	333.10.56	10/01/21	12/31/21	10/01/21	09/30/22	\$52,249	\$52,249	\$150,113
FFY21 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 18	10.561	333.10.56	10/01/20	09/30/21	10/01/20	09/30/21	\$97,864	\$97,864	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 22	14.241	333.14.24	07/01/21	12/31/21	07/01/21	12/31/21	\$26,690	\$26,690	\$221,472
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 20	14.241	333.14.24	07/01/20	06/30/21	07/01/20	06/30/21	\$26,690	\$53,380	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 16	14.241	333.14.24	07/01/20	06/30/21	07/01/20	06/30/21	\$26,690		
FFY19 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	
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		
Hous. Opp for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 17, 18	14.241	333.14.24	07/01/20	06/30/21	01/20/20	06/30/21	\$15,000	\$15,000	\$15,000
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 24	21.019	333.21.01	07/01/20	06/30/21	07/01/20	06/30/21	(\$1,461,780)	\$0	\$0
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 19, 22, 24	21.019	333.21.01	07/01/20	06/30/21	07/01/20	06/30/21	\$1,096,335		
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17, 19, 22, 24	21.019	333.21.01	07/01/20	06/30/21	07/01/20	06/30/21	\$365,445		
COVID LHJ OFM Allocation-CARES	NGA Not Received	Amd 17, 19, 22	21.019	333.21.01	03/01/20	12/31/21	03/01/20	12/31/21	\$5,402,000	\$5,402,000	\$5,402,000

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					Start Date	End Date	Start Date	End Date			
PS SSI 1-5 BEACH Task 4	01J18001	Amd 13	66.123	333.66.12	03/01/20	10/31/20	07/01/17	06/30/23	\$5,800	\$5,800	\$17,400
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	
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		
FFY20 Swimming Beach Act Grant IAR (ECY)	CU-01J49701-1	Amd 21	66.472	333.66.47	03/01/21	10/31/21	12/15/19	10/31/21	\$25,000	\$25,000	\$53,000
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	
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		
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 23	93.069	333.93.06	07/01/21	12/31/21	07/01/21	06/30/22	\$177,207	\$177,207	\$767,897
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$118,138	\$295,345	
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 16, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$177,207		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$295,345	\$295,345	
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 23	93.136	333.93.13	09/01/21	12/31/21	09/01/21	08/31/22	\$50,000	\$50,000	\$150,000
FFY20 Overdose Data to Action Prev	NU17CE925007	Amd 17, 19	93.136	333.93.13	09/01/20	08/31/21	09/01/20	08/31/21	\$50,000	\$50,000	
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$50,000	\$50,000	
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	
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	(\$1,022,214)	\$42,016	\$42,016
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$1,022,214		
FFY21 COVID19 Vaccine Services-CARES	NH23IP922619	Amd 19, 20	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$42,016		

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COVID19 Vaccines	NH23IP922619	Amd 23	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$5,000	\$1,027,214	\$1,027,214
COVID19 Vaccines	NH23IP922619	Amd 22	93.268	333.93.26	07/01/20	12/31/21	07/01/20	12/31/21	\$1,022,214		
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
FFY22 PPHF Ops	NH23IP922619	Amd 22	93.268	333.93.26	07/01/21	12/31/21	07/01/21	12/31/21	\$2,500	\$2,500	\$10,000
FFY21 PPHF Ops	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$1,250	\$2,500	
FFY21 PPHF Ops	NH23IP922619	Amd 16, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$1,250		
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$2,500	\$2,500	
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	
FFY21 VFC IQIP	NH23IP922619	Amd 18	93.268	333.93.26	07/01/20	06/30/21	07/01/20	06/30/21	\$21,000	\$42,000	\$69,588
FFY21 VFC IQIP	NH23IP922619	Amd 16, 18	93.069	333.93.06	07/01/20	06/30/21	07/01/20	06/30/21	\$21,000		
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$27,588	\$27,588	
FFY22 VFC Ops	NH23IP922619	Amd 23	93.268	333.93.26	07/01/21	12/31/21	07/01/21	06/30/22	\$16,134	\$16,134	\$47,389
FFY21 VFC Ops	NH23IP922619	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$8,067	\$8,067	
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$16,134	\$16,134	
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	
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$24,482	\$24,482	\$35,494
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	(\$6,120)	\$0	
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		
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	
FFY19 COVID CARES	NU50CK000515	Amd 16, 19	93.323	333.93.32	06/01/20	12/31/21	06/01/20	12/31/21	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 20	93.323	333.93.32	01/01/21	12/31/21	01/01/21	12/31/21	\$1,145,035	\$1,145,035	\$1,145,035
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 24	93.323	333.93.32	01/15/21	12/31/21	01/15/21	12/31/21	\$1,636,780	\$4,197,361	\$4,197,361
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 20	93.323	333.93.32	01/15/21	12/31/21	01/15/21	12/31/21	\$2,560,581		
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 22	93.387	333.93.38	04/29/21	12/31/21	04/29/21	04/28/22	\$24,482	\$24,482	\$48,964
FFY20 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 18	93.387	333.93.38	07/01/20	04/28/21	06/29/20	04/28/21	\$12,241	\$24,482	
FFY20 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 17, 18	93.387	333.93.38	07/01/20	04/28/21	06/29/20	04/28/21	\$12,241		
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	NU90TP922069	Amd 14, 19, 20	93.354	333.93.35	01/20/20	12/31/21	01/01/20	12/31/21	\$340,263	\$340,263	\$340,263

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FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 23	93.439	333.93.43	09/30/21	12/31/21	09/30/21	09/29/22	\$60,000	\$60,000	\$245,000
FFY20 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 22	93.439	333.93.43	09/30/20	09/29/21	09/30/20	09/29/21	\$5,000	\$65,000	
FFY20 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 18	93.439	333.93.43	09/30/20	09/29/21	09/30/20	09/29/21	\$60,000		
FFY19 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 10, 16, 18	93.439	333.93.43	09/30/19	09/29/20	09/30/19	09/29/20	\$60,000	\$60,000	
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	
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
Ryan White Part B COVID-19 Response	6X7CHA368990101	Amd 16, 20	93.917	333.93.91	01/20/20	09/30/21	01/20/20	09/30/21	\$24,730	\$24,730	\$24,730
FFY19 Ryan White Supp Direct Svcs	5X07HA000832800	Amd 12	93.917	333.93.91	09/30/19	06/30/20	09/30/19	09/29/20	\$109,140	\$109,140	\$109,140
FFY22 MCHBG LHJ Contracts	B0445251	Amd 23	93.994	333.93.99	10/01/21	12/31/21	10/01/21	09/30/22	\$39,964	\$39,964	\$639,417
FFY21 MCHBG LHJ Contracts	B0440169	Amd 18	93.994	333.93.99	10/01/20	09/30/21	10/01/20	09/30/21	\$159,854	\$159,854	
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$159,854	\$159,854	
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	
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	
FEMA-75 COVID LHJ Allocation		Amd 19	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	(\$1,096,335)	\$0	\$0
FEMA-75 COVID LHJ Allocation		Amd 17	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	\$1,096,335		

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GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/20	12/31/20	07/01/19	06/30/21	\$10,000	\$10,000	\$20,000
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/19	06/30/20	07/01/19	06/30/21	\$10,000	\$10,000	
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	
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	
Healthy Communities		Amd 12	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	(\$3,425)	\$0	\$0
Healthy Communities		Amd 10	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$3,425		
State Drug User Health Program		Amd 22	N/A	334.04.91	07/01/21	12/31/21	07/01/21	12/31/21	\$20,000	\$20,000	\$154,478
State Drug User Health Program		Amd 18	N/A	334.04.91	07/01/20	06/30/21	07/01/19	06/30/21	\$20,000	\$40,000	
State Drug User Health Program		Amd 16, 18	N/A	334.04.91	07/01/20	06/30/21	07/01/19	06/30/21	\$20,000		
State Drug User Health Program		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$40,000	\$40,000	
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	
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
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	
FY20/21 COVID-19 Disaster Response Acct		Amd 14, 19	N/A	334.04.92	01/20/20	06/30/21	01/01/20	06/30/21	\$309,737	\$309,737	\$309,737
FPH Lead Case Mgmt-FPH		Amd 15	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	(\$2,425)	\$1,000	\$1,000
FPH Lead Case Mgmt-FPH		Amd 12	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$3,425		

**EXHIBIT B-24
ALLOCATIONS
Contract Term: 2018-2021**

**Contract Number: CLH18248
Date: September 15, 2021**

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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	
SFY22 Marijuana Education		Amd 24	N/A	334.04.93	09/01/21	12/31/21	07/01/21	06/30/22	\$7,571	\$7,571	\$761,814
SFY22 Marijuana Education		Amd 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	06/30/22	\$247,509	\$247,509	
SFY21 Marijuana Education		Amd 16, 18	N/A	334.04.93	07/01/20	06/30/21	07/01/20	06/30/21	\$5,766	\$5,766	
SFY21 Marijuana Education		Amd 9, 20	N/A	334.04.93	07/01/20	06/30/21	07/01/20	06/30/21	\$247,509	\$247,509	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$5,950	\$5,950	
SFY20 Marijuana Education		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	
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		Amd 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	\$7,500	\$7,500	\$52,500
Rec Shellfish/Biotoxin		Amd 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$7,500	\$22,500	
Rec Shellfish/Biotoxin		Amd 9, 16, 19	N/A	334.04.93	07/01/19	06/30/21	07/01/19	06/30/21	\$15,000		
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	
Small Onsite Management (ALEA)		Amd 23	N/A	334.04.93	07/01/21	12/31/21	07/01/21	06/30/23	\$22,500	\$22,500	\$112,500
Small Onsite Management (ALEA)		Amd 19	N/A	334.04.93	01/01/21	06/30/21	07/01/19	06/30/21	\$15,000	\$15,000	
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$45,000	\$45,000	
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	
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		Amd 19	N/A	334.04.93	01/01/21	06/30/21	07/01/19	06/30/21	\$15,000	\$15,000	\$60,000
Wastewater Management-GFS		Amd 9, 19	N/A	334.04.93	07/01/20	06/30/21	07/01/19	06/30/21	\$15,000	\$15,000	
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	
FPH-Youth Tobacco Vapor Prevention		Amd 16, 18	N/A	334.04.93	07/01/20	06/30/21	07/01/19	06/30/21	\$24,289	\$24,289	\$48,801
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$24,512	\$24,512	
Youth Tobacco Vapor Products		Amd 22	N/A	334.04.93	07/01/21	12/31/21	07/01/21	12/31/21	\$38,402	\$38,402	\$197,895
Youth Tobacco Vapor Products		Amd 16, 18	N/A	334.04.93	07/01/20	06/30/21	07/01/19	06/30/21	\$38,402	\$38,402	

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

Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2021: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% 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			
Youth Tobacco Vapor Products		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	(\$8,451)	\$38,403	
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$46,854		
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	
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		
FFY20 Swim Beach Act Grant IAR (ECY-ALEA)		Amd 15	N/A	334.04.96	03/01/20	10/31/20	12/15/19	12/14/20	\$18,000	\$18,000	\$18,000
HIV Local Proviso		Amd 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$41,748	\$83,496	\$83,496
HIV Local Proviso		Amd 16, 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$41,748		
HIV Local Proviso-RW Grant Year 2021		Amd 24	N/A	334.04.98	07/01/21	12/31/21	04/01/21	03/31/22	\$41,748	\$41,748	\$41,748
ADAP Rebate (Local) 19-21		Amd 16, 18	N/A	334.04.98	07/01/20	06/30/21	07/01/19	06/30/21	\$45,864	\$45,864	\$137,592
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	
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		
FFY21 RW Grant Year Local (Rebate)		Amd 22	N/A	334.04.98	07/01/21	12/31/21	04/01/21	03/31/22	\$232,292	\$232,292	\$1,501,779
FFY21 RW Grant Year Local (Rebate)		Amd 18	N/A	334.04.98	04/01/21	06/30/21	04/01/21	03/31/22	\$116,146	\$116,146	
FFY20 RW Grant Year Local (Rebate)		Amd 18	N/A	334.04.98	07/01/20	03/31/21	04/01/20	03/31/21	\$116,146	\$348,438	
FFY20 RW Grant Year Local (Rebate)		Amd 16, 18	N/A	334.04.98	07/01/20	03/31/21	04/01/20	03/31/21	\$232,292		
FFY20 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	(\$27,285)	\$88,861	
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	\$116,146		
FFY19 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	(\$81,855)	\$266,582	
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	\$348,437		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	03/31/20	\$112,230	\$112,230	
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	

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Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2021: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% 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			
FFY21 RW Local Proviso		Amd 24	N/A	334.04.98	07/01/21	12/31/21	07/01/21	12/31/21	(\$41,748)	\$0	\$41,749
FFY21 RW Local Proviso		Amd 22	N/A	334.04.98	07/01/21	12/31/21	07/01/21	12/31/21	\$41,748		
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	
FPHS-LHJ-Proviso (YR1)		Amd 24	N/A	336.04.25	07/01/21	12/31/21	07/01/21	06/30/23	\$1,132,866	\$1,345,000	\$1,916,613
FPHS-LHJ-Proviso (YR1)		Amd 23	N/A	336.04.25	07/01/21	12/31/21	07/01/21	06/30/23	\$212,134		
FPHS Funding for LHJs		Amd 17, 19	N/A	336.04.25	07/01/20	06/30/21	07/01/19	06/30/21	\$64,789	\$212,134	
FPHS Funding for LHJs		Amd 10, 19	N/A	336.04.25	07/01/20	06/30/21	07/01/19	06/30/21	\$147,345		
FPHS Funding for LHJs		Amd 17	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$64,789	\$212,134	
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$147,345		
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	
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 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$13,250)	\$14,250	\$14,250
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$12,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$14,750		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 23	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	(\$1,000)	\$17,750	\$17,750
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 22	N/A	346.26.64	01/01/19	12/31/20	01/01/19	06/30/21	(\$3,000)		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 15	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$500		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 12	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$8,500		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 12	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$12,750		
YR 23 SRF - Local Asst (15%) (FO-SW) SS		Amd 23	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	(\$3,000)	\$17,250	\$17,250
YR 23 SRF - Local Asst (15%) (FO-SW) SS		Amd 22	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	\$6,000		
YR 23 SRF - Local Asst (15%) (FO-SW) SS		Amd 20	N/A	346.26.64	01/01/21	12/31/21	09/01/20	12/31/21	\$14,250		
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		

**EXHIBIT B-24
ALLOCATIONS
Contract Term: 2018-2021**

**Contract Number: CLH18248
Date: September 15, 2021**

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

Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2021: 31.80% Admin & Fac.; 31.80% Community Hlth Pgms (inc. Admin) & 37.71% 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			
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,249)	\$1,900	\$1,900
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,949		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,200		
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 22	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	(\$4,249)	\$0	\$0
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 12	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	\$3,000		
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 12	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	\$1,249		
YR 23 SRF - Local Asst (15%) (FO-SW) TA		Amd 22	N/A	346.26.66	01/01/21	12/31/21	09/01/20	12/31/21	\$4,249	\$6,249	\$6,249
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 20	N/A	346.26.66	01/01/21	12/31/21	09/01/20	12/31/21	\$2,000		
TOTAL									\$22,676,701	\$22,676,701	
Total consideration:	\$21,309,015									GRAND TOTAL	\$22,676,701
	\$1,367,686										
GRAND TOTAL	\$22,676,701									Total Fed	\$16,275,266
										Total State	\$6,401,435

*Catalog of Federal Domestic Assistance

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

Exhibit C-23 Schedule of Federal Awards

AMENDMENT #24

Date: September 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

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	04/01/15	\$5,859,307	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	FOOD NUTRITION INCENTIVE GRANT
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
FFY22 IAR SNAP ED PROG MGNT-REGION 5	333.10.56	10/01/21	\$5,542,922	10/01/21	12/31/21	\$52,249	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY21 IAR SNAP ED PROG MGNT-REGION 5	333.10.56	10/01/20	\$5,045,498	10/01/20	09/30/21	\$97,864	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	333.10.56	09/30/19	\$5,300,000	10/01/19	09/30/20	\$83,000	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 CSS IAR SNAP-ED PROG MGNT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,875	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)
HOUS. OPP FOR PPL W/ AIDS CARES COVID-19	333.14.24	07/01/20	\$145,149	01/20/20	06/30/21	\$15,000	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WA-H2001W074	HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM SUPPLEMENTAL CARES ACT
FFY21 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	07/01/21	\$1,301,249	07/01/21	12/31/21	\$26,690	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH21-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY20 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/20/20	\$1,216,499	07/01/20	06/30/21	\$53,380	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH20-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
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

Exhibit C-23 Schedule of Federal Awards

AMENDMENT #24

Date: September 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

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
COVID LHJ OFM ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	03/01/20	12/31/21	\$5,402,000	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
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	10/31/20	\$17,400	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY20 SWIMMING BEACH ACT GRANT IAR (ECY)	33.66.47	09/26/19	\$237,000	03/01/21	10/31/21	\$25,000	66.472	Beach Monitoring and Notificaiton Program Implementation Grants	Environmental Protection Agency Office of Water	CU-01J49701-1	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
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
FFY21 PHEP BP3 LHJ FUNDING	333.93.06	05/27/21	\$11,574,298	07/01/21	12/31/21	\$177,207	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY20 PHEP BP2 LHJ FUNDING	333.93.06	06/12/20	\$11,365,797	07/01/20	06/30/21	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
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
FFY21 OVERDOSE DATA TO ACTION PREV	333.93.13	07/29/21	\$4,390,240	09/01/21	12/31/21	\$50,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEATHL OVERDOSE DATA TO ACTION
FFY20 OVERDOSE DATA TO ACTION PREV	333.93.13	11/06/20	\$4,390,240	09/01/20	08/31/21	\$50,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEATHL OVERDOSE DATA TO ACTION
FFY19 OVERDOSE DATA TO ACTION PREV	333.93.13	08/12/19	\$4,390,240	09/01/19	08/31/20	\$50,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services-Centers for Disease Control and Prevention-National Center for Injury Prevention and Control	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEATHL OVERDOSE DATA TO ACTION
FFY22 VFC OPS	333.93.26	07/01/21	\$1,961,462	07/01/21	12/31/21	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM

Exhibit C-23 Schedule of Federal Awards

AMENDMENT #24

Date: September 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
CONTRACT CLH18248-Kitsap Public Health District
CONTRACT PERIOD: 01/01/2018-12/31/2021

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
FFY22 PPHF OPS	333.93.26	07/01/21	\$1,961,462	07/01/21	12/31/21	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 VFC OPS	333.93.26	07/01/20	\$9,082,252	07/01/20	12/31/20	\$8,067	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 VFC IQIP	333.93.26	07/01/20	\$9,082,252	07/01/20	06/30/21	\$42,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 PPHF OPS	333.93.26	07/01/20	\$9,082,252	07/01/20	06/30/21	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 COVID19 VACCINE SERVICES-CARES	333.93.26	01/15/21	\$68,807,053	07/01/20	12/31/21	\$42,016	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$27,588	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
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
COVID19 VACCINES	333.93.26	03/31/21	\$60,234,086	07/01/20	12/31/21	\$1,027,214	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	CDC-RFA-IP19-1901 IMMUNIZATION AND VACCINES FOR CHILDREN
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$24,482	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM

Exhibit C-23 Schedule of Federal Awards

AMENDMENT #24

Date: September 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

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
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
FFY20 ELC EDE LHJ ALLOCATION	333.93.32	01/14/21	\$438,300,928	01/15/21	12/31/21	\$4,197,361	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING AND STRENGTHENING EPIDEMIOLOGY,
FFY19 ELC COVID ED LHJ ALLOCATION	333.93.32	01/01/21	\$177,231,546	01/01/21	12/31/21	\$1,145,035	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY,
FFY19 COVID CARES	333.93.32	04/23/20	\$22,581,799	06/01/20	12/31/21	\$314,824	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY,
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE	333.93.35	03/16/20	\$13,230,799	01/20/20	12/31/21	\$340,263	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922069	CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802
FFY21 TOBACCO-VAPE PREV COMP 1	333.93.38	04/21/21	\$1,508,380	04/29/21	12/31/21	\$24,482	93.387	National and State Tobacco Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006808	TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM
FFY20 TOBACCO-VAPE PREV COMP 1	333.93.38	06/21/20	\$1,523,776	07/01/20	04/28/21	\$24,482	93.387	National and State Tobacco Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006808	TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM
FFY21 PHYS ACTVITY & NUTRITION PROG	333.93.43	09/30/18	\$923,000	09/30/21	12/31/21	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY20 PHYS ACTVITY & NUTRITION PROG	333.93.43	09/30/18	\$923,000	09/30/20	09/29/21	\$65,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY19 PHYS ACTVITY & NUTRITION PROG	333.93.43	07/24/19	\$1,846,000	09/30/19	09/29/20	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
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 Health 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

Exhibit C-23 Schedule of Federal Awards

AMENDMENT #24

Date: September 15, 2021

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2021

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
RYAN WHITE PART B COVID-19 RESPONSE	333.93.91	05/19/20	\$320,994	01/20/20	09/30/21	\$24,730	93.917	HIV Care Formula Grants	Department of Health & Human Services Administration	6X7CHA368990101	RYAN WHITE HIV/AIDS PROGRAM PART B COVID19 RESPONSE
FFY19 RYAN WHITE SUPP DIRECT SVCS	333.93.91	04/02/18	\$13,631,623	09/30/19	06/30/20	\$109,140	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
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
FFY22 MCHBG LHJ CONTRACTS	333.93.99	10/13/21	\$1,555,601	10/01/21	12/31/21	\$39,964	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B0445251	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY21 MCHBG LHJ CONTRACTS	333.93.99	02/08/21	\$2,662,201	10/01/20	09/30/21	\$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	B0440169	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$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
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						\$16,275,266					



Hood Canal Coordinating Council

Jefferson, Kitsap & Mason Counties; Port Gamble S'Klallam & Skokomish Tribes

17791 Fjord Drive NE, Suite 118, Poulsbo, WA 98370

**PROFESSIONAL SERVICES CONTRACT
BETWEEN
THE HOOD CANAL COORDINATING COUNCIL
AND
KITSAP PUBLIC HEALTH DISTRICT
PROFESSIONAL SERVICES CONTRACT
AGREEMENT AMENDMENT # 1**

This Agreement Amendment is made and entered into between Kitsap Public Health District, an independent consultant located at 345 6th Street, Suite 300, Bremerton, WA 98337-1866 (see Agreement Exhibit B Checklist for consultant's EIN and UBI numbers), hereinafter "Consultant", and the Hood Canal Coordinating Council, with its principal office located at 17791 Fjord Drive NE, Suite 118, Poulsbo, WA 98370, hereinafter "HCCC."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their original Agreement (contract no. KPHD 2081), dated April 27, 2020, for work performed under Washington Department of Health, Hood Canal Regional Pollution and Identification Correction (HCRPIC) Program Phase 4, according to Exhibit A - Independent Consultant Scope of Services, shall be amended as follows:

Summary of changes (see details highlighted & underlined below):

- Increase budget from \$27,448 to \$35,942
 - a. \$1,935 added to Task 1.2 QAPP
 - b. \$1,152 added to Task 2.5 WQX
 - c. \$2,000 removed from Task 2.7 Broader Communications. Anticipated participation in a conference will be virtual, eliminating these costs. Funds moved to contractor to produce an outreach product to support broader communications activities (e.g. a storymap). Task 2.7 is deleted from the contract.
 - d. \$7,355 added to Task 3.1 Program Coordination
- Extend end date from December 31, 2021 to September 30, 2022, and adjust deliverable dates accordingly
- Update HCCC staff contact information

EXHIBIT A

Independent Consultant Scope of Services

Hood Canal Regional Pollution Identification and Correction Program – Phase 4

CONSULTANT: KITSAP PUBLIC HEALTH DISTRICT

Description of Services

Kitsap Public Health District (KPHD) will provide services to support the implementation of the Hood Canal Regional Pollution Identification and Correction (HCRPIC) Program's Phase 4, as described below.

This Agreement may require modification based on circumstances beyond the control of HCCC and KPHD. PIC projects rely on field work (parcel surveys and investigations) to identify OSS failures. The field work portion of this project is subject to the uncertainty of current and potential COVID-19 constraints. As of the date of this Agreement, Washington's Governor has executed an emergency stay-home stay safe order, closing in-person schools for the remainder of the school year and restricting work in Washington State to essential services until early May. Washington's Governor may extend such work restrictions implicating the ability to perform this Scope of Work. HCCC will monitor the Governor's COVID-19 safety restrictions and orders for implications on this Scope of Work and may need to amend or terminate this contract as directed by the Governor and State Department of Health.

During the course of this project, coordinators will work closely with field partners and follow Washington state guidance to determine how and when PIC field work can be safely conducted. The Parties recognize that field work timelines will need to be extremely flexible due to potential public safety limitations and available staff resources.

The following project information is excerpted from HCCC's base agreement scope of work with WA State Department of Health:

Contract number: CBO24134

Subrecipient Organization: Hood Canal Coordinating Council

Subrecipient Contact: Nate White, Watershed Project Coordinator, nwhite@hccc.wa.gov, 360.900.6442 Haley Harguth, Watershed Program Manager, hharguth@hccc.wa.gov, 360.328.4625; Scott Brewer, Executive Director, sbrewer@hccc.wa.gov, 360.531.0575

DUNS #: 620533930

CPAR Info (Statewide Vendor #, UBI, Federal Tax ID, etc.): 0011386-00, 602-080-310, 91-2085994

DOH Contract Manager: Megan Schell megan.schell@doh.wa.gov 360.236.3307

Federally Approved Indirect Rate: 10% (de minimis)

Period of Performance: DOE – December 31, 2021 September 30, 2022. **NOTE: EPA stretch goals are to spend awarded funds within 2 years**

Project Description: This project funds pollution identification and correction activities to protect and improve Hood Canal water quality to safeguard public and ecosystem health and keep shellfish growing areas and recreational beaches open by preventing bacterial pollution flowing into surface waters. The Hood Canal Regional Pollution Identification and Correction Program brings together local health jurisdictions and tribal partners across the Hood Canal region to coordinate water quality protection actions. This unique regional structure enables cross-jurisdictional sharing of resources and expertise to solve water quality challenges threatening Hood Canal's community and ecosystem health.

Not to exceed: ~~\$222,353~~ \$329,714

Near Term Action ID: 2018-0639

OVERVIEW

The Hood Canal Regional Pollution Identification and Correction Program (HCRPIC) core partners will work collaboratively to implement prioritized Pollution Identification and Correction (PIC) work throughout Hood Canal to help reduce bacterial pollution and increase harvestable

shellfish acres. HCRPIC core members include Jefferson, Kitsap, and Mason Counties, the Port Gamble S’Klallam and Skokomish Tribes; other partners include the county conservation districts, Hood Canal Salmon Enhancement Group, and WSU Extension.

There are eighteen shellfish growing areas in the Hood Canal Action Area. As of 2019, the Hood Canal Action Area had 29,766 acres of approved growing areas, 1,515 acres with conditional approval, and about 3,144 acres of prohibited or restricted growing area. Washington State Department of Health (DOH) has identified several emergency closure zones, threatened areas, and areas of concern based on marine water quality data. There are close to 30,000 onsite sewage systems (OSS) in the project area, many in close proximity to waterbodies and approximately one third of the systems are over 30 years old. PIC programs have been essential to maintain and improve water quality and will continue to be vital for the health of Hood Canal and its communities.

The project will primarily address fecal pollution and associated pathogens. As fecal pollution sources are corrected, less nutrients and organic materials, associated with human and animal waste, will enter Hood Canal. That will result in less oxygen demand to break down algae blooms resulting from excess nutrients and the organic materials in waste. Hood Canal Regional PIC Program implementation will identify and correct pathogen sources. The resulting water quality improvements will help achieve the Puget Sound Partnership’s Vital Sign recovery target to increase harvestable shellfish acreage.

Phase 1 of the HCRPIC program developed a coordinated PIC monitoring plan with the goal to upgrade shellfish harvest areas and prevent future downgrades in Hood Canal priority areas. In the Phase 2 and 3 implementation phases, priority shoreline areas were determined by HCRPIC members using current water quality monitoring information to identify the most important shoreline areas to survey. The prioritization of shoreline areas will be updated annually as new data emerges. Phase 3 ended in August 2019, collectively resulting in 66 shoreline miles monitored, 380 site inspections completed, 55 OSS failures identified, with 28 OSS repairs completed and the rest in progress. The incomplete OSS repairs will continue to be tracked in Phase 4. Phase 4 builds off of previous implementation phases but with a reduced scope of work due to funding limitations. HCRPIC Program - Phase 4 components include: shoreline surveys in priority Hood Canal shoreline areas, pollution hotspot investigation and correction, updated GIS mapping of OSS in Hood Canal, outreach and education to Hood Canal OSS property owners and decision makers, OSS maintenance rebates, ambient stream water quality monitoring, and regional inter-jurisdictional coordination.

The Phase 4 work plan will be developed in consultation with DOH and will include:

- Remaining Phase 3 priority hotspots and work areas including Hoodsport, Union, Big Bend, Alderbrook, and Annas Bay, and
- Other areas with urgent public health or emerging water quality concerns

GOALS & MEASURABLE OBJECTIVES

Description (e.g., “shellfish beds reopened”)	Units (e.g. “acres”)	Targets (“number”)
--------------------------------------------------	-------------------------	-----------------------

Upgrade 50 acres from prohibited to approved in Hoodspout area of Hood Canal 6	Acres	50
Reopen all closed parcels due to elevated bacteria in drainages or due to failing onsite septic systems	Parcels	30 20
Number of hotspots identified in Mason County	Hotspots	Unknown (will be reported quarterly)
Number of site inspections completed in Mason County	Site Inspections	50 75
Number of OSS failures identified in Mason County	OSS Failures	3 5
Number of OSS failures corrected in Mason County	OSS Corrections	3 5
Area of shoreline surveys conducted in priority areas	Miles	5 3
Number of ambient freshwater samples collected	Samples	100

KPHD'S HCRPIC PHASE 4 TASKS

The following are the tasks, deliverables, and deadlines associated with this subaward. Task numbering aligns with the task numbers in HCCC's base grant with DOH.

TASK 1. PROJECT DEVELOPMENT

1.2 QUALITY ASSURANCE PROJECT PLAN (QAPP) DEVELOPMENT

Sub-recipient will review the Washington State Department of Ecology's NEP Quality Assurance web page: <https://ecology.wa.gov/About-us/How-we-operate/Scientific-services/Quality-assurance/Quality-assurance-for-NEP-grantees>. Following the review, sub-recipient will work with Ecology's NEP Quality Coordinator to determine whether we can refer to the approved HCRPIC Phase 3 QAPP from our prior and similar PIC implementation work. If a QAPP is required, sub-recipients will work with Ecology's NEP Quality Coordinator -NEP QC to develop and approve the QAPP.

Work related to collecting or using environmental data may not begin until the QAPP waiver and QAPP are completed and approved.

DELIVERABLES

Task	Deliverable Description	Due Date
1.2	QAPP Waiver Determination Form (required) and QAPP (if required)	Draft due within 30 days of agreement start date

TASK 2. PROJECT MANAGEMENT AND REPORTING

2.5 WATER QUALITY EXCHANGE (WQX) DATA REPORTING

WQX refers to an electronic data system for water quality monitoring data developed by EPA. If sub-recipients collect any physical, chemical or environmental data (e.g. dissolved oxygen, water temperature, salinity, turbidity, pH, phosphorous, total nitrogen, E. coli or Enterococci, and other biological and habitat data) WQX reporting will be required. Data for an entire calendar year (Jan. 1 – Dec. 31) should be submitted annually. To assist in tracking in WQX, name your project as follows: NEP_2018_(insert organization name); the unique project ID needs to be 35 characters or less. Include the WQX ID in the quarterly progress reports. [Here](#) is an entry verification sample for reference.

WQX reporting completed by: Jan 30

Final WQX entry completed by: Upon contract completion

2.7 BROADER COMMUNICATIONS (PRESENT AT REGIONAL CONFERENCE AND SUBMIT PROJECT PHOTOS)

Participate in and present project outcomes at the 2022 Salish Sea Ecosystem Conference Submit. Draft materials to DOH for review prior to event. [NOTE: INTERNATIONAL TRAVEL REQUIRES PRE-APPROVAL.](#)

DELIVERABLES

Task	Deliverable Description	Due Date
2.5	WQX Reporting (if required)	Annually by Jan 30, and upon project completion
2.7	<p>a) Broader Communications: Present at a regional conference.</p> <p>Submit draft presentation materials to DOH a minimum of two weeks prior to use for review.</p> <p>b) Submit photos</p>	<p>a) Upon project completion</p> <p>b) Ongoing and upon contract completion</p>

TASK 3. HOOD CANAL REGIONAL POLLUTION IDENTIFICATION AND CORRECTION PROGRAM PHASE 4 IMPLEMENTATION

3.1 HCRPIC PROGRAM COORDINATION:

Support HCRPIC Program coordination, providing technical expertise and advice as needed.

This task includes: collaboration with program partners to reinforce shared protocols and clarify work flows, prepare the Phase 4 Workplan and track progress, preparation of invoices and progress reports for project coordinators, coordination of County staff working toward Phase 4 objectives, coordination with landowners within the project area, upkeep and quality assurance of program data, data reporting, and contributions to program deliverables, including quarterly and final reports, sustainable funding efforts, and outreach materials.

Project Coordination: Coordinate implementation of HCRPIC in your jurisdiction following HCRPIC protocols described in the HCRPIC Guidance Document and the project QAPP. Monitor spending and progress toward deliverables.

Submit monthly invoices and progress reports (using HCRPIC Program templates) **by the 15th of the following month**. Communicate any concerns to HCRPIC Coordinator that progress is not on track.

Invoices will be reimbursed upon satisfactory progress and reporting on the deliverables within each payment period.

- Send invoices via e-mail to admin@hccc.wa.gov HCCC accountant, Terry Fischer (tfischer@hccc.wa.gov)
- Send progress reports via email to Haley Harguth (hharguth@hccc.wa.gov) Nate White (nwhite@hccc.wa.gov)

HCRPIC Ph. 4 Workplan: HCRPIC partners will work collaboratively to develop the HCRPIC Phase 4 Workplan, which will establish priority areas for shoreline and ambient freshwater stream monitoring and property surveys, targeting areas of known pollution hotspots, or facing shellfish growing area downgrades. The Phase 4 Workplan will be informed by data from the HCRPIC Program Phase 3 results and GIS analysis, current water quality information gathered from county health jurisdictions and tribes, and monitoring data and recommendations from Washington State Department of Health technical staff. It will outline tasks to build upon supporting work conducted in Phase 3. The Phase 4 Workplan will outline any changes to HCRPIC Program procedures for data collection, PIC hotspot investigations, and reporting, including the enforcement process and timeline, and protocol for communication of public health risks. *Field work activities cannot begin until the HCRPIC Phase 4 Workplan is completed and the QAPP is approved.*

Data Collection & Reporting: Submit field work data to project coordinators every quarter using the HCRPIC cumulative data report template. Data reported to the HCRPIC Program should include all PIC field work performed in Hood Canal funded by the HCRPIC Program grant, as well as other funding sources, in order to provide a comprehensive report of all Hood Canal PIC efforts across jurisdictions. Data is expected to be thoroughly reviewed by the submitter for quality assurance and quality control and entered into Kitsap Health's cloud-based water quality database, prior to it being submitted. Final Cumulative Data Reports will be submitted to project coordinators after field work is completed to prepare for analysis, mapping, and EPA WQX data entry. All data collected that is paid by this grant must be shared with state and federal agencies upon request.

HCRPIC Guidance Group Meetings: HCRPIC partners will share information and ideas, make collaborative decisions, and help guide HCRPIC Program's direction. The Guidance Group provides oversight, guidance, shared learning, and structure for consistent procedures across the PIC program. Guidance Group meetings with project partners will be held quarterly or as needed to advance collaborative work in the PIC project area. At Guidance Group meetings, partners will:

- Report on Ph 4 Workplan implementation, including current progress updates including: progress on priority hotspot and water quality investigations, surveys completed, FC sources identified, progress of FC source correction, success stories, lessons learned, requests for advice and assistance, next steps, upcoming events, etc.
- Present hotspots for consideration of elimination following hotspot closure protocol described in HCRPIC Guidance Document. This information will be included in the HCRPIC Ph. 4 final report.
- Provide updates on sustainable funding efforts.

Strategic Planning/Sustainable Funding: Strategic planning efforts will be conducted to develop and implement a plan to enhance the HCRPIC Program’s efforts to reduce bacterial contamination in the shellfish growing areas of Jefferson, Kitsap, and Mason Counties. HCRPIC partners will work with program coordinators to develop a strategic plan, which addresses the key elements in the Pollution Identification and Correction Program Draft Protocols Recommendations provided by the Departments of Health and Ecology. The Guidance Group will determine objectives and scope of activities, which may include hiring an outreach consultant to support the development of a sustainable funding outreach campaign, outreach products, and presentations to decision-makers on water quality protection, program successes and sustainable funding. HCRPIC partners will provide updates of sustainable funding efforts at Guidance Group meetings.

Training/Workshops: Assist project coordinators in preparing and leading HCRPIC Field Training Workshop. The HCRPIC members will participate in a field training and data reporting workshop addressing HCRPIC protocols and procedures. The workshop will be held in the first quarter after contract agreements are in place. Local Health Jurisdiction Project coordinator and at least one field staff participating in HCRPIC Program field activities must attend the training.

Project partners may participate in DOH-sponsored PIC workshops and other trainings/events (subject to grant coordinator approval), as funds allow. Maximum of two events per sub-recipient, or two people may attend a single event.

3.3 ONSITE SEPTIC SYSTEM MAINTENANCE REBATES

Homeowner rebates for onsite septic system maintenance will be provided to priority parcels by local health jurisdictions. These rebates were very successful in Phases 2 and 3 to incentivize homeowners to properly operate and maintain their septic systems. In Phase 4, HCRPIC partners will offer rebate vouchers up to \$250 per OSS, to reimburse costs for OSS inspections and pumping, and small tank repairs.

Rebate notices will be distributed to residences using a consistent format across jurisdictions. The criteria for rebate recipients will be determined by the Guidance Group and approved by DOH. In past phases, criteria were set to include homeowners who had not previously received a voucher, located in priority areas, or had missing or overdue maintenance records.

Local Health Jurisdictions will track and analyze data summarizing rebate recipients and services reimbursed to evaluate the effectiveness of the rebate program as a behavior change tool and inform future phases.

DELIVERABLES

Task	Deliverable Description	Due Date
3.1	Program Coordination Describe coordination activities in monthly progress reports. Report on workplan implementation progress at quarterly Guidance Group meetings.	Ongoing, Monthly At quarterly Guidance Group meetings

Task	Deliverable Description	Due Date
3.3	OSS Maintenance Rebates	
	<ul style="list-style-type: none"> a) Provide input on HCRPIC Phase IV rebate process for DOH review and approval b) Develop OSS rebate outreach materials using HCRPIC template c) Report number of rebates processed in monthly progress reports and in final reporting with specific selection criteria and outcomes (length of time since last inspection, tanks more than ½ full of solids, and any deficiencies identified and/or corrected) 	<ul style="list-style-type: none"> a) Oct 31, 2020 b) Dec 31, 2020 c) Ongoing, complete by <u>Dec 31, 2021</u> <u>Sep 30, 2022</u>

PROJECT BUDGET

HCRPIC Program Ph. 4 Budget – KPHD		
Task 1: Project Development		
Personnel		
Senior Environmental Health Specialist (Task 1.2 QAPP addendum)	59 hours @ \$62 per hour	\$ 3,658.00
Personnel Subtotal		\$ 3,658.00
Indirect Costs	40.00%	\$ 1,463.00
Task 1 Subtotal		\$ 5,121.00
Task 2: Project Management & Reporting		
Personnel		
Environmental Health Specialist (Task 2.5 WQX)	25 hours @ \$50 per hour	\$ 1,250.00
Personnel Subtotal		\$ 1,250.00
Indirect Costs	40.00%	\$ 500.00
Task 2 Subtotal		\$ 1,750.00
Task 3: HCRPIC Program Implementation		
Personnel		
Senior Environmental Health Specialist (Task 3.1 PIC Coordination)	248.50 hours @ \$62 per hour	\$ 15,407.00
Personnel Subtotal		\$ 15,407.00
Other Costs		
OSS O&M Rebates		\$7,500.00
Other Costs Subtotal		\$7,500.00
Indirect Costs	40.00%	\$ 6,164.00

Task 3 Subtotal		\$ 29,071.00
Subtotals		
Personnel Total		\$ 20,315.00
Other Costs Total	OSS Rebate Vouchers	\$ 7,500.00
Travel Total	(Describe if any)	
Indirect Costs	40.00%	\$ 8,127.00
Grand Total		\$ 35,942.00

Compensation: The Consultant shall be compensated under this agreement in an amount not to exceed: ~~\$27,500~~ **\$35,942**. Hourly composite rates and indirect rates will be billed based on actual rates at the time of service. If hourly composite rates and indirect rates differ from those listed in this contract, then the consultant will send an email with their invoice to the HCCC Accountant documenting these changes. The consultant will ensure that any rate changes do not result in an increase that exceeds the total budget. Submit monthly invoices to the Accountant by the 15th of the following month. Expenses are payable with prior authorization from HCCC project manager, and contingent upon satisfactory progress reporting toward completion of project deliverables. Consultant shall submit the final invoice, or any claims for payments not already made, no later than 30 days from the expiration or termination of the agreement.

Progress Reporting: Consultant will submit progress reports each month by the 15th of the following month to accompany invoices. A progress report template will be provided. Submit progress reports to the project manager.

Travel: If claiming mileage Consultant will submit a mileage Report for reimbursement with invoice. Mileage and travel costs will be reimbursed at current federal rates or allowances.

Contract Duration Date: The effective date is the date the contract is signed by the Executive Director and ends ~~December 31, 2021~~ **September 30, 2022**.

Consultant Checklist: Consultant will complete and provide requested information on Exhibit B.

Contract Representatives:

Scott Brewer, Executive Director
Hood Canal Coordinating Council
17791 Fjord Drive, NE Suite 118
Poulsbo, WA 98370-8430
sbrewer@hccc.wa.gov
(360)-394-0046 (360) 531-0575

Nate White, Watershed Project Coordinator
Hood Canal Coordinating Council
17791 Fjord Drive, NE Suite 118
Poulsbo, WA 98370-8430
nwhite@hccc.wa.gov
(360) 900-6442

Accountant:

Terry Fischer

Hood Canal Coordinating Council
17791 Fjord Drive, NE Suite 118
Poulsbo, WA 98370-8430
tfischer@hccc.wa.gov
(360) 536-1338

Consultant Representative(s):

Keith Grellner, Administrator
Kitsap Public Health District
345 6th Street, Suite 300
keith.grellner@kitsappublichealth.org
(360) 728-2284

Project Manager:
Grant Holdcroft, Water Pollution Identification and Correction Manager
Kitsap Public Health District
345 6th Street, Suite 300
grant.holdcroft@kitsappublichealth.org
(360) 728-2228

Leslie Banigan, Senior Environmental Health Specialist
Kitsap Public Health District
345 6th Street, Suite 300
leslie.banigan@kitsappublichealth.org
(360) 728-2243

Except as expressly provided herein, all other terms and conditions of the original Agreement, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This Amendment shall become effective as of* _____, 2021.

**This agreement is made effective as of the date signed by HCCC's Executive Director and will be noted at the time of signature.*

For Hood Canal Coordinating Council

For Kitsap Public Health District

Scott Brewer, Executive Director

Keith Grellner, Administrator

January 1, 2022 – December 31, 2024

CONSOLIDATED CONTRACT

Between

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

And

Kitsap Public Health District

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CONSOLIDATED CONTRACT
between
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
(Referred to as “DOH”)
and
KITSAP PUBLIC HEALTH DISTRICT
(Referred to as “LHJ”)
for

THE DELIVERY OF PUBLIC HEALTH SERVICES
FOR THE PERIOD OF

January 1, 2022 through December 31, 2024

1. Purpose

This Contract is entered into in accordance with RCW 43.70.512, RCW 43.70.515, the general statutory powers of the Secretary of the Department of Health (DOH), including at RCW 43.70.020 and .43.70.040, the general statutory powers of local health jurisdictions (LHJs), including at RCW 70.05.060, RCW 70.05.070, RCW 70.08.020, and RCW 70.46.060, the authority for joint or cooperative action provided for under chapter 39.34 RCW, and the LHJ's home rule charter authority. The purpose of this Contract is to define the parties' joint and cooperative relationship. The contract and all statements of work adopted under its provisions are intended to facilitate the delivery of public health services to the people in Washington State. This Contract is the result of cooperative planning efforts between the LHJ and DOH.

2. Statements of Work

The individual program activities, requirements, and outcomes/deliverables to be achieved by the parties under this Contract shall be mutually agreed to and issued as Exhibit A, Statements of Work, subsequent to the execution of this Contract. The LHJ 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 as set forth.

3. Exhibits

This Contract shall incorporate mutually agreed to and issued amendments throughout the Contract term, as the following Exhibits:

- Exhibit A - Statements of Work
- Exhibit B - Allocations

4. Definitions

As used throughout this Contract and unless amended for a particular Statement of Work, the following terms shall have the meanings set forth below:

“Assistance Listing Number”: The unique identifying code assigned to a federal assistance program which identifies the awarding agency.

“Budget, Accounting, and Reporting System (BARS)”: The system designed by the State Auditor's office for collecting, consolidating, and reporting financial budgeting and accounting information from all local governmental units.

“Client”: An agency, firm, organization, individual or other entity applying for or receiving services provided by the LHJ under this Contract.

“Confidential Information”: Information protected from disclosure under federal or state law.

“Contract Coordinator”: Each party's designated contact for all notices required or permitted under this Contract.

“Contracting Officer”: The DOH Contracts and Procurement Office Director and his/her delegates within that office authorized to execute this agreement on behalf of DOH.

“Contractor”: An entity that provides goods or services to DOH and others. A contractor normally operates its business in a competitive environment, provides its goods and/or services to many different purchasers during normal business hours, and is not subject to the compliance requirements of the federal program.

“Equipment”: When used in this Contract is defined as an article of non-expendable, tangible property other than land, buildings, or fixtures which is used in operations and having a useful life of more than one year and an acquisition cost of \$5,000 or more, or as otherwise stated.

“Federal Assistance”: Assistance provided by a federal agency in the form of grants, contracts, loans, loan guarantees, property, cooperative agreements, interest subsidies, insurance, or direct appropriations, but does not include direct federal cash assistance to individuals.

“Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act)”: A federal act to make information available online so the public can see how federal funds are spent.

“Fixed Assets”: Fixed assets are property and/or equipment obtained through donation, gift, purchase, capital lease, or construction with a service life of more than one year.

“Program Contact”: Each party’s designated contact for those purposes identified in the Exhibit A, Statements of Work.

“Subcontractor”: Any individual or group contracted with the LHJ to perform all or part of the services included in this Contract. This term will also apply to situations where an LHJ’s subcontractor contracts with another individual or group to perform all or part of the services included in its agreement with the LHJ.

“Subrecipient” or “Subgrantee”: A non-federal entity that receives a subaward of federal grant money or goods directly or indirectly from DOH and makes decisions regarding who can receive what federal assistance; has its performance measured against the objectives contained in the DOH agreement with the federal government; makes decisions on how to operate the program to accomplish the program goals; has the obligation to comply with federal subrecipient requirements; and/or use federal funds to carry out a program for the public purpose specified in the authorizing statute.

5. Funding and Billing

- A. DOH shall pay the LHJ for services as set forth in Exhibit A, Statements of Work, not to exceed funding amounts as detailed in Exhibit B, Allocations (as executed).

The LHJ will advise the Program Contact identified in the applicable Statement of Work in writing 90 calendar days prior to the end of the funded period, or as soon as practicable thereafter, if the LHJ anticipates not using all Contract funding.

- B. If the Exhibit A, Statement of Work, is supported by federal funds that require compliance with FFATA (the Transparency Act), the corresponding checkbox on the statement of work will be checked.
- C. Total consideration for this Contract shall be modified by mutually agreed to amendments issued on a periodic basis.

The LHJ will submit accurate and timely billings which, for clarity and consistency, will be prepared using the form provided and following the instructions located on the DOH website, www.doh.wa.gov. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget.

D. The LHJ will submit a DOH BARS Financial Report on a DOH-provided template by April 15th for the prior calendar year.

6. Contract Management

Unless otherwise specified in the Contract, the following individuals are the contacts (“Contract Coordinators”) for all notices required or permitted under this Contract:

LHJ Contract Coordinator:		DOH Contract Coordinator:
Name: April Fisk		Name: Brenda Henrikson
Title: Contract Administrator		Title: Contracts Specialist
Mailing Address:		Mailing Address:
345 6 th Street, Suite 300 Bremerton, WA 98337-1866		PO Box 47905 Olympia, WA 98504-7905
Physical Address:		Physical Address:
Same as above.		101 Israel Rd SE Tumwater, WA 98501-5570
Phone: 360-728-2235	Fax: 360-813-1379	Phone: 360 -236-3933
Email Address: april.fisk@kitsappublichealth.org		Email Address: brenda.henrikson@doh.wa.gov

A party may change its Contract Coordinator or its Program Contact by providing written notice to the other party. DOH Program Contacts can be found in the Exhibit A, Statements of Work.

7. Access to Records

To the extent authorized by applicable federal and state law, the parties shall provide access to records relevant to this Contract to each other, the Joint Legislative Audit and Review Committee, the State Auditor, and authorized federal officials, at no additional cost. Inspections shall occur at reasonable times and upon reasonable notice.

8. All Writings Contained Herein

This Contract contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto. The individuals signing this Contract and subsequent amendments certify by their signatures that they are authorized to sign this Contract on behalf of their respective entity.

9. Assignment

Except for subcontracting as authorized in this Contract, the LHJ shall not assign or delegate, in whole or in part, this Contract or any of its rights, duties, obligations, or responsibilities, without the prior written consent of DOH’s Contracting Officer, which consent shall not be unreasonably withheld.

10. Assurances

The parties agree that all activity pursuant to this Contract shall be in accordance with all applicable current federal, state and local laws, rules, and regulations.

The LHJ acknowledges its agreement to comply with federal certifications and assurances by signing and returning the following:

1. Standard Federal Certifications and Assurances (page 11)
2. Federal Assurances for Non-Construction Programs (page 15)

11. Confidential Information

The parties agree to comply with all state and federal statutes and regulations relating to Confidential Information. DOH and LHJ will limit access to the Confidential Information to the fewest number of people necessary to complete the

work. Everyone having access to Confidential Information covered by this Contract must agree to protect the confidentiality of the information.

Either party to this Contract may designate certain Confidential Information as “Confidential Information/Notice Requested.” The designation shall be made by clearly stamping, watermarking, or otherwise marking each page of the Confidential Information. If a third-party requestor seeks information that has been marked “Confidential Information/Notice Requested,” notice shall be given to the marking party prior to release of the information. Such notice shall be provided to the program contact no less than five (5) business days prior to the date of disclosure, to allow the party objecting to disclosure to seek a protective order from the proper tribunal.

DOH and LHJ agree to establish, document and maintain security practices and safeguards consistent with state and federal laws, regulations, standards, and guidelines to prevent unauthorized access, use, or disclosure of Confidential Information in any form. In accordance with federal and state contracting requirements, DOH may monitor, audit, or investigate LHJ management of Confidential Information relating to this Contract. Working together, the LHJ and DOH may use any and all tools available to track Contract related Confidential Information.

If one of the parties becomes aware of an actual or suspected breach of confidentiality, that party will promptly notify the Contract Coordinator for the other party of the facts. The parties will work within their respective organizations to take any steps necessary to determine the scope of the breach and to restore reasonable security to the Confidential Information. Both parties agree to mitigate any known harmful effects of a breach in confidentiality, including notifying affected individuals to the extent required by law. The parties will also reasonably cooperate with law enforcement as appropriate.

12. Ethics

Both parties and their officers shall comply with all ethics laws applicable to their activities under this Contract, including Chapters 42.23 and 42.52 RCW. If a violation occurs and is not cured within a reasonable time after notice, the other party shall have the right to terminate this Contract. This section is expressly subject to the Disputes section of this Contract.

13. Debarment Certification

The LHJ, by signing this Contract, certifies that the LHJ is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any federal department or agency. The LHJ also agrees to include the above requirement in all subcontracts into which it enters. The LHJ will notify DOH of any such events that may occur during the term of the Contract.

14. Disputes

Except as otherwise provided in this contract, when a dispute arises between the parties and it cannot be resolved by direct negotiation, the parties agree to participate in good faith in non-binding mediation. The mediator shall be chosen by agreement of the parties. If the parties cannot agree on a mediator, the parties shall use a mediation service located in Washington State that selects a qualified mediator for the parties. Each party shall bear its own costs for mediation and each party shall contribute equally to the mediator’s fee, if any. The parties agree that mediation shall precede any action in a judicial tribunal.

Nothing in this contract shall be construed to limit the parties’ choice of a mutually acceptable alternate dispute resolution method in addition to the dispute resolution procedure outlined above.

15. Equipment Purchases

Equipment purchased by the LHJ for use by the LHJ or its subcontractors during the term of this Contract using federal funds, in whole or in part, shall be the property of the LHJ. The use, management and disposal of the equipment must comply with federal requirements. These requirements are found in the Office of Management and Budget’s (OMB’s) Uniform Guidance, Title 2 Code of Federal Regulations Part 200 (2 CFR 200) - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, or are included in the federal funding agency’s regulations.

16. Governing Law and Venue

The laws of the state of Washington govern this Contract. In the event of a lawsuit by the LHJ against DOH arising under this Contract, venue shall be proper only in Thurston County, Washington. In the event of a lawsuit by DOH against the LHJ arising under this Contract, venue shall be proper only in the county in which the LHJ is located or in either of the two nearest judicial districts within the meaning of RCW 36.01.050.

17. Independent Capacity

The employees or agents of each party who are engaged in the performance of this Contract 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.

18. Insurance

The LHJ certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverages sufficient to cover obligations under this Contract. Each party shall pay for losses for which it is found liable. The LHJ agrees to require all subcontractors to maintain insurance in types and with limits as may be determined by the LHJ and/or its risk manager, unless the LHJ and DOH agree otherwise.

19. Licensing, Accreditation, and Registration

The LHJ shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements and standards, necessary for the performance of this Contract.

20. Maintenance of Records

Each party to this Contract shall maintain books, records, documents and other evidence that sufficiently and properly reflect all direct and indirect costs expended by it. All books, records, documents, and other material relevant to this Contract will be retained for six (6) years after expiration. If any litigation, claim or audit is started before the expiration of the six-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties. Both parties agree to continue protecting records until such time as the information is destroyed in accordance with applicable state and federal records retention laws.

21. Modifications and Waivers

This Contract, or any term or condition, may be modified only by a written amendment signed by the DOH Contracting Officer and the authorized representative for the LHJ. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege or remedy provided under this Contract shall not constitute a waiver. No provision of this Contract may be waived by either party except in a writing signed by the DOH Contracting Officer or the authorized representative of the LHJ.

22. No Third-Party Rights Created

This Contract, or any program hereunder, is entered into solely for the benefit of the two parties thereto and shall not be construed as giving rise to any right, remedy or expectancy of any kind or nature on the part of any third party.

23. Nondiscrimination

During the performance of this Contract, the LHJ and DOH shall comply with all federal and state nondiscrimination laws, regulations and policies. In the event of the LHJ's noncompliance or refusal to comply with any nondiscrimination law, regulation or policy, this Contract may be rescinded, canceled or terminated in whole or in part, and the LHJ may be declared ineligible for further contracts with DOH. The LHJ shall, however, be given a reasonable time in which to cure this noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

24. Order of Precedence

In the event of an inconsistency in the terms of this Contract, 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 local laws, rules and regulations.
- Terms and conditions of this Contract.
- Statements of Work.
- Any other provisions of this Contract, including other materials incorporated by reference.

25. Ownership of Material/Rights in Data

Records and other documents relevant to this Contract, in any medium, furnished by one party to this Contract to the other party, will remain the property of the furnishing party, unless otherwise agreed. Data which is delivered under the Contract shall be transferred to DOH with a nonexclusive, royalty-free, perpetual, irrevocable license to publish, translate, reproduce, modify, deliver, perform, dispose of, and to authorize others to do so; provided that such license shall be limited to the extent which the LHJ has a right to grant such a license. The LHJ shall exert all reasonable effort to advise DOH, at the time of delivery of data furnished under this Contract, of all known or potential invasions of privacy contained therein and of any portion of such document which was not produced in the performance of this Contract. DOH shall receive prompt written notice of each notice or claim or copyright infringement received by the LHJ with respect to any data delivered under this Contract. DOH shall have the right to modify or remove any restrictive markings placed upon the data by the LHJ, provided that if DOH modifies or removes such markings without the LHJ's approval, it assumes all liability for doing so.

26. Publications

Any program reports, articles, and publications that result from information gathered through use of state and federal funds must acknowledge receiving support from DOH and/or the appropriate federal agencies. Correspondingly, such documents resulting from information gathered through use of local funds must acknowledge receipt of such local support.

27. Responsibility for Actions

Each party to this Contract shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Contract. Neither party to this Contract will be responsible for the acts and omissions of entities or individuals not party to this Contract. DOH and the LHJ shall cooperate in the defense of tort lawsuits, when possible.

28. Loss or Reduction of Funding

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this contract and prior to normal completion, DOH may elect to suspend or terminate the contract, in whole or in part, under the "Termination for Convenience" clause with a ten (10) business day notice to LHJ, to the extent possible, subject to renegotiation at DOH's discretion under those new funding limitations and conditions.

29. Severability

If any term or condition of this Contract is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Contract, provided, however, that the remaining terms and conditions can still fairly be given effect.

30. Subcontracts

Unless specifically noted as not allowable within a Statement of Work, the LHJ may subcontract any or all of the services or other obligations specified in this Contract. The LHJ will require the subcontractor to comply with all the applicable terms and conditions of this Contract, including all terms, conditions, certifications and assurances. The LHJ agrees it is responsible for assuring adequate performance on the part of the subcontractor.

The parties agree that all subcontractors must be responsible for any liabilities created by their actions or omissions. In the event DOH, LHJ, and subcontractor are found by a jury or trier of fact to be jointly and severally liable for personal injury damages arising from any act or omission, then each entity shall be responsible for its proportionate share.

31. Subrecipient

For those activities designated as “subrecipient” in Exhibit A, Statements of Work, the LHJ must comply with applicable federal requirements, including but not limited to OMB’s Uniform Guidance at 2 CFR 200, Subparts D (Post Federal Award Requirements), E (Cost Principles) and F (Audit Requirements), and program specific federal regulations. If the LHJ expends \$500,000 or more in federal awards from all sources, it is responsible for obtaining appropriate audits. If the LHJ expends \$750,000 or more in federal grants or awards from all sources, it is responsible for obtaining the required single audit.

32. Survivability

The terms and conditions contained in this Contract, which by their sense and context are intended to survive the expiration of the Contract, shall survive. Surviving terms include, but are not limited to: Access to Records, Confidential Information, Disputes, Responsibility for Actions, Maintenance of Records, Ownership of Material/Rights in Data, Subcontracts, Termination for Convenience, Termination for Default, and Termination Procedure.

33. Term

This Contract will be in effect following execution by the parties from January 1, 2022 through December 31, 2024, unless terminated earlier as provided herein.

34. Termination for Convenience

Except as otherwise provided in this Contract, either party may terminate or suspend this Contract, or any program hereunder, for convenience by providing at least thirty (30) days’ advance written notice to the other party.

If DOH elects to suspend the Contract, in whole or in part, LHJ shall stop work as of the effective date of DOH’s written notice of suspension. During suspension, each Party will reasonably notify the other of any conditions that may affect resumption of performance. Upon DOH’s written notice to resume performance, LHJ shall resume work unless the LHJ provides notice to DOH that services cannot be resumed. If LHJ cannot resume performance, the Contract or affected Exhibit A, Statement of Work, will be deemed terminated upon the date the LHJ received notice to suspend performance.

35. Termination for Default

(a) In the event of a default by either party under this Contract, the nondefaulting party may give written notice to the defaulting party that it intends to terminate this Contract, or any program hereunder, if the default is not cured within thirty (30) days of the date of the notice, or such longer period of time as may be reasonable under the circumstances. If the default is not cured within that time, the nondefaulting party may then notify the defaulting party in writing that this Contract is terminated. In the event of such termination, the nondefaulting party shall have all rights and remedies available to it under general law.

(b) A disputed termination for default is expressly subject to the Disputes section of this Contract.

36. Termination Procedure

Upon termination DOH may require the LHJ to deliver to DOH any non-LHJ-owned equipment, data, or other property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

DOH shall pay to the LHJ the agreed upon price, if separately stated, for completed work and services accepted by DOH. In addition DOH shall pay the amount determined by DOH’s Contracting Officer 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 DOH, and (d) the protection and preservation of the property. Disagreement by the LHJ with the determination of DOH’s Contracting Officer that relates to the obligations or amounts due to the LHJ shall be considered a dispute within the meaning of the “Disputes” clause of this Contract. DOH may withhold from any amounts due the LHJ for such completed work or services such sum as DOH’s Contracting Officer reasonably determines to be necessary to protect DOH against potential loss or liability. The rights and remedies of DOH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

After receipt of a written notice of termination, the LHJ shall:

- Stop work under the Contract on the date and to the extent specified in the notice;
- Place no further orders or subcontracts for materials, services, or facilities, except as necessary to complete such portion of the work not terminated;
- Assign to DOH, to the extent reasonably directed by DOH's Contracting Officer and to the extent that the LHJ has the legal right to do so, all of the right, title, and interest of the LHJ under the orders and subcontracts in which case DOH has the right, at its reasonable discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- Settle all outstanding liabilities and all claims arising out of orders or subcontracts, with the approval or ratification of DOH's Contracting Officer to the extent he/she may reasonably require, which approval or ratification shall be final for all the purposes of this clause;
- Transfer title to DOH and deliver, as reasonably directed by DOH's Contracting Officer, any property which, if the Contract had been completed, would have been required to be furnished to DOH;
- Complete performance of such part of the work not terminated by DOH's Contracting Officer; and,
- Take such action as may be necessary, or as DOH's Contracting Officer may reasonably direct, for the protection and preservation of the property related to this Contract which is in the possession of the LHJ, or its subcontractors, and in which DOH has or may acquire an interest.

IN WITNESS WHEREOF, the parties have executed this Contract.

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Title:	Title:
Print Name:	Print Name:
Date:	Date:

Standard Federal Certifications and Assurances

Following are the Assurances, Certifications, and Special Conditions that apply to all federally funded (in whole or in part) agreements administered by the Washington State Department of Health.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- B. Have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- D. Have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the contractor not be able to provide this certification, an explanation as to why should be placed after the assurances page in the contract.

The contractor agrees by signing this contract that it will include, without modification, the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the contracting organization) certifies that the contractor will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing an ongoing drug-free awareness program to inform employees about:
 - 1) The Dangers of drug abuse in the workplace;
 - 2) The contractor's policy of maintaining a drug-free workplace;
 - 3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph 1) above;
- D. Notifying the employee in the statement required by paragraph 1), above, that, as a condition of employment under the contract, the employee will:
 - 1) Abide by the terms of the statement; and

- 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- E. Notifying the agency in writing within ten calendar days after receiving notice under paragraph D. 2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- F. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph D. 2) with respect to any employee who is so convicted:
 - 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

For purposes of paragraph (E) regarding agency notification of criminal drug convictions, DOH has designated the following central point for receipt of such notices:

Compliance and Internal Control Officer
 Department of Health – Office of Financial Services
 PO Box 47901
 Olympia, WA 98504-7901

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

- A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- C. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the contracting organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the contracting organization will comply with the Public Health Service terms and conditions of award if a contract is awarded.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the contracting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The contracting organization agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

6. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - INSTRUCTIONS FOR CERTIFICATION

By signing and submitting this certification, the prospective contractor is providing the certification set out below.

- A. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- B. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
- C. The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

- D. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
- E. The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DOH.
- F. The prospective contractor further agrees by submitting this contract that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction, provided by HHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- G. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- H. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- I. Except for transactions authorized under paragraph F. of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DOH may terminate this transaction for cause or default.

7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

- A. The contractor certifies to the best of its knowledge and belief, that it and its principals:
 - 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph A.2. of this certification; and
 - 4) Have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.
- B. Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this contract.

AUTHORIZED SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
PLEASE PRINT OR TYPE NAME:	DATE

Federal Assurances – Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the contractor, I certify that the contractor:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. § 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) § 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. § 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. § 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. § 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. § 327-333), regarding labor standards for federally assisted construction sub-agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. § 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. § 1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. § 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. § 2131 et seq.) pertaining to the care, handling, and treatment of warm-blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. § 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Uniform Guidance at 2 CFR 200, Subpart F.
18. Will comply with 2 CFR 200.216 – Prohibition on certain telecommunications and video surveillance services or equipment – as amended effective August 13, 2020, and any amendments to this section thereafter.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

AUTHORIZED SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
PLEASE PRINT OR TYPE NAME:	DATE

Federal Funding Accountability and Transparency Act Data Collection Form

This contract is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act. The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent. To comply with the act and be eligible to enter into this contract, your organization must have a Data Universal Numbering System number (DUNS®). If you do not already have one, you may receive a DUNS® number free of charge by contacting Dun and Bradstreet at www.dnb.com. The Department of Health (DOH) also encourages registration with the System for Award Management (SAM) to reduce data entry by both DOH and your organization. You may register with SAM free of charge at www.sam.gov. Information about your organization and this contract will be reported by DOH to the federal government as required by P.L. 109-282. This information will then be made available to the public by the federal government on USASpending.gov.

SUBRECIPIENT

1. Legal Name	2. DUNS Number
3. Principle Place of Performance	
3a. City	3b. State
3c. Zip+4	3d. Country

4. Are you registered in SAM? ☐ YES (skip to signature block. Sign, date and return) ☐ NO

5. In the preceding fiscal year did your organization:

- a. Receive 80% or more of annual gross revenue from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and**
- b. \$25,000,000 or more in annual gross revenues from federal contracts, subcontracts, grants, loans, subgrants, and/or cooperative agreements; **and**
- c. The public does not have access to this information about the compensation of the senior executives of your organization through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d) or section 6104 of the Internal Revenue Code of 1986.

☐ NO (skip to signature block. Sign, date and return)

☐ YES (You must report the names and total compensation of the top 5 highly compensated officials of your organization).

Name of Official	Total Compensation
1.	
2.	
3.	
4.	
5.	

Note: "Total compensation" for purposes of this requirement generally means the cash and non-cash value earned by the executive during the past fiscal year and includes salary and bonus; awards of stock, stock options and stock appreciation rights; and other compensation such as severance and termination payments, and value of life insurance paid on behalf of the employee, and as otherwise provided by FFATA and applicable OMB guidance.

By signing this document, the Authorized Representative attests to the information.

Subrecipient's Authorized Representative Sign & Date

DOH will not endorse your subaward until this form is completed and returned.

Federal Funding Accountability and Transparency Act Data Collection Form

FOR DEPARTMENT OF HEALTH USE ONLY

DOH Contract Number CLH31014

Contract Description (see instructions and example below)

Instructions for Contract Description:

In the first line of the description provide a title for the subrecipient contract that captures the main purpose of the work. Then, indicate the name of the subrecipient and provide a brief description that captures the overall purpose of the work, how the funds will be used, and what will be accomplished.

Example of a Contract Description:

Increase Healthy Behaviors: Educational Services District XYZ will provide training and technical assistance to chemical dependency centers to assist the centers to integrate tobacco use into their existing addiction treatment programs. Funds will also be used to assist centers in creating tobacco free treatment environments.

*All references to DSHS are hereby replaced with HCA

This Agreement is entered, into between Kitsap County and the Kitsap Public Health District for the Improving the Health of High-Risk Mothers and Children.

I. Purpose

This Agreement is for the appropriation of \$26,412.00 for the purpose of augmenting state and federal funding of evidence-based substance abuse prevention programs and services for the time period September 1, 2021 – June 30, 2022.

II. Project Description

This contract with Kitsap Public Health District provides \$26,412.00 of Washington State Health Care Authority (HCA) funds for the time period of September 1, 2021 – June 30, 2022.

Delivery of the evidence-based Nurse Family Partnership (NFP) to twelve (12) first-time, low income moms and their babies by maintaining a 0.5 FTE Nurse Home Visitor. The NFP program is a nationally recognized, evidence-based nurse home visiting program implemented in 2012 through a public/private partnership. Highly trained registered nurses begin visiting early in pregnancy through the child's second birthday. The nurses provide education to promote health and helps build problem-solving skills that promote self-sufficiency and a positive life course.

This project has the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with families who either have or are at risk for substance abuse and/or mental health problems. This contract will deliver an evidenced-based nurse home visiting program (Nurse Family Partnership) to twelve (12) first time, low-income moms and their babies.

III. Project Activities

The Kitsap Public Health District will provide the following for the Nurse Family Partnership (NFP) Program:

- Maintain 0.5 FTE Nurse Family Partnership (NFP) nurse home visitor.
- NFP staff will participate in ongoing training and education as required by NFP Nursing Services Organization.
- NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs.
- This contract will serve twelve (12) families.

- Maintain outreach and referral plan to reach target population and maintain caseload.
- Provide Home Visits for first time, low-income pregnant women, mothers and infants.
- New clients will be enrolled before twenty-eight (28) weeks of pregnancy and receive visits according to NFP guidelines.
- Content and frequency of home visits will be aligned with NFP guidelines.
- Staff who provide home visits will receive individual reflective supervision.
- All staff will participate in reflective case conferences.
- Supervisors and nurse home visitors will review and utilize their data.
- Data will be used for quality and fidelity monitoring and improvement.

IV. Project Design

This project focuses on serving low income, first time moms and continues the Kitsap Nurse Family Partnership (NFP) program to serve twelve (12) families by maintaining a 0.5 FTE nurse home visitor. The NFP assesses for evidence of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs). The NFP program is a nationally recognized, evidence-based nurse home visiting program implemented in 2012 through a public/private partnership. This tier will assist low-income, first time mothers to have healthy birth outcomes and become successful parents. Highly trained registered nurses begin visiting early in pregnancy through the child's second birthday. Nurses visit regularly to build trusting relationships that foster young women's abilities to reach goals and build healthy lifestyles for themselves and their children. The nurse provides education to promote health and helps build problem-solving skills that promote self-sufficiency and a positive life course.

V. Project Outcomes and Measurements

Measurable outcomes include, but are not limited to, early enrollment in pre-natal care, reduced perinatal substance use/abuse, regular screening for pre and postpartum depression, and referral for treatment

Nurse Family Partnership moms will complete a pre and post-test that will reflect gains in parenting, problem-solving, and self-sufficiency skills.

Data will be collected to monitor the following goals and objectives identified by the Kitsap Public Health District:

Goal #1: Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who either have or are at risk for substance abuse and/or mental health problems.

Objective #1: Funded case load of twelve (12) mothers and infants will be maintained through June 30, 2022.

Goal #2: NFP Public Health Nurses and Community Health Worker maintain high fidelity to NFP evidence-based model

Objective #2: By June 30, 2022, KPHD will maintain required high fidelity to NFP model, as required by the National Service Office.

VI. Data Collection

- 1) Participant information sheet and Pre-test delivered to the County within a week of first meeting.
- 2) Community Health Workers record of meeting with participant to the County weekly.
- 3) Community Health Workers record of Nurse Support Meetings within a week of each meeting.
- 4) Post-test with Mother's name on them to the County by July 6, 2022

VII. Billing and Payment

Payments to Kitsap Public Health District shall be requested using an invoice form, which is supplied by the County. Kitsap Public Health District invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Kitsap Public Health District is authorized to receive payments in accordance with the cost reimbursable budget included under this Agreement. The Kitsap Public Health District will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Kitsap Public Health District must provide to the County a written explanation of expenditures which are less than 90% of the year-to-date budgeted total.

All payments to be made by the County under this Agreement shall be made to:

Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

The Agreement shall not exceed the total amount indicated on the cover sheet of this Agreement and any other modifications hereof.

X. Duration

This agreement is in effect from September 1, 2021 – June 30, 2022.

XI. Amendments

This agreement may only be modified by one or more written amendments duly approved and executed by both parties.

XII. Attachments

The parties acknowledge that the following attachments constitute a part of this agreement:

Attachment A:	Special Terms and Conditions
Attachment B:	Budget
Attachment C:	Participant Information Form
Attachment D:	Pre/Post Test
Attachment E:	Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Attachment F:	Certification Regarding Lobbying
Attachment G:	Substance Abuse and Mental Health Services Administration (SAMHSA) Award Terms 1.

This Agreement shall be effective September 1, 2021.

DATED this ____ day _____, 2021. DATED this ____ day _____, ____ 2021.

KITSAP PUBLIC HEALTH DISTRICT

**KITSAP COUNTY BOARD OF
COMMISSIONERS**

Keith Grellner
Administrator

ROBERT GELDER, Chair

EDWARD E. WOLFE, Commissioner

CHARLOTTE GARRIDO, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office

ATTACHMENT A: SPECIAL TERMS AND CONDITIONS

Substance Abuse Prevention

SECTION 1. PROGRAM REQUIREMENTS

- 1.1 **Public Records.** All records required to be maintained by this contract or by state law shall be considered to be public records and maintained in accordance with applicable laws.
- 1.2 **Equal Opportunity Notices.**
 - A. Posting. The Contractor agrees to post in conspicuous places available to employees and applicants for employment, notices to be provided by the Department of Social and Health Services setting forth the provision of the Equal Opportunity Clause.
 - B. Collective Bargaining Agreements. The Contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding a notice to be provided by the Department of Social and Health Services, advising the labor union or workers' representative of the Contractor's commitments under this Equal Opportunity Clause, and shall post notice in conspicuous places available to employees and applicants for employment.
 - C. Background Checks (RCW 43.43 & 28A.400.322, WAC 388-877 & 388-877B).

The Contractor shall ensure a criminal background check is conducted for all staff members, case managers, outreach staff members, etc. or volunteers who have unsupervised access to children, adolescents, vulnerable adults, and persons who have developmental disabilities. When providing services to youth, the Contractor shall ensure that requirements of WAC 388-877-0500(1) are met.
- 1.3 **Non-discrimination Notices.** The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veteran status, or the presence of any sensory, mental, or physical disability.

- 1.4 **Service to Ethnic Minorities.** The Contractor shall provide services designed and delivered in a manner sensitive to the needs of all diverse populations. The Contractor shall initiate actions to ensure or improve access, retention, and cultural relevance of prevention or other appropriate services for ethnic minorities and other diverse populations in need of prevention services.
- 1.5 **Continuing Education.** Ensure that continuing education is provided for employees of any entity providing prevention activities. (42 USC 300x-28(b) and 45 CFR 96.132(b)).
- 1.6. **Liability.** Within ten (10) business days, Business Associate must notify Kitsap County of any complaint, enforcement or compliance action initiated by the Office for Civil Rights based on an allegation of violation of the HIPPA Rules and must inform Kitsap County of the outcome of that action.
- 1.7 **Records.** All fiscal and clinical records pertaining to services delivered under the terms of this contract shall be maintained for a minimum of seven (7) years. The Contractor shall comply with all state and federal requirements regarding the confidentiality of client records including, but not limited to, the Federal Regulations for the Confidentiality of Alcohol and Drug Patient Records, 42 CFR Part 2.
- 1.8 **Termination.** Termination of a contract shall not be grounds for a fair hearing for the service applicant or a grievance for the recipient if similar services are immediately available in the County.
 - A. Service applications and recipients will be informed of their right to a grievance in the case of:
 - 1) Denial or termination of service.
 - 2) Failure to act upon a request for services with reasonable promptness.
 - 3) Audit requirements – OMB 2 CFR, Part 200, Subpart F (A-133) audit requirements if applicable to the subcontractor.
 - 4) Authorizing facility inspection.
 - 5) Conflict of interest.
 - 6) Debarment and suspension certificate.
 - 7) HIPAA business Associate Agreement and Compliance adherence as outlined in the contract.
 - 8) Indemnification.

- 9) Nondiscrimination in employment.
- 10) Nondiscrimination in prevention activities.
- 11) Performance Based Contracts.
- 12) Providing data.
- 13) Records and reports.
- 14) Requirements outlined in the Data Sharing provision in the Contract.
- 15) Services provided in accordance with law and rule and regulation.
- 16) Minerva data input and reconciliation.
- 17) Treatment of assets.
- 18) Unallowable use of federal funds.

- 1.8 **On-Site Monitoring.** Kitsap County will conduct a review which shall include at least one (1) on-site visit, annually, to each contractor site providing services to monitor fiscal and programmatic compliance with contract performance criteria for the purpose of documenting that the contractors are fulfilling the requirements of the contract.

SECTION 2. FISCAL REQUIREMENTS

- 2.1 **Withhold Payment.** Failure of the Contractor to comply with terms of this contract shall give the County the right to withhold payment of any further funds under this contract.
- 2.2 **Reimbursement.** In the event that it is determined that any funds were disbursed under color of this contract, which violate the terms and conditions herein, such sums shall be reimbursed to the County upon written demand. Neither payment of any funds under color of this contract, nor any other action of the County or its agents or employees, prior to the discovery of the violation, shall constitute a waiver thereof.
- 2.3 **Distribution by County Treasurer.** In the event of dissolution of the private non-profit corporation or arm thereof named herein as Contractor for services, or termination of contractual agreement for any reason named herein, or elimination of program elements by the Board of County Commissioners, or transference of program elements, then in that event any monies and/or funds and fees generated by Contractor by virtue of the existence of the services outlined herein, shall, after all legal and accountable liabilities have been duly

satisfied, revert to the Kitsap County Treasurer for distribution by the Board of County Commissioners.

2.4 **Right to Hearing.** All notices shall be given in writing specifying the reasons for such demands, reimbursement, termination, or amendment of such other actions contemplated in this Contract and the Contractor shall have the right to a hearing within ten (10) days from such determination before the County Commissioners for determination of the action and prior to commencement of any civil litigation by the Contractor.

2.5 **Unallowable Costs.** Unless an explicit and specific federal waiver is obtained, the following costs are **not** allowable under any contract that includes federal funds:

- A. Cost of hospital inpatient services.
- B. Cash payments to departmental clients.
- C. Cost of purchase or permanent improvement of land or facilities, other than minor remodeling.
- D. Cost of purchase of major medical equipment with an acquisition cost in excess of \$5,000.00.
- E. Costs used as cost-sharing or matching for other federal funds requiring non-federal matching funds.
- F. Cost of financial assistance for any entity which is not either public or non-profit.
- G. Carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection.
- H. Carry out any testing for the etiologic agent for acquired immune deficiency syndrome (AIDS), unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling.
- I. "EXCESS SALARY: The salary of an individual at a rate in excess of \$120,000 per year pursuant to Section 213 of P.L. 101.517."
- J. Any food expenses.

SECTION 3 CORRECTIVE ACTION PROCESS

3.1. **Process.** If the Contract Administrator finds indications of potential non-compliance during the contract review or audit process or learns that the Contractor or its subcontractors are out of compliance with any of the terms or conditions of this Contract, the following process will be pursued:

- A. Informal Meeting. Informal process wherein the Regional Administrator alerts the appropriate Contractor's staff of the potential non-compliance and an agreeable solution is reached.

- B. Official Verbal Notification. If the informal meeting does not result in resolution, the County will contact the Contractor for the purpose of official verbal notification of possible non-compliance to establish a date when representatives of the County and the Contractor shall meet and discuss areas of contention and attempt to resolve the issues.
- C. Written Summary. Within five (5) working days of such verbal notification, the County will provide the Contractor representative a written summary of the areas of non-compliance or potential non-compliance by certified mail. Notice shall be sent to the individual identified in the General Agreement.
- D. Discussion. Within twenty (20) days of the date of the written notification, a discussion between County and Contractor staff shall be conducted to address areas of non-compliance or potential non-compliance.
- E. Withhold Payments. If the County and the Contractor cannot agree upon a resolution within ten (10) working days of the discussion described in the previous paragraph, the County shall withhold contract payments related to the area(s) of non-compliance or potential non-compliance, unless a written, time-limited extension of the period to agree upon corrective action is issued by the County.
- F. Audit. Nothing in this section shall preclude audits by other duly authorized Representatives of the County, Department of Social and Health Services or state government, nor shall it preclude the recoupment of overpayments identified through those audit procedures.

SECTION 4. REPORTING REQUIREMENTS

- 4.1 All reports shall be submitted to the Contract Administrator to request payment for contracted services delivered during the previous month.
- 4.2 **Monthly Reports**. The requests are to be submitted to the Contract Administrator to request payment for contracted services delivered during the previous month. All requests must contain the following information:
 - A. County contract number.
 - B. Total dollar amount of contract.
 - C. Total payments year-to-date.
 - D. Payment requested this month.
 - E. Balance outstanding after payment.
 - F. Name and mailing address of Contractor.
 - G. All requests must be signed by the director of the Contractor and must be on the County reimbursement form.

4.3 Audit Requirements. Independent Audits will be submitted annually to the Contract Administrator in the following manner:

The Contractor shall acquire a financial audit by an independent auditing firm to determine at a minimum the fiscal integrity of the financial transaction and reports of the Contractor. Copies of the audit and management letter shall be submitted to the Kitsap County Human Services Department within 9 months of the end of the Contractor's fiscal year.

The Contractor shall provide an independent audit of the entire organization which:

- A. In performed by an independent Certified Public Accountant, the Washington State Auditor's Office, or another entity, which the County and Contractor mutually agree will produce and audit which meets the requirements described in items B and C below.
- B. Provides statements consistent with the guidelines of AICPA SOP 78-10, Reporting for Other Non-Profit Organizations.
- C. Is performed in accordance with generally accepted auditing standards and with Federal Standards for Audit of Governmental Organizations, Programs, Activities and Functions, and meeting all requirements of OMB Circular A-133 as applicable for agencies receiving federal funding in the amount of \$750,000 or more during their fiscal year.
- D. The Contractor shall submit two (2) copies of the audit and the management letter directly to the County immediately upon completion. The audit must be accompanied by documentation indicating the Contractor's Board of Directors has reviewed the audit.

4.4 Suspension, Debarment, and Lobbying. The Contractor shall certify, on a separate form (Attachment E), that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Also, the Contractor, on a separate form (Attachment F), will certify that it does not use Federal funds for lobbying purposes. Both forms are attached to this Contract.

4.5 CFR §200.112 Conflict of interest.

The Federal awarding agency must establish conflict of interest policies for Federal awards. The non-Federal entity must disclose in writing any potential conflict of interest to the Federal awarding agency or pass-through entity in accordance with applicable Federal awarding agency policy.

4.6 Comply with Omnibus Crime Control and Safe Streets Act of 1968

Comply with the Omnibus Crime Control and Safe Streets Act of 1968; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Education Amendments of 1972; The Age Discrimination Act of 1975; and The Department of Justice Non-Discrimination Regulations at 28 CFR Part 42, Subparts C,D,E, and G, and 28 CFR Parts 35 and 39. (go to www.oip.usdoj.gov/ocr/.)

4.7 HIPAA Compliance

HIPAA Compliance

Preamble: This section of the Contract is the Business Associate Agreement as required by HIPAA.

14. Definitions.

- a. "Business Associate," as used in this Contract, means the "Contractor" and generally has the same meaning as the term "business associate" at 45 CFR 160.103. Any reference to Business Associate in this Contract includes Business Associate's employees, agents, officers, Subcontractors, third party contractors, volunteers, or directors.
- b. "Business Associate Agreement" means this HIPAA Compliance section of the Contract and includes the Business Associate provisions required by the U.S. Department of Health and Human Services, Office for Civil Rights.
- c. "Breach" means the acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the Protected Health Information, with the exclusions and exceptions listed in 45 CFR 164.402.
- d. "Covered Entity" means DSHS, a Covered Entity as defined at 45 CFR 160.103, in its conduct of covered functions by its health care components.
- e. "Designated Record Set" means a group of records maintained by or for a Covered Entity, that is: the medical and billing records about Individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or Used in whole or part by or for the Covered Entity to make decisions about Individuals.
- f. "Electronic Protected Health Information (EPHI)" means Protected Health Information that is transmitted by electronic media or maintained in any medium described in the definition of electronic media at 45 CFR 160.103.
- g. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191, as modified by the American Recovery and Reinvestment Act of 2009 ("ARRA"), Sec. 13400 – 13424, H.R. 1 (2009) (HITECH Act).
- h. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and Part 164.
- i. "Individual(s)" means the person(s) who is the subject of PHI and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- j. "Minimum Necessary" means the least amount of PHI necessary to accomplish the purpose for which the PHI is needed.
- k. "Protected Health Information (PHI)" means individually identifiable health information created, received, maintained or transmitted by Business Associate on behalf of a health care component of the Covered Entity that relates to the provision of health care to an Individual; the past, present, or future physical or mental health or condition of an Individual; or the past, present, or future payment for provision of health care to an Individual. 45 CFR 160.103. PHI includes demographic information that identifies the Individual or about which there is reasonable basis to believe can be used to identify the Individual. 45 CFR 160.103. PHI is information transmitted or held in any form or medium and includes EPHI. 45 CFR 160.103. PHI does not include education records covered by the Family Educational Rights and Privacy Act, as amended, 20 USCA 1232g(a)(4)(B)(iv) or

employment records held by a Covered Entity in its role as employer.

- l. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system.
 - m. "Subcontractor" as used in this HIPAA Compliance section of the Contract (in addition to its definition in the General Terms and Conditions) means a Business Associate that creates, receives, maintains, or transmits Protected Health Information on behalf of another Business Associate.
 - n. "Use" includes the sharing, employment, application, utilization, examination, or analysis, of PHI within an entity that maintains such information.
- 15. Compliance.** Business Associate shall perform all Contract duties, activities and tasks in compliance with HIPAA, the HIPAA Rules, and all attendant regulations as promulgated by the U.S. Department of Health and Human Services, Office of Civil Rights.
- 16. Use and Disclosure of PHI.** Business Associate is limited to the following permitted and required uses or disclosures of PHI:
- a. **Duty to Protect PHI.** Business Associate shall protect PHI from, and shall use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to EPHI, to prevent the unauthorized Use or disclosure of PHI other than as provided for in this Contract or as required by law, for as long as the PHI is within its possession and control, even after the termination or expiration of this Contract.
 - b. **Minimum Necessary Standard.** Business Associate shall apply the HIPAA Minimum Necessary standard to any Use or disclosure of PHI necessary to achieve the purposes of this Contract. See 45 CFR 164.514 (d)(2) through (d)(5).
 - c. **Disclosure as Part of the Provision of Services.** Business Associate shall only Use or disclose PHI as necessary to perform the services specified in this Contract or as required by law, and shall not Use or disclose such PHI in any manner that would violate Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information) if done by Covered Entity, except for the specific uses and disclosures set forth below.
 - d. **Use for Proper Management and Administration.** Business Associate may Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
 - e. **Disclosure for Proper Management and Administration.** Business Associate may disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been Breached.
 - f. **Impermissible Use or Disclosure of PHI.** Business Associate shall report to DSHS in writing all Uses or disclosures of PHI not provided for by this Contract within one (1) business day of becoming aware of the unauthorized Use or disclosure of PHI, including Breaches of unsecured PHI as required at 45 CFR 164.410 (Notification by a Business Associate), as well as any Security Incident of which it becomes aware. Upon request by DSHS, Business Associate shall mitigate, to

the extent practicable, any harmful effect resulting from the impermissible Use or disclosure.

- g. Failure to Cure. If DSHS learns of a pattern or practice of the Business Associate that constitutes a violation of the Business Associate's obligations under the terms of this Contract and reasonable steps by DSHS do not end the violation, DSHS shall terminate this Contract, if feasible. In addition, If Business Associate learns of a pattern or practice of its Subcontractors that constitutes a violation of the Business Associate's obligations under the terms of their contract and reasonable steps by the Business Associate do not end the violation, Business Associate shall terminate the Subcontract, if feasible.
- h. Termination for Cause. Business Associate authorizes immediate termination of this Contract by DSHS, if DSHS determines that Business Associate has violated a material term of this Business Associate Agreement. DSHS may, at its sole option, offer Business Associate an opportunity to cure a violation of this Business Associate Agreement before exercising a termination for cause.
- i. Consent to Audit. Business Associate shall give reasonable access to PHI, its internal practices, records, books, documents, electronic data and/or all other business information received from, or created or received by Business Associate on behalf of DSHS, to the Secretary of DHHS and/or to DSHS for use in determining compliance with HIPAA privacy requirements.
- j. Obligations of Business Associate Upon Expiration or Termination. Upon expiration or termination of this Contract for any reason, with respect to PHI received from DSHS, or created, maintained, or received by Business Associate, or any Subcontractors, on behalf of DSHS, Business Associate shall:
 - (1) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - (2) Return to DSHS or destroy the remaining PHI that the Business Associate or any Subcontractors still maintain in any form;
 - (3) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 (Security Standards for the Protection of Electronic Protected Health Information) with respect to Electronic Protected Health Information to prevent Use or disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate or any Subcontractors retain the PHI;
 - (4) Not Use or disclose the PHI retained by Business Associate or any Subcontractors other than for the purposes for which such PHI was retained and subject to the same conditions set out in the "Use and Disclosure of PHI" section of this Contract which applied prior to termination; and
 - (5) Return to DSHS or destroy the PHI retained by Business Associate, or any Subcontractors, when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.
- k. Survival. The obligations of the Business Associate under this section shall survive the termination or expiration of this Contract.

17. Individual Rights.

- a. Accounting of Disclosures.
 - (1) Business Associate shall document all disclosures, except those disclosures that are exempt under 45 CFR 164.528, of PHI and information related to such disclosures.

- (2) Within ten (10) business days of a request from DSHS, Business Associate shall make available to DSHS the information in Business Associate's possession that is necessary for DSHS to respond in a timely manner to a request for an accounting of disclosures of PHI by the Business Associate. See 45 CFR 164.504(e)(2)(ii)(G) and 164.528(b)(1).
- (3) At the request of DSHS or in response to a request made directly to the Business Associate by an Individual, Business Associate shall respond, in a timely manner and in accordance with HIPAA and the HIPAA Rules, to requests by Individuals for an accounting of disclosures of PHI.
- (4) Business Associate record keeping procedures shall be sufficient to respond to a request for an accounting under this section for the six (6) years prior to the date on which the accounting was requested.

b. Access

- (1) Business Associate shall make available PHI that it holds that is part of a Designated Record Set when requested by DSHS or the Individual as necessary to satisfy DSHS's obligations under 45 CFR 164.524 (Access of Individuals to Protected Health Information).
- (2) When the request is made by the Individual to the Business Associate or if DSHS asks the Business Associate to respond to a request, the Business Associate shall comply with requirements in 45 CFR 164.524 (Access of Individuals to Protected Health Information) on form, time and manner of access. When the request is made by DSHS, the Business Associate shall provide the records to DSHS within ten (10) business days.

c. Amendment.

- (1) If DSHS amends, in whole or in part, a record or PHI contained in an Individual's Designated Record Set and DSHS has previously provided the PHI or record that is the subject of the amendment to Business Associate, then DSHS will inform Business Associate of the amendment pursuant to 45 CFR 164.526(c)(3) (Amendment of Protected Health Information).
- (2) Business Associate shall make any amendments to PHI in a Designated Record Set as directed by DSHS or as necessary to satisfy DSHS's obligations under 45 CFR 164.526 (Amendment of Protected Health Information).

- 18. **Subcontracts and other Third Party Agreements.** In accordance with 45 CFR 164.502(e)(1)(ii), 164.504(e)(1)(i), and 164.308(b)(2), Business Associate shall ensure that any agents, Subcontractors, independent contractors or other third parties that create, receive, maintain, or transmit PHI on Business Associate's behalf, enter into a written contract that contains the same terms, restrictions, requirements, and conditions as the HIPAA compliance provisions in this Contract with respect to such PHI. The same provisions must also be included in any contracts by a Business Associate's Subcontractor with its own business associates as required by 45 CFR 164.314(a)(2)(b) and 164.504(e)(5) .
- 19. **Obligations.** To the extent the Business Associate is to carry out one or more of DSHS's obligation(s) under Subpart E of 45 CFR Part 164 (Privacy of Individually Identifiable Health Information), Business Associate shall comply with all requirements that would apply to DSHS in the performance of such obligation(s).
- 20. **Liability.** Within ten (10) business days, Business Associate must notify DSHS of any complaint, enforcement or compliance action initiated by the Office for Civil Rights based on an allegation of violation of the HIPAA Rules and must inform DSHS of the outcome of that action. Business Associate bears all responsibility for any penalties, fines or sanctions imposed against the Business Associate for

violations of the HIPAA Rules and for any imposed against its Subcontractors or agents for which it is found liable.

21. Breach Notification.

- a. In the event of a Breach of unsecured PHI or disclosure that compromises the privacy or security of PHI obtained from DSHS or involving DSHS clients, Business Associate will take all measures required by state or federal law.
- b. Business Associate will notify DSHS within one (1) business day by telephone and in writing of any acquisition, access, Use or disclosure of PHI not allowed by the provisions of this Contract or not authorized by HIPAA Rules or required by law of which it becomes aware which potentially compromises the security or privacy of the Protected Health Information as defined in 45 CFR 164.402 (Definitions).
- c. Business Associate will notify the DSHS Contact shown on the cover page of this Contract within one (1) business day by telephone or e-mail of any potential Breach of security or privacy of PHI by the Business Associate or its Subcontractors or agents. Business Associate will follow telephone or e-mail notification with a faxed or other written explanation of the Breach, to include the following: date and time of the Breach, date Breach was discovered, location and nature of the PHI, type of Breach, origination and destination of PHI, Business Associate unit and personnel associated with the Breach, detailed description of the Breach, anticipated mitigation steps, and the name, address, telephone number, fax number, and e-mail of the individual who is responsible as the primary point of contact. Business Associate will address communications to the DSHS Contact. Business Associate will coordinate and cooperate with DSHS to provide a copy of its investigation and other information requested by DSHS, including advance copies of any notifications required for DSHS review before disseminating and verification of the dates notifications were sent.
- d. If DSHS determines that Business Associate or its Subcontractor(s) or agent(s) is responsible for a Breach of unsecured PHI:
 - (1) requiring notification of Individuals under 45 CFR § 164.404 (Notification to Individuals), Business Associate bears the responsibility and costs for notifying the affected Individuals and receiving and responding to those Individuals' questions or requests for additional information;
 - (2) requiring notification of the media under 45 CFR § 164.406 (Notification to the media), Business Associate bears the responsibility and costs for notifying the media and receiving and responding to media questions or requests for additional information;
 - (3) requiring notification of the U.S. Department of Health and Human Services Secretary under 45 CFR § 164.408 (Notification to the Secretary), Business Associate bears the responsibility and costs for notifying the Secretary and receiving and responding to the Secretary's questions or requests for additional information; and
 - (4) DSHS will take appropriate remedial measures up to termination of this Contract.

22. Miscellaneous Provisions.

- a. Regulatory References. A reference in this Contract to a section in the HIPAA Rules means the section as in effect or amended.
- b. Interpretation. Any ambiguity in this Contract shall be interpreted to permit compliance with the HIPAA Rules.

Exhibit A – Data Security Requirements

1. **Definitions.** The words and phrases listed below, as used in this Exhibit, shall each have the following definitions:
 - a. "Authorized User(s)" means an individual or individuals with an authorized business requirement to access DSHS Confidential Information.
 - b. "Hardened Password" means a string of at least eight characters containing at least one alphabetic character, at least one number and at least one special character such as an asterisk, ampersand or exclamation point.
 - c. "Unique User ID" means a string of characters that identifies a specific user and which, in conjunction with a password, passphrase or other mechanism, authenticates a user to an information system.
2. **Data Transport.** When transporting DSHS Confidential Information electronically, including via email, the Data will be protected by:
 - a. Transporting the Data within the (State Governmental Network) SGN or Contractor's internal network, or;
 - b. Encrypting any Data that will be in transit outside the SGN or Contractor's internal network. This includes transit over the public Internet.
3. **Protection of Data.** The Contractor agrees to store Data on one or more of the following media and protect the Data as described:
 - a. **Hard disk drives.** Data stored on local workstation hard disks. Access to the Data will be restricted to Authorized User(s) by requiring logon to the local workstation using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards.
 - b. **Network server disks.** Data stored on hard disks mounted on network servers and made available through shared folders. Access to the Data will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

For DSHS Confidential Information stored on these disks, deleting unneeded Data is sufficient as long as the disks remain in a Secured Area and otherwise meet the requirements listed in the above paragraph. Destruction of the Data as outlined in Section 5. Data Disposition may be deferred until the disks are retired, replaced, or otherwise taken out of the Secured Area.
 - c. **Optical discs (CDs or DVDs) in local workstation optical disc drives.** Data provided by DSHS on optical discs which will be used in local workstation optical disc drives and which will not be transported out of a Secured Area. When not in use for the contracted purpose, such discs must be locked in a drawer, cabinet or other container to which only Authorized Users have the key, combination or mechanism required to access the contents of the container. Workstations which access DSHS Data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.

- d. **Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers.** Data provided by DSHS on optical discs which will be attached to network servers and which will not be transported out of a Secured Area. Access to Data on these discs will be restricted to Authorized Users through the use of access control lists which will grant access only after the Authorized User has authenticated to the network using a Unique User ID and Hardened Password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
- e. **Paper documents.** Any paper records must be protected by storing the records in a Secured Area which is only accessible to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.
- f. **Remote Access.** Access to and use of the Data over the State Governmental Network (SGN) or Secure Access Washington (SAW) will be controlled by DSHS staff who will issue authentication credentials (e.g. a Unique User ID and Hardened Password) to Authorized Users on Contractor staff. Contractor will notify DSHS staff immediately whenever an Authorized User in possession of such credentials is terminated or otherwise leaves the employ of the Contractor, and whenever an Authorized User's duties change such that the Authorized User no longer requires access to perform work for this Contract.
- g. **Data storage on portable devices or media.**
 - (1) Except where otherwise specified herein, DSHS Data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the terms and conditions of the Contract. If so authorized, the Data shall be given the following protections:
 - (a) Encrypt the Data with a key length of at least 128 bits
 - (b) Control access to devices with a Unique User ID and Hardened Password or stronger authentication method such as a physical token or biometrics.
 - (c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.Physically Secure the portable device(s) and/or media by
 - (d) Keeping them in locked storage when not in use
 - (e) Using check-in/check-out procedures when they are shared, and
 - (f) Taking frequent inventories
 - (2) When being transported outside of a Secured Area, portable devices and media with DSHS Confidential Information must be under the physical control of Contractor staff with authorization to access the Data.
 - (3) Portable devices include, but are not limited to; smart phones, tablets, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook/netbook computers if those computers may be transported outside of a Secured Area.

- (4) Portable media includes, but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape), or flash media (e.g. CompactFlash, SD, MMC).

h. Data stored for backup purposes.

- (1) DSHS data may be stored on portable media as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. Such storage is authorized until such time as that media would be reused during the course of normal backup operations. If backup media is retired while DSHS Confidential Information still exists upon it, such media will be destroyed at that time in accordance with the disposition requirements in Section 5. Data Disposition
- (2) DSHS Data may be stored on non-portable media (e.g. Storage Area Network drives, virtual media, etc.) as part of a Contractor's existing, documented backup process for business continuity or disaster recovery purposes. If so, such media will be protected as otherwise described in this exhibit. If this media is retired while DSHS Confidential Information still exists upon it, the data will be destroyed at that time in accordance with the disposition requirements in Section 5. Data Disposition.

4. Data Segregation.

- a. DSHS Data must be segregated or otherwise distinguishable from non-DSHS data. This is to ensure that when no longer needed by the Contractor, all DSHS Data can be identified for return or destruction. It also aids in determining whether DSHS Data has or may have been compromised in the event of a security breach. As such, one or more of the following methods will be used for data segregation.
- b. DSHS Data will be kept on media (e.g. hard disk, optical disc, tape, etc.) which will contain no non-DSHS data. And/or,
- c. DSHS Data will be stored in a logical container on electronic media, such as a partition or folder dedicated to DSHS Data. And/or,
- d. DSHS Data will be stored in a database which will contain no non-DSHS data. And/or,
- e. DSHS Data will be stored within a database and will be distinguishable from non-DSHS data by the value of a specific field or fields within database records.
- f. When stored as physical paper documents, DSHS Data will be physically segregated from non-DSHS data in a drawer, folder, or other container.
- g. When it is not feasible or practical to segregate DSHS Data from non-DSHS data, then both the DSHS Data and the non-DSHS data with which it is commingled must be protected as described in this exhibit.

- 5. Data Disposition.** When the contracted work has been completed or when no longer needed, except as noted in Section 3. Protection of Data b. Network Server Disks above, Data shall be returned to DSHS or destroyed. Media on which Data may be stored and associated acceptable methods of destruction are as follows:

Data stored on:	Will be destroyed by:
------------------------	------------------------------

Server or workstation hard disks, or Removable media (e.g. floppies, USB flash drives, portable hard disks) excluding optical discs	Using a "wipe" utility which will overwrite the Data at least three (3) times using either random or single character data, or Degaussing sufficiently to ensure that the Data cannot be reconstructed, or Physically destroying the disk
Paper documents with sensitive or Confidential Information	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of Data will be protected.
Paper documents containing Confidential Information requiring special handling (e.g. protected health information)	On-site shredding, pulping, or incineration
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding

6. **Notification of Compromise or Potential Compromise.** The compromise or potential compromise of DSHS shared Data must be reported to the DSHS Contact designated in the Contract within one (1) business day of discovery. If no DSHS Contact is designated in the Contract, then the notification must be reported to the DSHS Privacy Officer at dshsprivacyofficer@dshs.wa.gov. Contractor must also take actions to mitigate the risk of loss and comply with any notification or other requirements imposed by law or DSHS.
7. **Data shared with Subcontractors.** If DSHS Data provided under this Contract is to be shared with a subcontractor, the Contract with the subcontractor must include all of the data security provisions within this Contract and within any amendments, attachments, or exhibits within this Contract. If the Contractor cannot protect the Data as articulated within this Contract, then the contract with the subcontractor must be submitted to the DSHS Contact specified for this contract for review and approval.

ATTACHMENT B: BUDGET SUMMARY

Kitsap Public Health District KC-578-21 9/1/21 – 6/30/22					
Expenditure Cost	Fund Source	Time Period	Previous Budget	Changes this Contract	Current Budget
Nurse-Family Partnership Program Staff hours	WA State Dedicated Marijuana Funds	9/1/21-6/30/22	0		26,412.00
Total			0.00	0.00	\$26,412.00

ATTACHMENT C: PARTICIPANT INFORMATION FORM

Participant Information Form

For Official Use Only

Program Name: _____

Activity Log: _____

Date Collected: _____

General Participant Type: (please choose one)* ☐ Individual ☐ Mentor ☐ Mentee

1. Participant Status: (please choose one)* ☐ Active ☐ Inactive ☐ Withdrawn ☐ Completed

Instructions: Please fill in the following information for each participant receiving services. (* indicates the field is required)

2. First Name:* _____

3. Last Name:* _____

4. Date of Birth: (mm/dd/yyyy)* _____

5. Address: _____

6. Address 2: _____

7. City:* _____ **8. State:*** _____ **9. Zip Code:*** _____

10. Gender:*(please choose one) ☐ Male ☐ Female ☐ Unknown/Refused to state

11. Age at first service:* _____

12. Race:* (please choose one)

☐ American Indian
Alaskan Native

☐ Asian – Asian Indian

☐ Asian – Chinese

☐ Asian – Filipino

☐ Asian – Japanese

☐ Asian – Korean

☐ Asian – Vietnamese

☐ Asian – Other

☐ Black

☐ Native Hawaiian/Other Pacific
Islander – Guamanian or
Chamorro

☐ White

☐ Two or more races

☐ Other race

Participant Information Form

13. Hispanic, Latino/Latina or Spanish national origin: (please choose one)*

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Not Hispanic, Latino(a) or Spanish | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Mexican, Mexican American or Chicano | <input type="checkbox"/> Other Hispanic, Latino, or Spanish Origin |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Hispanic Ethnicity Unknown |

14. Transgender: (please choose one)

- | | |
|--------------------------------------|------------------------------------------|
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Not transgender |
|--------------------------------------|------------------------------------------|

15. Sexual Orientation: (please choose one)

- | | |
|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Gender Neutral |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Questioning | <input type="checkbox"/> Choose not to identify |

16. Primary language spoken at this person's home: (please choose one)

- | | | | |
|----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |
|----------------------------------|----------------------------------|--------------------------------|----------------------------------|

17. If English is the primary language spoken at this participants home, indicate how well spoken:
(please choose one)*

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> Well | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Not well | |

18. Living in poverty? (please choose one)

- | | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

19. Does participant (or if child/dependent does the parent/guardian) serve in the military?

- | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Currently serve in the armed forces | <input type="checkbox"/> Served in the past, but not currently |
| <input type="checkbox"/> Currently serve in the reserves | <input type="checkbox"/> Never served in Armed Forces, Reserves, or National Guard |
| <input type="checkbox"/> Currently serve in the National Guard | <input type="checkbox"/> Military status unknown |

ATTACHMENT D: PRE/POST TEST

Parent Index Survey

Date: _____

Name/Code: _____

INSTRUCTIONS: Please answer the following questions to the best of your ability, reflecting your perception of where you are now.

How true are the following statements?	Not True	Mostly Not True	Somewhat True	Mostly True	Very True
3 Children can learn good behavior without being spanked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 A parent's use of alcohol and drugs has no impact on a child's ability to learn and make normal progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 A child may believe a separation from a parent is the child's own fault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Separation, grief and loss can keep a child from making normal progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 If I am worried or unhappy, I should be able to count on my child to make me feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 Which of the following are TRUE statements when parents use Time Out with children?

	TRUE	FALSE
a. Children realize parents will pay more attention to them when they misbehave.	<input type="checkbox"/>	<input type="checkbox"/>
b. It gives parents and children a chance to "cool off."	<input type="checkbox"/>	<input type="checkbox"/>
c. It is a form of punishment for children that makes them think about how bad they've been.	<input type="checkbox"/>	<input type="checkbox"/>
d. It teaches children the consequences of bad behavior.	<input type="checkbox"/>	<input type="checkbox"/>
e. It gives parents time to think of other ways to prevent or solve the problem in the future.	<input type="checkbox"/>	<input type="checkbox"/>
f. It can be helpful when a parent sits quietly with a young child in time out.	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR COMPLETING THIS SURVEY!

ATTACHMENT E: CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

Primary Covered Transactions 45 CFR 76

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principles:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connections with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charges by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1.b. of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participants are unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

This Certification is executed by the person(s) signing below who warrant they have authority to execute this Certification.

CONTRACTOR: KITSAP PUBLIC HEALTH DISTRICT

Name: _____

Title: _____

DATE: _____

ATTACHMENT F: CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and believe, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

KITSAP PUBLIC HEALTH DISTRICT

Contractor Organization

Signature of Certifying Official

Date

ATTACHMENT G - Substance Abuse and Mental Health Services Administration (SAMHSA) Award Terms 1.

SAMHSA Award Terms. I. This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA). II. Grant funds cannot be used to supplant current funding of existing activities. III. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level 1, which is \$199,700 annually. IV. Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or sub-grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. SAMHSA or its designee may conduct a financial compliance audit and onsite program review of grants with significant amounts of Federal funding. V. Per 45 Code of Federal Regulations (CFR) 74.36 and 45 CFR 92.34 and the US Department of Health and Human Services Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for General Government purposes. Income earned from any copyrightable work developed under this grant must be used as program income. VI. Program income accrued under this award must be used in accordance with the additional costs alternative described in 45 CFR

74.24(b)(1) or 45 CFR 92.25(g)(2) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable Office of Management and Budget circulars A-102 and A-110. VII. No part of an appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature. VIII. No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agency acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature. IX. Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and internet sites): "Funding for this conference was made possible (in part) by Grants, and from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government." X. If federal funds are used by the Contractor to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (Meal and Incidental Expenses allowance) must be reduced by the allotted meal cost(s). XI. Marijuana Attestation. The primary award recipient and all sub-recipients (contractor & sub-awardee) will not use funds, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also will not be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders (45 CFR. § 75.300(a); 21 United States Code §§ 812(c) (10) and 8410). This prohibition does not apply to

those providing such treatment in the context of clinical research permitted by the Drug Enforcement Administration and under a US Food and Drug Administration-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

XII. SABG Block Grant Attestation: SABG Block grant funds will not be used to supplant State funding of alcohol and other drug prevention and treatment programs. (45 CFR section 96.123(a)(10)).

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New or Renewed Contracts for the Period of 10/01/2021 through 10/31/2021


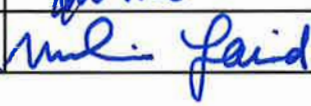
KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (4 contracts)									
Clallam County Department of Health and Human Serv									
ID: 2181	Community Health, Dana Bierman	Interlocal/Interagency	Closed	07/06/21	\$27,381.00	10/12/21	07/01/21	12/31/21	
Description: The District requires the expertise of this Subrecipient to develop and implement coordinated tobacco, vapor product, and marijuana intervention strategies to prevent and reduce tobacco, vapor, and marijuana use by youth in Clallam County. The source of these funds are pass-through moneys from the state.									
DOE, Washington State									
ID: 2197	Solid and Hazardous Waste, Steve Brown	Contract for Services	Closed	09/07/21	\$236,340.00	10/01/21	07/01/21	06/30/23	SWMLSWFA-20
Description: KPHD to provide solid waste complaint response and compliance enforcement activities as required by law and related regulations.									
HCA, Washington State									
ID: 2194	Assessment and Epidemiology, Kari Hunter	Data Sharing Agreement	Closed			10/06/21	10/06/21	03/31/22	K5638
Description: Kitsap to receive CSS data.(COVID-19 student data)									
Agencies will use this survey data to inform their prevention programming and delivery of services. HCA is the contracting agency with UW, and has ownership of the survey data. There is a need to share this data with the partner agencies (DOH and OSPI) as well as other entities who request the datasets (e.g., other state agencies, local health jurisdictions, university researchers, and schools).									
Summit Law Group									
ID: 2202	Administration, Karen Holt	Contract for Services	Closed		\$30,000.00	10/01/21	01/01/21	12/31/21	
Description: Rod Younker									

Kitsap Public Health Board Meeting

Date: December 7, 2021

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

Approvals:

	Signature	Date
Administrator		11/30/2021
Finance Manager		11/30/2021

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	10/7/2021	\$ 7,675.35
Accounts Payable	10/14/2021	\$ 104,420.11
Accounts Payable	10/21/2021	\$ 4,697.67
Accounts Payable	10/28/2021	\$ 31,759.08
Accounts Payable	10/28/2021	\$ 161,121.19
Accounts Payable Total		\$ 309,673.40
Payroll PERS Payment (September)	10/12/2021	\$ 117,464.07
Payroll Taxes	10/29/2021	\$ 188,011.48
Payroll	10/29/2021	\$ 515,394.19
Payroll Total		\$ 820,869.74
	Grand Total	\$ 1,130,543.14

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

Kitsap Public Health District
October AP Warrants

Supplier	Supplier's Invoice Number	Document Number	Invoice Date	Amount
Employee: Paul Giuntoli (337331)	Mileage 0831-092321	EXP-0000527	9/30/2021	214.48
Employee: Barbara Steusloff (429204)	Meal per diem	EXP-0000522	9/30/2021	34.55
Employee: Barbara Steusloff (429204)		EXP-0000513	9/30/2021	149.07
Employee: Timothy Quayle (1214)	Mileage 0913-092321	EXP-0000511	9/30/2021	171.92
Employee: Deborah Rassa (433650)		EXP-0000495	9/29/2021	137.31
Employee: Kaela Moontree (406607)		EXP-0000494	9/29/2021	82.71
Employee: Melissa Laird (416539)	Annual Dues	EXP-0000493	9/29/2021	160.00
Employee: Patrick Hamel (412171)	Mileage 0823-092321	EXP-0000492	9/29/2021	179.48
ROBERT BOAD	REFUND	MPR-01001	9/29/2021	470.00
Kitsap Community Resource	Refund Check # 52040	MPR-01002	9/29/2021	295.00
CHARLES REINHART		MPR-01003	9/29/2021	165.00
Chris Bentley	PIC Voucheer	MPR-01063	9/29/2021	350.00
Marcie Swift	Refund	MPR-01064	9/29/2021	270.00
Public Health Accreditation Board	Inv# 41696	SINV-2021-06719	9/30/2021	1,850.00
Ups - Po Box 809488	Inv# 0000997856391	SINV-2021-06721	9/25/2021	600.00
Quatris Healthco Llc	Inv# 159652	SINV-2021-06577	9/25/2021	379.79
Staples Advantage	Account # 1036668	SINV-2021-06578	9/24/2021	1,280.74
Fedex	Inv# 7-511-79378	SINV-2021-06575	9/24/2021	9.22
Toyota Financial Services	Acct# 03-0322-BH283	SINV-2021-06600	9/23/2021	607.03
Lingo	Inv# 608801452	SINV-2021-06576	9/13/2021	19.90
Telelanguage Inc	Inv# TL130939	SINV-2021-06579	9/10/2021	249.15
				<u>7,675.35</u>

Supplier	Supplier's Invoice Number	Document Number	Invoice Date	Amount
Employee: Amy Anderson (419470)	Mileage 0907-092021	EXP-0000618	10/11/2021	61.54
Employee: Richard Bazzell (328436)	Mileage 0901-092921, Boots	EXP-0000613	10/8/2021	420.84
Employee: Layken Winchester (431493)	Mileage 0819-092121	EXP-0000611	10/8/2021	46.48
Employee: Tobbi Stewart (423168)	Mileage 0901--092721	EXP-0000610	10/8/2021	180.88
Employee: Melissa O'Brien (433907)	Mileage 0813-091721	EXP-0000609	10/8/2021	93.58
Employee: Crystal Nuno (405301)	Mileage 0917-093021	EXP-0000608	10/8/2021	319.76
Employee: Jakob Hughes (434256)	Mileage 0831-090921	EXP-0000607	10/8/2021	113.12
Employee: Brian Burchett (409212)	Mileage 0817-092321	EXP-0000606	10/8/2021	400.46
Employee: Garrett Whitlock (433906)	Mileage 082721	EXP-0000605	10/8/2021	57.12
Employee: Ross Lytle (285038)	Mileage 0908-091521	EXP-0000600	10/8/2021	109.76
Employee: Anne Moen (279971)	Mileage 0805-093021	EXP-0000598	10/8/2021	476.96
Employee: Brandon Kindschy (421430)	Mileage 0908-092221	EXP-0000596	10/8/2021	40.43
Employee: George Fine (421693)	Mileage 0923-100121	EXP-0000595	10/8/2021	61.94
Employee: Ashley Duren (430735)	Mileage 0910-092121	EXP-0000594	10/8/2021	150.19
Bremerton Government Center Association		SINV-2021-07733	10/31/2021	30,668.14
Brown, Mary C	Oct21	SINV-2021-07735	11/3/2021	1,250.00
Comcast	Inv# 131753086	SINV-2021-07739	10/31/2021	500.21
Comcast Po Box 60533	Acct 8498360021685177, 8498360020701975, 8498360021644737	SINV-2021-07738	11/7/2021	874.19
Jefferson County	Jul-Aug 21	SINV-2021-07741	11/7/2021	17,027.64
Jefferson County	TOB/MJ	SINV-2021-07740	11/7/2021	3,644.45
Kitsap County Auditor	Oct 21	SINV-2021-07742	11/7/2021	25,229.00
McKesson Medical Surgical	18352614/18362725/18352769/18331174	SINV-2021-07967	11/10/2021	90.63
Microsoft Corporation	E0600G1LPK, E0600G1U7Z	SINV-2021-07743	11/7/2021	3,517.96
Spectra Laboratories - Kitsap, Llc	C21-03232	SINV-2021-07744	11/7/2021	3,096.50
Staples Advantage	Inv# 3489454954	SINV-2021-07745	11/7/2021	1,024.09
Statacorp	Inv# 182599-1072503	SINV-2021-07746	11/7/2021	648.55
Telelanguage Inc	Inv# T7020	SINV-2021-07748	11/7/2021	648.00
United Business Machines Of Wa	Inv# 458863, 458562	SINV-2021-07749	11/7/2021	1,374.99
US Bank National Association	Sept 2021	SINV-2021-07789	11/10/2021	2,581.62
US Bank National Association	4246-0445-5568-8591	SINV-2021-07837	10/25/2021	1,044.65
US Bank National Association		SINV-2021-07836	10/25/2021	6,708.64
US Bank National Association		SINV-2021-07815	10/25/2021	1,400.22
Washington Poison Center		SINV-2021-07750	11/7/2021	208.34
Wex Bank	Inv# 74815965	SINV-2021-07751	11/7/2021	349.23
				<u>104,420.11</u>

Supplier	Supplier's Invoice Number	Document Number	Invoice Date	Amount
Employee: Susan Van Ort (392243)	MILEAGE 0901-092821	EXP-0000672	10/15/2021	208.88
Employee: Niels Nicolaisen (208456)	MILEAGE 0902-093021	EXP-0000671	10/15/2021	336.56
Employee: Alexandra Moore (434254)	MILEAGE 0910-100721	EXP-0000669	10/15/2021	347.20

Kitsap Public Health District
October AP Warrants

Supplier	Supplier's Invoice Number	Document Number	Invoice Date	Amount
Employee: Karina Mazur (388104)	MILEAGE 0831-091721	EXP-0000668	10/15/2021	70.56
Employee: Harrison Forte (434150)	MILEAGE 0823-092921	EXP-0000667	10/15/2021	103.38
Employee: Jessica Guidry (355732)	CONFERENCE/ TRAINING	EXP-0000666	10/15/2021	139.00
Employee: Yaneisy Griego (410072)	MILEAGE 0805-09302021	EXP-0000665	10/15/2021	58.69
Employee: Paul Giuntoli (337331)	MILEAGE 0924-10042021	EXP-0000664	10/15/2021	25.20
Employee: Laura Ciulla (400655)	MILEAGE 0730-08312021	EXP-0000663	10/15/2021	190.73
Employee: Leslie Banigan (215189)	MILEAGE 0811-10012021	EXP-0000662	10/15/2021	184.69
Employee: Nancy Acosta (278956)	SUPPLIES	EXP-0000661	10/15/2021	383.66
Addy Systems LLC	INVT1051	SINV-2021-08560	9/30/2021	750.00
Comcast Po Box 60533	Acct# 8498-36-002-0701975	SINV-2021-08561	10/9/2021	226.61
Dave Purchase Project/Nasen	Invoice # 46212	SINV-2021-08569	10/8/2021	91.63
Kitsap Sun	Acct# KS2075958	SINV-2021-08572	10/15/2021	1,201.09
Quatris Healthco Llc	Invoice# 158480	SINV-2021-08577	8/25/2021	379.79
				<u>4,697.67</u>

Supplier	Supplier's Invoice Number	Document Number	Invoice Date	Amount
Employee: Anne-Lisa Preston (434195)	Training/Registration	EXP-0000701	10/21/2021	100.00
Employee: Patrick Hamel (412171)	Mileage 0924-102121	EXP-0000700	10/21/2021	149.52
Employee: Timothy Quayle (1214)	MILEAGE 1006-101221	EXP-0000694	10/20/2021	123.20
Employee: Ross Lytle (285038)	MILEAGE 1004-101121	EXP-0000693	10/20/2021	79.52
Employee: Paul Giuntoli (337331)	MILEAGE 1005-101421	EXP-0000692	10/20/2021	53.20
CARLA DUFFY	PIC VOUCHER	MPR-01341	10/20/2021	250.00
Jared Ottmar		MPR-01344	10/21/2021	195.00
Blackwell Real Estate Llc	Nov 2021	SINV-2021-08990	10/18/2021	790.00
Canon Financial Services, Inc.	INVOICE # 27508995	SINV-2021-08991	10/12/2021	1,041.15
Dell Marketing L.P.	INVOICE # 10525901912	SINV-2021-08994	10/14/2021	1,353.16
Iron Mountain	INVOICE # 202430570	SINV-2021-09000	9/30/2021	209.60
Joyce, Douglas L	NOV 2021	SINV-2021-09001	10/18/2021	613.00
Kania, Sharon Faye	SEP-OCT-NOV 2021	SINV-2021-09003	10/18/2021	1,425.00
Lend a hand	COVID FUNDS	SINV-2021-09038	10/20/2021	5,000.00
Lingo	INV# 608805178	SINV-2021-09134	10/21/2021	27.54
Loomis	INVOICE # 12885460	SINV-2021-09005	9/30/2021	451.93
Masters, Spencer R.	NOV 2021	SINV-2021-09008	10/18/2021	722.00
Naccho	MEMBERSHIP DUES	SINV-2021-09135	10/21/2021	1,385.00
Office Depot	INVOICE# 205119352001	SINV-2021-09021	10/12/2021	89.33
Office Depot	INV# 201016257001	SINV-2021-09013	10/6/2021	100.93
Palisades Apartments LLC	OCTOBER '21	SINV-2021-09030	10/7/2021	1,240.00
Sanofi Pasteur, Inc	# 917499851,915661381,917236121	SINV-2021-09136	10/6/2021	1,531.41
Siena Holdings Llc	NOV 2021	SINV-2021-09016	10/20/2021	677.00
Spectra Laboratories - Kitsap, Llc	Billing 0901-093021	SINV-2021-09137	9/30/2021	3,248.50
Staples Advantage	INVOICE# 3489976574, 3489976573,3489913286	SINV-2021-09022	10/14/2021	110.24
Stericycle Inc	INVOICE# 3005733818	SINV-2021-09023	9/30/2021	511.60
Verizon Wireless	INV# 9890438418/ ACCT# 964412955-00001	SINV-2021-09035	10/10/2021	7,213.34
Wa State Dept Of Revenue	ACCT ID 601-139-034/ 3RD QTR TAX REPORTING 2021	SINV-2021-09028	10/18/2021	295.37
WA State Employment Security	UBI# 601-139-034, ESD# 000-930252-10-4	SINV-2021-09027	10/20/2021	1,076.04
Washington State Auditor'S Office	INVOICE # L144595	SINV-2021-09024	10/12/2021	1,696.50
				<u>31,759.08</u>

Supplier	Supplier's Invoice Number	Document Number	Invoice Date	Amount
American Family Life Assurance Company	October '21	SINV-2021-09250	10/22/2021	2,551.26
WA State Employment Security	October '21	SINV-2021-09251	10/22/2021	2,903.31
Health Equity	October '21	SINV-2021-09252	10/22/2021	58.33
Hra Veba Trust	October '21	SINV-2021-09253	10/22/2021	10,964.97
Nationwide Retirement Solutions	October '21	SINV-2021-09255	10/22/2021	3,738.00
Peak 1 Administration, Llc	October '21	SINV-2021-09256	10/22/2021	721.00
Prof & Technical Eng Xph	October '21	SINV-2021-09257	10/22/2021	3,072.00
Voya Institutional Trust Company	October '21	SINV-2021-09258	10/22/2021	175.00
WA State Dept of Labor & Industries	October '21	SINV-2021-09259	10/22/2021	4,019.26
Wash State Dept Of Retirement	October '21	SINV-2021-09268	10/22/2021	13,788.80
Wa Health Care Authority - Uniform	October '21	SINV-2021-09261	10/22/2021	103,186.67
WCIF	October '21	SINV-2021-09262	10/22/2021	5,657.93
Whit-Delta Dental Of Washington	October '21	SINV-2021-09264	10/22/2021	10,284.66
				<u>161,121.19</u>



Kitsap County Treasurer's Office

Cash Transmittal

Withdrawal Receipt #R00202019

Approved: 10/12/2021

GL Date: 10/12/2021

Total Amount: \$117,464.07

Request Details

Request ID	201942
Type	Withdrawal
Owner	Beverly Abney
Organization	Kitsap Public Health District
Approved By	Debbie Waterbury
Comments	

ACH/EFT Transaction

Purpose	Date	Reference	Payee	Description	Amount	Memo
ACH/EFT	10/12/2021	95969	Wa State Dept of Retirement Systems	Sept 2021 PERS	\$117,464.07	PERS Payment

Line Items

Line	Amount	Memo	Program	Account
1	\$117,464.07	PERS	95969 - Kitsap Public Health District	5890.10 - Agency Withdrawals

Last	Deduction	Code	Plan	Amount
		W_FW Total		78,669.86
			Federal Total	78,669.86
		W_MED Total		10,497.39
		W_MEDER Total		10,497.39
			Medicare Total	20,994.78
		W_OAS Total		44,173.42
		W_OASER Total		44,173.42
			SS Total	88,346.84
			Grand Total	188,011.48

Kitsap Public Health District - Monthly (Regular) (Pay Group Detail)
10/01/2021 - 10/31/2021 (Monthly) (Period)

Last	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Non-Cash Taxable Benefits	Net Pay
Abazi (427227)	127.88	3,944.50				3,021.73
Abney (4563)	173.33	4,981.00				3,388.65
Acosta (278956)	173.33	8,117.00				4,989.16
Ader (413193)	173.33	5,122.00				3,471.20
Anderson (419470)	173.33	6,014.00				3,861.42
Arias (433900)	173.33	5,166.00				3,789.98
Armstrong (434291)	189.33	5,617.72				4,230.88
Atisme-Bevins (43390)	173.33	6,522.00				4,870.30
Banigan (215189)	173.33	6,905.00				4,964.84
Bazzell (328436)	173.33	6,905.00				4,853.24
Bell (419805)	165.33	6,837.40				4,703.71
Berger (407902)	173.33	4,686.00				3,365.96
Bierman (404611)	156.00	6,795.00				5,119.58
Bolstad (434072)	173.33	6,435.00				4,708.55
Borja (426250)	173.33	5,286.00				4,073.71
Boysen-Knapp (2058)	156.00	6,542.00				4,052.88
Brown (271677)	173.33	8,324.00				4,727.10
Burch (434274)	173.33	6,056.00				4,510.48
Burchett (409212)	173.33	4,646.00				3,479.59
Byrd (434085)	173.33	3,595.00				2,960.80
Camarena (434136)	173.33	7,221.00				5,964.84
Chang (411387)	173.33	4,140.00				2,995.19
Ciulla (400655)	173.33	7,174.00				4,357.92
Collins (434101)	173.33	5,759.00				4,235.99
Crow (433648)	173.33	4,214.00				3,169.07
Davis (433997)	173.33	7,161.00				4,978.15
Dowless (340919)	173.33	6,993.00				5,058.19
Duren (430735)	173.33	5,528.00				4,260.17
Eakes (223648)	173.33	5,028.00				3,346.85
Evans (4565)	173.33	10,118.00				2,255.05
Fine (421693)	86.67	2,073.00				1,614.47
Fisk (321284)	173.33	7,269.00				4,476.23
Fong (356883)	173.33	10,624.00				7,220.49
Ford (434296)	165.53	3,215.40				2,503.16
Forte (434150)	173.33	4,878.00				3,351.18
Giuntoli (337331)	173.33	6,905.00				4,196.42
Gonzalez (401905)	138.66	5,652.00				3,943.18
Grellner (1264)	173.33	12,655.00				8,931.06
Gress (421427)	173.33	4,279.00				3,243.69
Griego (410072)	138.66	3,720.00				2,809.89
Guerrero (434054)	104.00	3,117.00				2,524.23
Guidry (355732)	173.33	8,740.00				6,217.21
Guzman (356336)	173.33	4,699.00				3,346.62
Hadly (434294)	120.00	5,762.40				4,614.21
Hamel (412171)	173.33	6,536.00				4,121.19
Henley (434028)	173.33	5,424.00				4,183.46
Holdcroft (270783)	173.33	6,905.00				3,944.64
Holdcroft (4579)	173.33	9,340.00				5,569.46
Holt (1041)	173.33	8,740.00				5,273.92
Holt (2726)	173.33	8,740.00				5,779.03
Howard Lindquist (43	104.00	2,939.00				2,420.52
Hughes (306605)	173.83	4,115.73				3,041.00
Hughes (434256)	173.33	4,646.00				3,498.76
Hunter (409213)	173.33	8,324.00				5,754.10
Inouye (434255)	173.33	7,632.00				5,258.29
Jameson (295036)	173.33	4,279.00				3,274.24
Johanson (400651)	173.33	4,303.00				3,264.80
Johnson (421429)	173.33	5,929.00				4,330.05
Jones (358933)	173.33	8,324.00				5,673.41
Katula (393427)	173.33	7,550.00				4,446.48
Kench (245476)	173.33	4,064.00				2,642.99
Kiess (250913)	173.33	10,624.00				7,830.38
Kindschy (421430)	173.33	5,647.00				4,037.25
Kinnear (434099)	173.33	4,805.00				3,623.03
Knoop (16125)	173.33	6,905.00				4,738.04

Last	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Non-Cash Taxable Benefits	Net Pay
Kruse (243184)	173.33	6,999.00				4,594.32
Kushner (327580)	173.33	10,118.00				7,630.63
Laird (416539)	173.33	8,740.00				6,173.63
Lytle (285038)	173.33	6,905.00				4,547.57
Mazur (388104)	173.33	7,054.00				4,739.95
Mckinnon (387088)	173.33	5,647.00				4,362.99
McMillan (434052)	173.33	4,920.00				3,580.72
McNamara (429377)	156.00	4,721.00				3,831.97
Moen (279971)	192.58	6,424.36				4,440.40
Moontree (406607)	173.33	5,143.00				3,710.99
Moore (421227)	156.00	5,684.00				3,981.57
Moore (433995)	173.33	4,995.00				3,842.98
Moore (434254)	173.33	4,425.00				3,361.09
Morris (312378)	138.66	4,022.00				2,928.24
Morris (433859)	18.00	279.00				255.51
Morrow (433895)	173.33	15,606.00				11,433.70
Nguyen (295033)	173.33	4,518.00				3,266.13
Nguyen (434026)	173.33	4,029.00				2,771.23
Nicolaisen (208456)	173.33	6,905.00				4,509.24
Noble (3128)	173.33	5,122.00				3,402.53
North (22459)	173.33	9,636.00				3,896.62
Nuno (405301)	173.33	6,536.00				3,747.42
O'Brien (433907)	173.33	4,214.00				3,291.99
Onarheim (426938)	173.33	4,443.00				3,232.76
Outhwaite (243679)	121.33	4,938.00				3,458.03
Pandino (419118)	173.33	4,518.00				3,432.38
Pearson (434051)	173.33	3,491.00				2,625.48
Phelps (434295)	205.33	6,507.08				5,406.22
Plemmons (433994)	48.00	2,460.00				2,024.99
Power (434293)	165.53	6,288.68				4,667.94
Preston (434195)	163.33	5,367.40				4,053.95
Quayle (1214)	178.33	7,938.35				5,817.20
Quist-Therson (41986)	176.33	7,916.34				5,766.82
Rassa (433650)	138.66	4,394.00				3,124.65
Rhea (324654)	173.83	4,115.73				3,139.10
Ridge (267073)	173.33	7,055.00				4,589.25
Rodgers (434050)	173.83	3,555.32				2,811.18
Rork (404613)	173.33	5,378.00				4,015.12
Schreiber (434133)	61.90	1,766.63				1,296.32
Shuhler (425553)	173.33	3,540.00				2,542.51
Smith (361388)	173.33	7,716.00				5,423.74
Sooter (427776)	173.33	7,269.00				5,207.77
Stedman (347366)	173.33	8,740.00				5,804.25
Steusloff (429204)	173.33	4,214.00				3,217.13
Stewart (423168)	173.33	5,647.00				4,162.42
Tapia (434025)	173.33	4,785.00				2,347.76
Tiemeyer (433908)	173.33	6,091.00				5,078.20
Tjemslund (433192)	173.33	5,980.00				4,290.24
Tonti (434149)	125.81	2,600.39				2,028.67
Turner (1682)	173.33	4,981.00				3,150.45
Van Ort (392243)	173.33	6,905.00				4,611.77
Wagner (426251)	173.33	3,717.00				2,835.46
Warren (434273)	174.83	6,734.78				5,592.91
Wellborn (14545)	138.00	3,235.60				2,034.50
Wendt (397255)	173.33	7,011.00				5,232.18
Whitford (434292)	104.00	2,229.76				1,903.46
Whitlock (433906)	173.33	4,231.00				3,248.64
Wickhamshire (434070)	86.67	1,791.00				1,450.30
Winchester (431493)	173.33	4,214.00				2,913.69
Winters (426939)	173.33	5,143.00				3,835.77
Yanda (301566)	173.33	7,564.00				5,257.30
	20,669.20	738,307.57	0.00	0.00	0.00	515,394.19