

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
<b>2054 Amendment 3 (2279)</b>	<b>NA</b>	<b>People's Harm Reduction Alliance</b> <i>Secondary Syringe Exchange</i>	Amendment	01/01/2020-12/31/2022	<b>\$0</b>	<b>\$210,000</b>
<b>Description:</b> This amendment decreases total compensation by \$20,000 during the current period of performance, for a total revised compensation not to exceed \$210,000 for this contract.						
<b>2203 Amendment 5 (2270)</b>	<b>CLH31014 Amendment 5</b>	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/2022-12/31/2024	<b>\$1,280,585</b>	<b>\$0</b>
<b>Description:</b> This amendment adds statements of work for the following programs: HIV Client Services-HOPWA, Infectious Disease Care & Prevention, OI-Promotion of Immunizations to Improve Vaccination Rates the Youth Cannabis & Commercial Tobacco Prevention Program and amends statements of work for Age-Friendly Public Health Systems (AFPHS) Learning & Action Network, COVID-19 Mass Vaccination—FEMA, Infectious Disease Care & Prevention (IDCP), and Office of Immunization-COVID-19 Vaccine, and adds an additional \$1,280,585 for a revised maximum consideration of \$10,743,993.						
<b>2203 Amendment 6 (2281)</b>	<b>CLH31014 Amendment 6</b>	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/2022-12/31/2024	<b>\$2,469,000</b>	<b>\$0</b>
<b>Description:</b> This amendment adds statements of work for Foundational Public Health Services (FPHS) and add an additional \$2,469,000 for a revised maximum consideration of \$13,212,993.						
<b>2203 Amendment 7 (2282)</b>	<b>CLH31014 Amendment 7</b>	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/2022-12/31/2024	<b>(\$1,630,167)</b>	<b>\$0</b>
<b>Description:</b> This amendment adds statements of work for the following programs: Executive Office of Resiliency & Health Security-PHEP, Injury & Violence Prevention Overdose Data to Action, Office of Immunization Perinatal Hepatitis B, and Office of Immunization Regional Representatives; and amends statements of work for the following programs: Age-Friendly Public Health Systems (AFPHS) Learning & Action Network, COVID-19 Mass Vaccination-FEMA, DCHS-ELC-COVID-19 Response, Foundational Public Health Services (FPHS), Infectious Disease Care & Prevention, LSPAN-Local Strategies for Physical Activity & Nutrition, Maternal & Child Health Block Grant, Office of Drinking Water Group A Program, Office of Immunization COVID-19 Vaccine, OI-Promotion of Immunizations to Improve Vaccination Rates, Supplemental Nutrition Assistance Program-Education and Youth Cannabis & Commercial Tobacco Prevention Program; and includes a decrease in funding of \$1,630,167 for a revised maximum consideration of \$11,582,826.						



## Contract Amendment

The Contract Amendment is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as "District," and The People's Harm Reduction Alliance, a **501(c)3 non-profit organization**, hereinafter referred to as "Contractor."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as KPHD 2054 and executed on February 7, 2020 shall be amended as follows:

**Section IV, Compensation:** This amendment decreases total compensation by \$20,000 during the current period of performance, for a total revised compensation not to exceed \$210,000 for this contract.

### Attachment B BUDGET

Budget Item	Eligible Cost
Personnel	
Executive Director	\$ 16,770
Director of Development	\$ 0
Director of Operations, Kitsap Fill-in Support	\$28,389
Kitsap County Outreach	\$111,303
Accountant	\$ 1,504
Employee Healthcare and Taxes	\$ 16,915
Personnel Subtotal	\$ 174,881
Non-Personnel	
Phone/Internet	\$ 2,850
Supply Storage	\$ 8,089
Educational Literature	\$ 990
Tools / Safety Equipment	\$ 2,895
Vehicle Mileage / Maintenance	\$ 20,295
Non-Personnel Subtotal	\$ 35,119
<b>Total Budget</b>	<b>\$ 210,000</b>

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

This amendment shall be effective upon execution by the parties.

DATED this \_\_\_\_\_ day \_\_\_\_\_, 2022

DATED this \_\_\_\_\_ day \_\_\_\_\_, 2022

**KITSAP PUBLIC HEALTH DISTRICT**

**THE PEOPLES HARM REDUCTION  
ALLIANCE**

\_\_\_\_\_  
Keith Grellner, Administrator

Funding Source
<b>Program:</b> <u>Syringe Exchange Program</u> <b>Non-Federal Contract/Grant</b> <u>HIV Prevention – State Consolidated Contract; SHW Tipping Fee; Local Dollars</u>

**KITSAP PUBLIC HEALTH DISTRICT  
2022-2024 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 5**

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, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- ☒ Adds Statements of Work for the following programs:
- HIV Client Services-HOPWA - Effective July 1, 2022
  - Infectious Disease Care & Prevention - Effective July 1, 2022
  - OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022
  - Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

- ☒ Amends Statements of Work for the following programs:
- Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022
  - COVID-19 Mass Vaccination--FEMA - Effective January 1, 2022
  - Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2022
  - Office of Immunization- COVID-19 Vaccine - Effective January 1, 2022

- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-5 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-4 Allocations as follows:

- ☒ Increase of **\$1,280,585** for a revised maximum consideration of **\$10,743,993**.
- ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

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
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Kitsap Public Health District

EXHIBIT B-5  
ALLOCATIONS  
Contract Term: 2022-2024

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Contract Number: CLH31014  
Date: June 1, 2022

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723	\$117,220	\$117,220
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
<b>FFY21 Housing People with AIDS Formula</b>	<b>WAH21-F999</b>	<b>Amd 5</b>	<b>14.241</b>	<b>333.14.24</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/20</b>	<b>06/30/23</b>	<b>\$131,218</b>	<b>\$131,218</b>	<b>\$211,168</b>
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	\$25,000
FFY21 PHEP BP3 LHHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$195,714	\$195,714	\$195,714
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	\$19,907
<b>COVID19 Vaccines R4</b>	<b>NH23IP922619</b>	<b>Amd 5</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/22</b>	<b>06/30/24</b>	<b>07/01/20</b>	<b>06/30/24</b>	<b>\$5,000</b>	<b>\$1,032,214</b>	<b>\$1,032,214</b>
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	\$1,959
<b>FFY23 VFC Ops</b>	<b>NGA Not Received</b>	<b>Amd 5</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>\$16,134</b>	<b>\$16,134</b>	<b>\$29,004</b>
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035	\$1,145,035	\$1,145,035
FFY20 ELC EDE LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$2,919,838	\$2,919,838	\$2,919,838
<b>FFY22 Tobacco-Vape Prev Comp 1</b>	<b>NGA Not Received</b>	<b>Amd 5</b>	<b>93.387</b>	<b>333.93.38</b>	<b>04/29/22</b>	<b>12/31/22</b>	<b>04/29/22</b>	<b>04/28/23</b>	<b>\$24,482</b>	<b>\$24,482</b>	<b>\$48,964</b>
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000	\$52,000	\$52,000
FFY22 MCHBG LHHJ Contracts	B0445251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		

Kitsap Public Health District

**EXHIBIT B-5  
ALLOCATIONS  
Contract Term: 2022-2024**

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Contract Number: CLH31014  
Date: June 1, 2022

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	\$25,877
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000	\$40,000	\$60,000
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	\$37,500
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
SFY23 Dedicated Cannabis Account		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$247,509	\$247,509	\$247,509
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY23 Tobacco Prevention Proviso		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$190,000	\$190,000	\$190,000
SFY23 Youth Tobacco Vapor Products		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/21	06/30/23	\$38,402	\$38,402	\$65,704
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$204,764
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146	\$116,146	\$745,445
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438	\$348,438	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146	\$116,146	
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	10/01/22	03/01/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	

Kitsap Public Health District

EXHIBIT B-5  
ALLOCATIONS  
Contract Term: 2022-2024

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Contract Number: CLH31014  
Date: June 1, 2022

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000	\$1,345,000	\$2,690,000
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500	\$17,500	\$17,500
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000
TOTAL									\$10,743,993	\$10,743,993	
Total consideration:	\$9,463,408									GRAND TOTAL	\$10,743,993
	\$1,280,585										
GRAND TOTAL	\$10,743,993									Total Fed	\$6,258,846
										Total State	\$4,485,147

\*Catalog of Federal Domestic Assistance

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** February 1, 2022 through March 1, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** To support local health jurisdictions (LHJs) to explore and expand their roles to address the health needs of older adults in their community through participating in the AFPHS Learning and Action Network and completing the tasks listed in the Statement of Work.

**Revision Purpose:** The purpose of this revision is to decrease the number of meetings and include meeting dates and payment amounts for Task 1.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change	Total Allocation
YR2 TFAH-Trust for America's Health	98117002	N/A	334.04.98	02/01/22	09/30/22	4,600	0	4,600
YR3 TFAH-Trust for America's Health	98117003	N/A	334.04.98	10/01/22	03/01/23	5,400	0	5,400
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>10,000</b>	<b>0</b>	<b>10,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Age-Friendly Public Health Systems (AFPHS) Learning and Action Network <del>monthly</del> calls that will last 1—2 hours	Designated project lead or their back-up contact actively participate in monthly calls.	<del>Monthly calls first call is on 2/1/22. These monthly will go through 1/2023.</del> The following are the dates of the calls in 2022: 2/1, 3/2, 4/12, 6/14, 8/23, 10/18 & 12/13	Total for attending all these meetings -\$1,200. Billing directions: For 2/1/22 & 3/2/22-\$100 per meeting. For 4/12, 6/14, 8/23, 10/18 & 12/13/22-\$200 per meeting.
2	Participate in at least 12 of the AFPHS Trust for America's Health (TFAH) monthly webinar trainings-either live or recorded versions.	Attend and/or listen to at least 12 of the TFAH AFPHS monthly one-hour webinar trainings and include the names of the training webinars either attended and/or	Final report due by 3/1/23	\$1,200



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		listened to in a written final report template to be provided by DOH.		
3	Develop county specific AFPHS Action Plan with Area Agency on Aging, utilizing the data from the Older Adult Health County Profiles. The plan should include at least one activity that falls within the AFPHS 6C's framework.	Prior to finalization of the plan, review Draft plan with DOH and TFAH, via a virtual meeting. The meeting should take place by 3/17/22. Submit an electronic copy or a hyperlink to the finalized plan.	Finalize plan by 3/31/22	\$1,000
4	Implement at least one activity that falls within the AFPHS 6Cs Framework. Examples are included in the <a href="#">application for this funding</a> and additional ideas can be discussed with TFAH and DOH.	Complete the AFPHS 6C's framework activity. This activity is documented in the county specific AFPHS Action Plan.	2/17/23	\$1,000
5	Provide content specific to healthy aging, brain health, and Alzheimer's disease/dementia on agency website, including links to national, state, and local resources.	Healthy aging, brain health, and Alzheimer's disease/dementia content is available on LHH's website and includes links to national, state, and local resources.	Content available on website June 1, 2022 through August 31, 2022	\$500
6	Attend two 6-hour convenings	Attend convenings-when safe to travel meeting in Olympia. If not safe to travel convenings will be held virtually.	TBD - Travel costs will be covered via additional grant funding-not out of this contract funds.	Payment is for staff time to attend convenings: \$500 per convening, totaling \$1,000
7	Implement and complete items in AFPHS Action Plan	Report on completion of AFPHS Action Plan in final report.	2/17/23	\$2,500
8	Complete five-month update	Two five-month updates.	6/30/22 & 11/30/22	\$500 per report (2x\$500 totaling \$1000)
9	Final Report	Final report Template to be provided by DOH.	3/1/23	\$600

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

#### **Program Specific Requirements**

##### **Special Requirements:**

- Grant funds **may be** used for project staff salaries, supplies, project-related (local) travel, subcontracts, community convenings, and other direct expenses. Funding can be used towards the cost of implementing the AFPHS Action Plan. For example, if there are costs associated with renting space to meet or if food is needed for in-person group meetings.

**Staffing Requirements:** Designate project lead and a back-up contact

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

- Grant funds **may not** be used to substitute for or replace funds already allocated or spent for the same activity; or for equipment, construction or renovation of facilities, lobbying, travel unrelated to the project, or as a substitute for funds currently being used to support similar activities.

**Definitions:** TFAH stands for Trust for America's Health. AFPHS stands for Age-Friendly Public Health Systems.

**Other:**

- Travel to Olympia or another location for AFPHS Learning and Action Network convening(s) is required and will be reimbursed separately, based on [WA State Per Diem Rates](#) and will include mileage and per diem for meals and hotel. This will be reimbursed separately for one participant from the LHJ and AAA per county team. In-person convenings will take place once it is safe to do so; until then convenings will take place virtually, due to COVID-19. There will be up to two in-person convenings depending on travel restrictions due to COVID-19.

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** COVID-19 Mass Vaccination-FEMA -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through September 30, 2022

**Statement of Work Purpose:** The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

**Revision Purpose:** The purpose of this revision is to extend the period of performance and funding end date from 7/1/2022 to 9/30/2022.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	09/30/22	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>0</b>	<b>0</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p><b>*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</b></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 Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>Definition:</b> 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>Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis.</p>			
1A	<p>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around 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>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed 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>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> <li>• type of site,</li> <li>• site locations,</li> <li>• throughput,</li> <li>• considerations made to ensure equity to historically marginalized populations,</li> <li>• and to the extent possible a regional map of sites/locations.</li> </ul>	Within 30 days of contract amendment execution.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Provide any information as requested by the regional IMT.			
1B	<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>	
1C	<p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>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.</p>	<p>Submission of vaccine use into WA IIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	Daily	
1D	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	

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**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 Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://USASpending.gov) by DOH as required by P.L. 109-282.

### **Program Specific Requirements**

#### **Program Manual, Handbook, Policy References**

Emergency Response Plan (or equivalent)  
Medical Countermeasure/Mass Vaccination Plan

#### **Billing Requirements:**

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.  
Contract Master Index (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 1, 2022 through ~~July 1, 2022~~ *September 30, 2022* 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.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** HIV Client Services-HOPWA -  
Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** July 1, 2022 through June 30, 2023

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to help the housing needs of persons with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) or related diseases and their families.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 HOUSING-PEOPLE W/AIDS FORMULA	12660221	14.241	333.14.24	07/01/22	06/30/23	0	131,218	131,218
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>131,218</b>	<b>131,218</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income</p>	<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p> <p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10<sup>th</sup> of the month.</p> <p>-Submission of Consolidated Annual Performance Report (CAPER) by August 10.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p><b>Administrative:</b> \$8,584</p> <p><b>Support Services:</b> \$5,000</p> <p><b>STRMU:</b> \$26,250</p> <p><b>Permanent Housing Placement:</b> \$0</p> <p><b>Tenant Based Rental Assistance:</b> \$91,384</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	(AMI) as defined by Housing and Urban Development (HUD).	-Submission of Monitor responses by the due date requested.		Housing Information Services: \$0 <b>TOTAL: \$131,218</b>

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#### **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 Unique Entity Identifier (UEI) generated by SAM.gov. 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**

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

LHJ shall provide the following inputs:

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

#### **Compensation and Payment:**

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 31, 2023**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- Submission of Invoice Vouchers** – On a monthly basis, the 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 25<sup>th</sup> of the following month.**
  - The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.
- Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.  
E-mail invoices to: [ID.Operations@doh.wa.gov](mailto:ID.Operations@doh.wa.gov)  
Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

#### **Contract Modifications:**

- Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.
- Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

#### **Confidentiality Requirements:**

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



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

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

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

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

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

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Infectious Disease Care & Prevention (IDCP) -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through June 30, 2022

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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:** To move funds between HIV Community Services - Care tasks.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
FFY21 RW GRANT YEAR LOCAL (REBATE)	1261851C	N/A	334.04.98	01/01/22	03/31/22	164,715	0	164,715
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	04/01/22	06/30/22	116,146	0	116,146
STATE DRUG USER HEALTH PROGRAM	12405100	N/A	334.04.91	01/01/22	06/30/22	20,000	0	20,000
HIV LOCAL PROVISIO - RW GRANT YEAR 2021	12618511	N/A	334.04.98	01/01/22	03/31/22	40,754	0	40,754
HIV LOCAL PROVISIO - RW GRANT YEAR 2022	12618521	N/A	334.04.98	04/01/22	06/30/22	40,754	0	40,754
						0	0	0
<b>TOTALS</b>						<b>382,369</b>	<b>0</b>	<b>382,369</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Drug User Health</b>				
Syringe Service Program (SSP)	<b>Syringe Service Program (SSP):</b> 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	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.	<b>\$20,000 – MI 12405100 – State Drug User Health</b>  \$20,000 for 1/1/22-6/30/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	referrals to address social determinants of health.			
<b>HIV Community Services - Care</b>				
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><b>\$21,174– MI 12618511 – Local Proviso</b></p> <p>\$21,174 for 1/1/22-3/31/22</p> <p><b>\$21,174 – MI 12618521 – Local Proviso</b></p> <p>\$21,174 for 4/1/22-6/30/22</p>
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of 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>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</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>\$172,703 – MI 1261851C – Local Rebates</b></p> <p>\$172,703 for 1/1/22-3/31/22</p> <p><b>\$125,391– MI 1261852C – Local Rebates</b></p> <p>\$125,391 for 4/1/22-6/30/22</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		can be referenced in LHJ's Quarterly Report Grid.		
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	<b>\$1,377– MI 1261851C – Local Rebates</b>  \$1,377 for 1/1/22-3/31/22  <b>\$1,125 – MI 1261852C – Local Rebates</b>  \$1,125 for 4/1/22-6/30/22
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	<b>\$4,012– MI 1261851C – Local Rebates</b>  \$4,012 for 1/1/22-3/31/22  <del>\$800 \$3,743</del> – MI 1261852C – Local Rebates  <del>\$800 \$3,743</del> for 4/1/22-6/30/22
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	<b>\$2,873– MI 1261851C – Local Rebates</b>  \$2,873 for 1/1/22-3/31/22  <del>\$5,080 \$2,137</del> – MI 1261852C – Local Rebates  <del>\$5,080 \$2,137</del> for 4/1/22-6/30/22
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	Agency must enter data into the approved DOH data system for each consumer receiving Emergency Financial Assistance	Agency must adhere to DOH ID Reporting Requirements	<b>\$0 – MI 1261851C – Local Rebates</b>  \$0 for 1/1/22-3/31/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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 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><b>Please note:</b> Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.</p>	<p>within 48 business hours from the time of Client Intake.</p> <p><b>Please note:</b> This task requires client level data to be entered into Provide</p>		<p><b>\$0 – MI 1261852C – Local Rebates</b></p> <p>\$0 for 4/1/22-6/30/22</p>
HIV Clinical Quality Management (CQM)/Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service</p> <p>guidelines (otherwise known as the HHS guidelines) for the treatment of</p> <p>HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</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 Management Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>\$3,330 – MI 1261851C – Local Rebates</b></p> <p>\$3,330 for 1/1/22-3/31/22</p> <p><b>\$3,330 – MI 1261852C – Local Rebates</b></p> <p><i>\$3,330 for 4/1/22-6/30/22</i></p>

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

## **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 July 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 25<sup>th</sup> 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](mailto: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)

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Infectious Disease Care & Prevention -  
Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 client-centered activities that improving health outcomes in support of the HIV care continuum and provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD).

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	07/01/22	03/31/23	0	348,438	348,438
FFY23 RW GRANT YEAR LOCAL (REBATE)	1261853C	N/A	334.04.98	04/01/23	06/30/23	0	116,146	116,146
STATE DRUG USER HEALTH PROGRAM	12405100	N/A	334.04.91	07/01/22	06/30/23	0	40,000	40,000
HIV LOCAL PROVISIO - RW GRANT YEAR 2022	12618521	N/A	334.04.98	07/01/22	03/31/23	0	92,442	92,442
HIV LOCAL PROVISIO - RW GRANT YEAR 2023	12618531	N/A	334.04.98	04/01/23	06/30/23	0	30,814	30,814
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>627,840</b>	<b>627,840</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Drug User Health</b>				
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	All data is entered into DOH provided database for tracking SSP activities monthly.	Data is entered into database by the 15th of the following month.	<b>Total reimbursement not to exceed:</b>  <b>\$40,000 – MI 12405100 – State Drug User Health</b>  \$40,000 for 7/1/22-6/30/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	referrals to address social determinants of health.  The contractor will enter all deliverable data into DOH provided database for tracking SSP activities.			
<b>HIV Community Services - Care</b>				
Outreach Services – Peer Navigation	Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAAP services and/or medical care, 2) referral to appropriate supportive services.  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.	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	<b>Total reimbursement not to exceed \$84,696. See split out below by code.</b> <b>\$63,522– MI 12618521 – Local Proviso</b>  \$63,522 for 7/1/22-3/31/23  <b>\$21,174 – MI 12618531 – Local Proviso</b>  \$21,174 for 4/1/23-6/30/23
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of 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.	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.  Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client  Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.	Agency must adhere to DOH ID Reporting Requirements	<b>Total reimbursement not to exceed \$461,804. See split out below by code.</b>  <b>\$346,353 – MI 1261852C – Local Rebates</b>  \$346,353 for 7/1/22-3/31/23  <b>\$115,451– MI 1261853C – Local Rebates</b>  \$115,451 for 4/1/23-6/30/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.		
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	<b>Total reimbursement not to exceed \$4,500. See split out below by code.</b>  <b>\$3,375 – MI 1261852C – Local Rebates</b>  \$3,375 for 7/1/22-3/31/23  <b>\$1,125 – MI 1261853C – Local Rebates</b>  \$1,125 for 4/1/23-6/30/23
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	<b>Total reimbursement not to exceed \$14,972. See split out below by code.</b>  <b>\$14,972 – MI 1261852C – Local Rebates</b>  \$14,972 for 7/1/22-3/31/23  <b>\$3,743 – MI 1261853C – Local Rebates</b>  \$3,743 for 4/1/23-6/30/23
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	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	<b>Total reimbursement not to exceed \$8,548. See split out below by code.</b>  <b>\$6,411 – MI 1261852C – Local Rebates</b>  \$6,411 for 7/1/22-3/31/23  <b>\$2,137 – MI 1261853C – Local Rebates</b>  \$2,137 for 4/1/23-6/30/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	gaining or maintaining compliance with HIV-related health services and treatment.			
HIV Clinical Quality Management (CQM)/Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</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 Management Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>Total reimbursement not to exceed \$13,320. See split out below by code.</b></p> <p><b>\$13,320 – MI 1261852C – Local Rebates</b></p> <p>\$13,320 for 7/1/22-3/31/23</p> <p><b>\$3,330 – MI 1261853C – Local Rebates</b></p> <p>\$3,330 for 4/1/23-6/30/23</p>
Emergency Financial Assistance	<p>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 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><b>Please note:</b> Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.</p>	<p>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.</p> <p><b>Please note:</b> This task requires client level data to be entered into Provide</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>Total reimbursement not to exceed \$0. See split out below by code.</b></p> <p><b>\$0 – MI 1261851C – Local Rebates</b></p> <p>\$0 for 1/1/22-3/31/22</p> <p><b>\$0 – MI 1261852C – Local Rebates</b></p> <p>\$0 for 4/1/22-6/30/22</p>

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## **PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE**

### **1. Definitions**

- a. **CONTRACTOR** – Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work

### **2. Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information

### **3. Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities.

### **4. Fiscal Management** – Reference the Infectious Disease Fiscal Manual for more information.

### **5. Participation in Quality Management/Improvement activities** – Reference the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with your Office of Infectious Disease (OID) contract manager

### **6. HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data entered into the Provide™ Database System

### **7. HIV, HCV and STI Testing Services (removed if just a care contract)**

- a. HIV testing services must follow [DOH Non-Clinical Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10<sup>th</sup> of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10<sup>th</sup>).
- c. HCV testing must follow the Hep C Overview Implementation plan. For more information contact your contract manager.
- d. Monthly data collection for Hep C testing submitted to DOH as well as the appropriate surveillance reporting form if applicable. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g. HIV test kits and controls should be procured through DOH.
- h. Hepatitis C test kits and controls should be procured through DOH approved sources. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. STI (GC/CT) test kits should be procured through PHSKC Lab and CDD.
- j. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, 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.
- k. In the event of a standalone HIV test, if STI testing is available at the agency, the reason for no accompanying STI test must be documented. If the agency does not offer STI and/or HCV testing, a referral for STI and/or HCV testing must be documented.
- l. Contractor will ensure that staff are licensed and available to perform HIV, Syphilis and HCV testing, as appropriate, using capillary and venous draws. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or another lab.
- m. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing STI testing services must also attend and complete any additional training as determined necessary by DOH.
- n. For contractors offering HCV testing services, contractor must complete the DOH HCV testing and education course and be approved by the Office of Infectious Disease before providing HCV screening services. Please contact the DOH OID Testing Coordinator for more information.
- o. Contractor shall report all reactive HIV, STI and HCV results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
- p. Contractor must report all reactive HIV and Hep C results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed 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 EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments.

- q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/HCV partner services. Contractors must refer people with reactive HIV/STI/HCV results to the local health jurisdiction for additional follow-up within 3 business days of a positive result. Please contact the DOH OID Testing Coordinator or your Local Health Jurisdiction for more information.
- r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners.

#### **8. HIV Community Services – Prevention Programs**

- a. HIV Community Services – Prevention programs must follow FY22 HIV Community Services- Prevention Implementation Guidelines.
- b. All HIV Community Services – Prevention data, including individual level navigation services, outreach activities, and condom distribution, should be tracked through Provide unless written exception is approved. All client-level data must be entered into Provide™ within three (3) days of service provision.
- c. HIV Community Services – Prevention data elements should be collected by all agencies funded to provide HIV Community Services- Prevention activities. These data elements may be referenced in FY23 HIV Community Services- Prevention Guidelines.

#### **9. Reporting Requirements – Quarterly narrative reports are due on 25th of January, April, July, and October**

#### **10. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**

- a. 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. Opportunities for capacity building and technical assistance for subcontractors will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.

#### **11. Participation in Ending the HIV Epidemic and End the Syndemic Planning & Activities (only for services in King county)**

- a. Ending the HIV Epidemic: A Plan for America (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal. King County has been identified as one of the jurisdictions included in the ETE plan and Public Health Seattle & King County (PHSKC) is the lead agency in implementing this work. Subcontractors operating in King County will be expected to participate in ETE planning and activities in collaboration with PHSKC, as necessary, throughout the contract year.

#### **12. Training requirements – Reference the [HCS Manual](#) for more information**

#### **13. Participation in Washington Syndemic Planning Process – Connect with your Office of Infectious Disease contract manager**

#### **14. Contract Management – Reference the [HCS Manual](#) and HCS Fiscal 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 July 31, 2023. 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**

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

**d. Written Agreements**

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

Technical assistance is available through DOH.

**15. Content Review and Website Disclaimer Notice)**

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health  
 PO Box 47841  
 Olympia, WA 98504-7841  
 Phone: 360-810-1880  
 Email: [Michael.Barnes@doh.wa.gov](mailto:Michael.Barnes@doh.wa.gov)

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs [Program Guidance on the Review of HIV-related Educational and Informational Materials for CDC Assistance Programs](#)

**16. 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.

**17. Confidentiality Requirements** – Reference the [HCS Manual](#) for more information**18. 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:
- c. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
- d. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
- e. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

**19. 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 STI 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)

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Immunization COVID-19 Vaccine -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through June 30, 2024

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 (SOW) is to provide funding to conduct COVID-19 vaccine activities.

**Revision Purpose:** Increase allocation for COVID vaccine depot work (Task 3D)

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	1,027,214	5,000	1,032,214
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,027,214</b>	<b>5,000</b>	<b>1,032,214</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> 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.	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 for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>Example 2:</b> 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			
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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022 and June 30, 2022, 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.	<ul style="list-style-type: none"> <li>a. Complete a redistribution agreement.</li> <li>b. Report inventory reconciliation page.</li> <li>c. Report lost (expired, spoiled, wasted) vaccine to the IIS.</li> <li>d. Report transfer doses in the IIS and VaccineFinder.</li> <li>e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</li> </ul>	<ul style="list-style-type: none"> <li>a. Complete by January 31 (if not previously submitted)</li> <li>b. Reconcile and submit inventory once monthly in the IIS.</li> <li>c. Report lost vaccine within 72 hours in the IIS.</li> <li>d. Update within 24 hours from when transfers occur.</li> <li>e. Download as needed (retain temperature data on site for 3 years)</li> </ul>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

**Restrictions on Funds:**

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

**SOW Type:** Original      **Revision # (for this SOW)** 0

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 contract with local health to conduct activities to improve immunization coverage rates.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 VFC Ops	74310222	93.268	333.93.26	07/01/22	06/30/23	0	16,134	16,134
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>16,134</b>	<b>16,134</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <i>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</i> announcement.	Written proposal and a report that shows starting immunization rates for the target population	August 1, 2022	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2022 March 31, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Perform data collection necessary to enable a comparison of immunization rates from the start of the project.	Final written report, including a report showing ending immunization rates for the target population (template will be provided)	June 15, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.



**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through December 31, 2022

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<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 funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commercial Tobacco Prevention Program through four sources of funding: SFY23 Dedicated Cannabis Account, SFY23 Tobacco Prevention, SFY23 Youth Tobacco Vapor Products, and FFY22 Tobacco-Vap Prevention Component 1.

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.

\*\* PLEASE NOTE: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for FFY22 and SFY23.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	12/31/22	0	38,402	38,402
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	12/31/22	0	24,482	24,482
SFY23 TOBACCO PREVENTION PROVISIO	77410823	N/A	334.04.93	07/01/22	12/31/22	0	190,000	190,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	12/31/22	0	247,509	247,509
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>500,393</b>	<b>500,393</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	DEVELOP NETWORK ANNUAL WORK PLAN	Contractor will submit a work plan for 2022-2023 utilizing the template provided by YCCTPP that addresses the four goals of the program and includes: <ul style="list-style-type: none"> <li>Performance-based objectives that will be defined by the contractor and YCCTPP contract manager.</li> <li>Activities that utilize program strategies (defined into the YCCTPP implementation guide), that will address the defined performance-based objectives and overarching goals, tied to a specific timeframe with identified timeline goals.</li> </ul>	45 days of contract execution,	Funding utilized: State (YTVP, Tobacco Prevention, Marijuana Prevention and Education)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li><b>Funding must be dedicated to equitable policy, systems, environmental change in communities of higher need within the contractor's specified region, and if it is unclear a justification must be provided.</b></li> <li>The workplan must have a designated equity framework that will be utilized in <u>all</u> prevention efforts.</li> <li>This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager.</li> <li>More details regarding the workplan requirements including the goals of the YCCTPP program, objectives, and strategies can be found in the YCCTPP Implementation guide.</li> </ul> <p>Note: Activities can be added to the tasks after workplan approval, the contractor should speak with their contract manager for approval.</p>		Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
2	NETWORK EQUITY ASSESSMENT	Contractor will complete an <u>initial</u> equity assessment provided by YCCTPP within their regional network that will be submitted to the YCCTPP contract manager <b><u>within 90 days of the workplan being completed.</u></b> The assessment will be continuously revised throughout the year based on the network's needs.	within 90 days of the workplan being completed	
3	ORGANIZATION AND NETWORK ADMINISTRATIVE PLAN	<p>Contractor will complete an administrative plan within <b><u>90 days of contract execution</u></b> and submit any updates or changes on a quarterly basis, which will include:</p> <ul style="list-style-type: none"> <li>Most current job descriptions and contact information of the program facilitator that is responsible for the performance of the statement of work and relevant staff.</li> <li>Calendar of meetings, trainings, and professional development opportunities that the program administrator and relevant staff will participate in. All relevant staff are expected to participate in required conference calls (including kick off training, monthly check ins, YCCTPP program all contractors calls), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH. <b>This is subject to change based on trainings and professional opportunities available.</b></li> <li>A list of all individuals/organizations that participate in the regional network that including contact information, a copy of a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or membership agreement, and the justification of their participation in the network.</li> <li><b><u>Required network sectors must have a representative for the grant to be considered in compliance.</u></b> Sectors chosen and their levels of engagement will be determined with the contract manager and tailored to the region's needs. A complete list of network sectors will be provided in the implementation guide.</li> <li>Network meeting schedule and supporting documentation regarding membership participation/engagement.</li> </ul>	90 days of contract execution	The expenditure worksheet in the YCCTPP budget workbook must be completed by the 30 <sup>th</sup> of the month following the month in which costs were incurred.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>A list of organizations and the contact information for the point person that are considered subcontractors.</li> </ul>		
4	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b></p> <p>Contractor will share network process on a quarterly basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p>	20 <sup>th</sup> of each month.	
5	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will create annual report based on monthly and quarterly reporting for their regional network due <b>30 days after the period of performance.</b> Report guidelines and expectations will be provided by DOH for more information.</p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p>Annual Report- 30 days after the period of performance</p> <p>Needs assessment- every 2 years.</p>	
6	: PREPARE AND MANAGE WORK PLAN	<p>Contractor will submit work plan for 2022-2023 for all required tasks (listed in more detail within the table below) for commercial tobacco prevention within <b>45 days of the state contract execution (estimated start date of 7/1/22)</b>, utilizing template provided by YCCTPP that addresses the goals of the program as well as CDC grant requirements, which includes:</p> <ul style="list-style-type: none"> <li>A minimum of one activity per required task with performance-based objective that will be defined by the contractor and the YCCTPP Contract Manager during workplan development.</li> <li>The workplan plan must have a designated equity framework that will be utilized in <b>all</b> prevention efforts.</li> <li>Funding must be dedicated to supporting the regional/priority population through equitable policy, systems, and environmental change and if it is unclear, a justification must be provided.</li> </ul> <p>This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. Note: Activities can be added after workplan approval, the contractor should speak with their YCCTPP contract manager for approval.</p>	<b>45 days of the state contract execution</b>	<p>Funding utilized: CDC</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	IMPLEMENT WORK PLAN AND REPORT PROGRESS	Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b>  Contractor will share network process on quarterly basis through electronic survey that focuses on successes and challenges of their organization and YCCTPP program.	<b>20<sup>th</sup> of each month.</b>	consolidated contract.  The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.
	ASSESS PROGRAM IMPLEMENTATION	Contractor will participate in statewide evaluation of YCCTPP, Practice Collaborative, and CDC-funded programs.  Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.  Contractor will participate in community or population needs assessment every 2 years to update community/population data and needs.	Annual Report- 30 days after the period of performance  Needs assessment- every 2 years.	
7	<b>Policies, Systems &amp; Environmental Work</b>	Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).  Contractor will educate private and public organizations of current policies in place.  Contractor will work to establish new policy, systems or environmental change that is equitable.  Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.	04/28/22 – 04/29/23	
	<b>Education &amp; Technical Assistance</b>	Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.  Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.  Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.	04/28/22 – 04/29/23	
	<b>Collaboration &amp; Engagement</b>	Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.	04/28/22 – 04/29/23	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>		
	<b>Media &amp; Communication</b>	<p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (<a href="https://doh.wa.gov/quit">doh.wa.gov/quit</a>) and This is Quitting (<a href="https://doh.wa.gov/vapefreewa">doh.wa.gov/vapefreewa</a>), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p>	04/28/22 – 04/29/23	

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

**A. For MI Codes 77410893, 77410823 & 77420823, To be in compliance with grant requirements, contractor will:**

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
4. Submit an Organization and Network Equity Assessment according to the deadlines in Section E below.
5. Submit an Organization and Network Administrative Plan according to the deadlines in Section E below.
6. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
7. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
8. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
9. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP 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.

**For MI Codes: 77410212, To be in compliance with grant requirements, the contractor will:**

1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Workplan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP 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 including 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 Priority Population Contractor.

#### C. Program Administration:

1. The contractor shall perform the requirements and activities defined in this agreement and the YCCTPP Implementation Guide. 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. YCCTPP staff will also monitor and evaluate program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by YCCTPP.
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 YCCTPP 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 statement of work.
3. DOH reserves the right to determine the amount of any reduction, based on contractor's performance, and to unilaterally amend the contract to affect any reduction. 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 workplan and budget must be approved by YCCTPP contract manager prior to implementation. This includes execution of subcontracts within the community. Any changes to either the workplan 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 YCCTPP Contractor is required to include language in these contracts that reflects the following:
  - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the YCCTPP Contractor. **Monthly progress reports for subcontractors should be due by the 15<sup>th</sup> of each month.**
2. When subcontracting with an organization to work directly with youth (ages 0-17), the YCCTPP Contractor is required to include language in these contracts that reflects the following:
  - Provide verification that 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 workplan and budget	Annually, no later than 45 calendar days after state contract execution (07/01/22). DOH approval will occur no later than two weeks after submission. Update as needed with contract manager approval.
2. Expenditure Report and Request for Reimbursement (A19)	A19s and updated budget workbook due the 30 <sup>th</sup> 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: <b><i>A-19-Contract #-organization name- month-year</i></b> .
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: SFY23: May 10, 2023. An invoice must be submitted market FINAL INVOICE PROJECTION  Final Expenditure Reports and invoices are due no later than July 14, 2023 for SFY and June 13, 2023 for FFY and must be marked FINAL INVOICE.
4. Monthly Progress Report	The 20 <sup>th</sup> of the month following the month in which activities were performed. Monthly reports of work will report on overall progress of activities in a monthly survey provided by YCCTPP. All documents related to task activities will be attached. Subcontractor reporting should be submitted to the YCCTPP contractor by the 15 <sup>th</sup> of each month.
5. Quarterly Progress Report	The 20 <sup>th</sup> of the of each month on a quarterly basis, starting September 2022 that focuses on narrative successes and challenges for each contractor. This report will be submitted in a survey provided by YCCTPP.
6. SFY Only: Network Equity Assessment	Completed annually, no later than 90 calendar days after workplan approval.
7. SFY Only: Organization and Network Administrative Plan	Completed no later than 90 calendar days after contract execution and updated quarterly after the fact.
8. SFY Only: Annual Report	Completed no later than 30 calendar days after period of performance, utilizing a template provided by YCCTPP that includes data from monthly and quarterly reports.
9. Assessment and Evaluation	Using a template provided by YCCTPP, complete project evaluation activities developed and coordinated by YCCTPP as requested. Additionally, utilizing data in monthly and quarterly progress reports, participate and support statewide evaluation efforts of CDC funds.

**The YCCTPP 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 YCCTPP Implementation Guide.
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: SFY July 1, 2022 – June 30, 2023 & FFY April 29, 2022 – April 28, 2023
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) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19) 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 14<sup>th</sup> of July for state funds and 13<sup>th</sup> of June for federal funds 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. Evaluation of YCCTPP Contractor's Performance

The YCCTPP Contractor performance will be evaluated on the following:

1. Timely completion, submission and YCCTPP approval of proposed annual workplan and Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) to their designated contract manager in accordance with YCCTPP guidance and requirements.
2. Submittal of an organizational and network equity assessment with YCCTPP guidance, requirements, and timelines.
3. Submittal of an organizational and network administrative plan with YCCTPP guidance, requirements, and timelines.
4. Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YCCTPP SharePoint by the due dates listed above.
5. Submission of monthly progress reports and quarterly reports by the due dates listed above.
6. Submission of annual report with YCCTPP guidance, requirements, and timelines.
7. Site visits per requirements and protocols provided by DOH/YCCTPP.

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

##### Federal Funding Restrictions and Limitations:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients 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 Requirements \(AR\) 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>).

##### Dedicated Cannabis Account Restrictions:

- Recipients may not use funds for clinical care.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- Recipients may not use funding for construction or other capital expenditures.
- The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.
- Reimbursement of pre-award costs is not allowed.

**Please see YCCTPP Implementation Guide for further restricts on each funding stream.**

#### **I. Program Manual, Handbook, Policy References**

Meet requirements outlined in the Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) Implementation Guide.

#### **Special References**

As a provision of Dedicated Cannabis Account ([RCW 69.50.540](#)) DOH shall fund a grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth.

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.

As a provision of the 2022 Operating Budget, ([ESSB5693](#)) funds are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.

**KITSAP PUBLIC HEALTH DISTRICT  
2022-2024 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH31014****AMENDMENT NUMBER: 6**

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, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - ☒ Adds Statements of Work for the following programs:  
 Foundational Public Health Services (FPHS) - Effective July 1, 2022
  - ☐ Amends Statements of Work for the following programs:
  - ☐ Deletes Statements of Work for the following programs:
2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:
  - ☒ Increase of **\$2,469,000** for a revised maximum consideration of **\$13,212,993**.
  - ☐ Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - ☐ No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**EXHIBIT B-6  
ALLOCATIONS  
Contract Term: 2022-2024**

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723	\$117,220	\$117,220
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218	\$131,218	\$211,168
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	\$25,000
FFY21 PHEP BP3 LHHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$195,714	\$195,714	\$195,714
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	\$19,907
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	\$1,959
FFY23 VFC Ops	NGA Not Received	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035	\$1,145,035	\$1,145,035
FFY20 ELC EDE LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$2,919,838	\$2,919,838	\$2,919,838
FFY22 Tobacco-Vape Prev Comp 1	NGA Not Received	Amd 5	93.387	333.93.38	04/29/22	12/31/22	04/29/22	04/28/23	\$24,482	\$24,482	\$48,964
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000	\$52,000	\$52,000
FFY22 MCHBG LHHJ Contracts	B0445251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	\$25,877
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000	\$40,000	\$60,000
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	\$37,500
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
SFY23 Dedicated Cannabis Account		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$247,509	\$247,509	\$247,509
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY23 Tobacco Prevention Proviso		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$190,000	\$190,000	\$190,000
SFY23 Youth Tobacco Vapor Products		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/21	06/30/23	\$38,402	\$38,402	\$65,704
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$204,764
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146	\$116,146	\$745,445
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438	\$348,438	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146	\$116,146	
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	10/01/22	03/01/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	

Kitsap Public Health District

EXHIBIT B-6  
ALLOCATIONS  
Contract Term: 2022-2024

Page 4 of 11  
Contract Number: CLH31014  
Date: July 1, 2022

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period Sub Total	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000	\$2,469,000	\$5,159,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500	\$17,500	\$17,500
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000
TOTAL									\$13,212,993	\$13,212,993	
Total consideration:	\$10,743,993									GRAND TOTAL	\$13,212,993
	\$2,469,000										
GRAND TOTAL	\$13,212,993									Total Fed	\$6,258,846
										Total State	\$6,954,147

\*Catalog of Federal Domestic Assistance

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

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change Increase (+)	Total Allocation
FPHS - LHJ - Proviso (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	0	2,469,000	2,469,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>2,469,000</b>	<b>2,469,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$1,278,000
2	<b>Assessment funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	<b>Assessment funds to each LHJ – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$37,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$354,000
6	<b>CD – TB – Part 2</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$21,000
7	<b>EPH – Radiation Emergency Preparedness</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$38,000
8	<b>EPH – Climate Change Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$43,000
9	<b>EPH – Water System Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$38,000
10	<b>MCH – Child Death Review</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$83,000
11	<b>Lifecourse – Infrastructure &amp; Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$487,000

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPHS Policy Advisor, WSALPHO – [cgoodwin@wsac.org](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171
- For other questions:
  - Marie Flake, FPHS Lead, DOH – [marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov), 360-951-7566

#### **Program Specific Requirements**

The Steering Committee is engaged in a long-term, multi-biennial, phased, building-block approach to full funding and implementation of of FPHS statewide that includes:

- Full funding of FPHS with adequate, dedicated, stable funding that keeps pace with inflation and demand for services
- Full implementation of FPHS that includes system transformation and modernization to deliver services in the most equitable, effective, and efficient manner possible for the funds available

Foundational Public Health Services Definitions and related information can be found here: [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs) or [FPHS | Powered by Box](#).



**Stable funding and an iterative decision-making process** – The FPHS Steering Committee is the decision making body for FPHS. The Steering Committee provides oversight including determination of goals, priorities, budget request, funding allocation and accountability metrics. The Steering Committee relies on FPHS Subject Matter Expert (SME) Workgroups and other FPHS workgroups to ensure a collaborative, systemwide, decision making process. The Steering Committee use an iterative approach to decision making. This means that additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

**Annual Allocations** – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June. FPHS funds can be applied retroactively to expenditures within the SFY for which they were allocated even if the expenditure occurred before the Steering Committee made the allocation decision or the agency contract was signed.

SFYs are named for the year in which they end. The state biennium is named for the year in which it begins and ends.

- SFY22 (July 1, 2021 – June 30, 2022); half of annual FPHS allocation disbursed July 1, 2021 and January 1, 2022
- SFY23 (July 1, 2022 – June 30, 2023); half of annual FPHS allocation disbursed July 1, 2022 and January 1, 2023
- SFY 22 & 23 comprise the 2021 – 2023 Biennium (21-23)

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30<sup>th</sup> each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

The Consolidated Contract (ConCon) is based on the calendar year and renewed every 3 years. FPHS statements of work may include reference information such as allocations, fund disbursement schedules, deliverable due dates, etc. that fall outside of the current 3-year contract period if they are part of the same state fiscal year. The purpose for including this information in the ConCon is to provide a) historical information from the previous ConCon cycle; and/or b) prospective information about future ConCon cycle, if they are part of the same SFY.

**Disbursement of FPHS funds to LHJs** – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed, each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

**Spending of FPHS funds** – The FPHS funds are for assuring FPHS services are available, and as reflected in the SOW. Each agency is responsible for deciding how to spend their funds within the parameters established by the FPHS Steering Committee and the SOW contract. Assurance includes providing the FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff.

**Deliverables** – FPHS funds are to be used to increase the availability of FPHS services statewide. The FPHS accountability process measures how funds are sent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. Each part of the governmental public health system that receives FPHS funds must complete:

1. Routine reporting of spending and spending projections. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.

Unspent or projected unspent funds may be reallocated by the Steering Committee to other FPHS activities in order to fully utilize funds within the state fiscal year timeframe to deliver services to Washington communities. Any FPHS funds unspent at the end of the state fiscal year (ending June 30) revert to the state treasury. Because LHJs receive funds up front, prospectively, any unspent funds must be returned to DOH by end of July of each year for DOH to return to the Office of Financial Management.

2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs).

**BARS Revenue Code:** 336.04.25

**BARS Expenditure Coding** – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data & Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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/lhjifunding](http://www.doh.wa.gov/lhjifunding)

#### **Special References (i.e., RCWs, WACs, etc.):**

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent. \(wa.gov\)](http://www.wa.gov/legislation/rcw/43.70.512)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](http://www.wa.gov/legislation/rcw/43.70.515)

#### **Activity Special Instructions:**

##### **1. FPHS funds to each LHJ**

These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds may be used to provide any of the activities described in the most current version of FPHS definitions for foundational programs and foundational capabilities. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Even if FPHS services are provided by another agency through a contract, new service delivery model, or centralized service delivery model (such as the State Public Health Lab), all agencies that receive FPHS funds are responsible for reporting progress on the availability and implementation within their jurisdiction using the FPHS Annual Assessment.

These funds are not intended for fee-based services such as selected environmental public health services, licensing of healthcare facilities, screening of newborn babies for congenital disorders, etc. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

**Pandemic Response** – These FPHS funds are to be used as directed and allocated by the FPHS Steering Committee to deliver FPHS services. As the global COVID-19 pandemic and the public health response to it continues to wane, 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 through 6/30/23. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

##### **2. Assessment funds to each LHJ – (FPHS definition G.2)**

These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction - Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

##### **3. Assessment funds to each LHJ – CHA/CHIP (FPHS definitions G.3)**

These funds are allocated to each LHJ to assure FPHS are available in their own jurisdiction -

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

**4. CD – Hepatitis C (FPHS definitions C.4.o-p)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions – Address Hepatitis C cases 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. Use BARS expenditure codes: 562.24.

The priorities for the 2021-2023 biennium (July 2021 – June 2023):

- 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. CD – Case investigation Capacity (FPHS definitions C.2, C. 4)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions - Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

**6. CD – TB – Part 2 (FPHS definition C.4.q-v)**

Funding allocated to LHJs with high Tuberculosis (TB) burden - Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community

**7. EPH – Radiation Emergency Preparedness (FPHS definitions B.2, B.3, B.5, B.6, B.7)**

The goal of this investment is to sustainably fund planning, training, and response for radiological emergencies. This will include training with agency Incident Management Team members and other Environmental Public Health Division staff outside of the Office of Radiation Protection (ORP) to allow for smoothly coordinated response actions and public messaging. This will allow agencies to respond, investigate, remove and dispose of unwanted and abandoned radioactive materials, and address responsibilities for protection of public health and reducing the inappropriate burden placed on licensees to fund activities outside of their permit/license or registration. Use BARS expenditure code: 562.52

Anticipated expenses include, but are not limited to:

- Staffing
- Materials and supplies to support training exercises

**8. EPH – Climate Change Response (FPHS definitions B.1, B.2, B.3, B.6, B.7)**

The goal of this investment is to fund education, communications, and response needs for wildfire smoke and harmful algal blooms. These funds should be used to establish sufficient capacity to contribute to the public health education, communication, and response efforts necessary to reduce the public health impacts of wildfire smoke exposure, as well as the capacity to help communities prepare for wildfire smoke events through education, community engagement, guidance development, and emergency response. These activities should reduce LHJ reliance on DOH toxicology capacity to help them determine appropriate and consistent messaging and next steps, in addition to providing adequate funding to collect necessary samples or pay for laboratory costs. Use BARS expenditure code: 562.40

Anticipated expenses include, but are not limited to:

- Staffing
- Sampling and laboratory costs

**9. EPH – Water System Capacity (FPHS Definitions B.3, B.6, B.7)**

The goal of this investment is to increase LHJ capacity for water resource management and planning. This request was funded in 2022 as a "core team" and this new request is for LHJ capacity to engage in key issues related to water resources management, planning, etc. Use BARS expenditure code: 562.43 or 53.

Anticipated expenses include, but are not limited to:

- Staffing

**10. MCH – Child Death Review** (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)

This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and operating costs for 9 LHJs. Use BARS expenditure codes: 562.60.

Anticipated expenses include, but are not limited to:

- Staffing

**11. Lifecourse – Infrastructure & Workforce Capacity** (FPHS definitions D, E, F)

These funds are to each LHJ to assure FPHS are available in their own jurisdictions - Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.

**KITSAP PUBLIC HEALTH DISTRICT  
2022-2024 CONSOLIDATED CONTRACT**

Page 1 of 98

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 7**

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, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/siteways/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- ☒ Adds Statements of Work for the following programs:

Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2022  
Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022  
Office of Immunization Perinatal Hepatitis B - Effective July 1, 2022  
Office of Immunization Regional Representatives - Effective July 1, 2022

- ☒ Amends Statements of Work for the following programs:

Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022  
COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022  
DCHS-ELC-COVID-19 Response - Effective January 1, 2022  
Foundational Public Health Services (FPHS) - Effective January 1, 2022  
Infectious Disease Care & Prevention - Effective July 1, 2022  
LSPAN-Local Strategies for Physical Activity & Nutrition - Effective January 1, 2022  
Maternal & Child Health Block Grant - Effective January 1, 2022  
Office of Drinking Water Group A Program - Effective January 1, 2022  
Office of Immunization COVID-19 Vaccine - Effective January 1, 2022  
OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022  
Supplemental Nutrition Assistance Program-Education - Effective January 1, 2022  
Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:

- ☐ Increase of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.

- ☒ Decrease of **\$1,630,167** for a revised maximum consideration of **\$11,582,826**.

- ☐ No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

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
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
<b>FFY22 IAR SNAP Ed Prog Mgnt-Region 5</b>	<b>207WAWA5Q3903</b>	<b>Amd 7</b>	<b>10.561</b>	<b>333.10.56</b>	<b>01/01/22</b>	<b>09/30/22</b>	<b>10/01/21</b>	<b>09/30/22</b>	<b>(\$19,204)</b>	<b>\$98,016</b>	<b>\$98,016</b>
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218	\$131,218	\$211,168
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	\$25,000
<b>FFY22 PHEP BP4 LHHJ Funding</b>	<b>NU90TP922043</b>	<b>Amd 7</b>	<b>93.069</b>	<b>333.93.06</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>\$295,345</b>	<b>\$295,345</b>	<b>\$495,235</b>
<b>FFY21 PHEP BP3 LHHJ Funding</b>	<b>NU90TP922043</b>	<b>Amd 7</b>	<b>93.069</b>	<b>333.93.06</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/21</b>	<b>06/30/23</b>	<b>\$4,176</b>	<b>\$4,176</b>	
FFY21 PHEP BP3 LHHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
<b>FFY22 Overdose Data to Action Prev</b>	<b>NGA Not Received</b>	<b>Amd 7</b>	<b>93.136</b>	<b>333.93.13</b>	<b>09/01/22</b>	<b>08/31/23</b>	<b>09/01/22</b>	<b>08/31/23</b>	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$69,907</b>
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
<b>COVID19 Vaccines</b>	<b>NH23IP922619</b>	<b>Amd 7</b>	<b>93.268</b>	<b>333.93.26</b>	<b>01/01/22</b>	<b>06/30/24</b>	<b>07/01/20</b>	<b>06/30/24</b>	<b>\$283,424</b>	<b>\$283,424</b>	<b>\$283,424</b>
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
<b>FFY23 PPHF Ops</b>	<b>NH23IP922619</b>	<b>Amd 7</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>\$2,500</b>	<b>\$2,500</b>	<b>\$4,459</b>
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
<b>FFY23 VFC IQIP</b>	<b>NH23IP922619</b>	<b>Amd 7</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>\$27,588</b>	<b>\$27,588</b>	<b>\$27,588</b>
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
<b>FFY19 ELC COVID Ed LHHJ Allocation</b>	<b>NU50CK000515</b>	<b>Amd 7</b>	<b>93.323</b>	<b>333.93.32</b>	<b>01/01/22</b>	<b>10/18/22</b>	<b>05/19/20</b>	<b>10/18/22</b>	<b>(\$989,616)</b>	<b>\$155,419</b>	<b>\$155,419</b>
FFY19 ELC COVID Ed LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		

**EXHIBIT B-7**  
**ALLOCATIONS**  
 Contract Term: 2022-2024

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
<b>FFY20 ELC EDE LHHJ Allocation</b>	<b>NU50CK000515</b>	<b>Amd 7</b>	<b>93.323</b>	<b>333.93.32</b>	<b>01/01/22</b>	<b>12/31/22</b>	<b>01/15/21</b>	<b>07/31/24</b>	<b>(\$199,494)</b>	<b>\$2,720,344</b>	<b>\$2,720,344</b>
FFY20 ELC EDE LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$2,919,838		
FFY22 Tobacco-Vape Prev Comp 1	<b>NU58DP006808</b>	<b>Amd 5</b>	93.387	333.93.38	04/29/22	12/31/22	04/29/22	04/28/23	\$24,482	\$24,482	\$48,964
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
<b>FFY22 Phys Actvty &amp; Nutrition Prog</b>	<b>NGA Not Received</b>	<b>Amd 7</b>	<b>93.439</b>	<b>333.93.43</b>	<b>09/30/22</b>	<b>09/29/23</b>	<b>09/30/22</b>	<b>09/29/23</b>	<b>\$80,000</b>	<b>\$80,000</b>	<b>\$147,000</b>
<b>FFY21 Phys Actvty &amp; Nutrition Prog</b>	<b>NU58DP006504</b>	<b>Amd 7</b>	<b>93.439</b>	<b>333.93.43</b>	<b>01/01/22</b>	<b>09/29/22</b>	<b>09/30/21</b>	<b>09/29/22</b>	<b>\$15,000</b>	<b>\$67,000</b>	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
<b>FFY23 MCHBG LHHJ Contracts</b>	<b>NGA Not Received</b>	<b>Amd 7</b>	<b>93.994</b>	<b>333.93.99</b>	<b>10/01/22</b>	<b>09/30/23</b>	<b>10/01/22</b>	<b>09/30/23</b>	<b>\$159,854</b>	<b>\$159,854</b>	<b>\$294,435</b>
FFY22 MCHBG LHHJ Contracts	<b>B04MC45251</b>	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	
FFY22 MCHBG LHHJ Contracts	<b>B04MC45251</b>	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	\$25,877
<b>State Drug User Health Program</b>		<b>Amd 7</b>	<b>N/A</b>	<b>334.04.91</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/21</b>	<b>06/30/23</b>	<b>(\$40,000)</b>	<b>\$0</b>	<b>\$20,000</b>
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	\$37,500
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
SFY23 Dedicated Cannabis Account		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$247,509	\$247,509	\$247,509
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
<b>SFY23 Tobacco Prevention Proviso</b>		<b>Amd 7</b>	<b>N/A</b>	<b>334.04.93</b>	<b>07/01/22</b>	<b>12/31/22</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>\$4,000</b>	<b>\$194,000</b>	<b>\$194,000</b>
SFY23 Tobacco Prevention Proviso		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/22	06/30/23	\$190,000		
SFY23 Youth Tobacco Vapor Products		Amd 5	N/A	334.04.93	07/01/22	12/31/22	07/01/21	06/30/23	\$38,402	\$38,402	\$65,704
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000



Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period		Chart of Accounts Funding Period				
					Start Date	End Date	Start Date	End Date			
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$204,764
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	\$785,205
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438		
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146	\$116,146	
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	10/01/22	03/01/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000	\$2,469,000	\$3,814,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	\$19,000
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000
TOTAL									\$11,582,826	\$11,582,826	
Total consideration:	\$13,212,993 (\$1,630,167)									GRAND TOTAL	\$11,582,826
GRAND TOTAL	\$11,582,826									Total Fed Total State	\$5,968,419 \$5,614,407

\*Catalog of Federal Domestic Assistance

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

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** February 1, 2022 through March 1, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** To support local health jurisdictions (LHJs) to explore and expand their roles to address the health needs of older adults in their community through participating in the AFPHS Learning and Action Network and completing the tasks listed in the Statement of Work.

**Revision Purpose:** The purpose of this revision is to change task #4 & #6 and the deliverables due and payment structure associated with these tasks.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
YR2 TFAH-Trust for America's Health	98117002	N/A	334.04.98	02/01/22	09/30/22	4,600	0	4,600
YR3 TFAH-Trust for America's Health	98117003	N/A	334.04.98	10/01/22	03/01/23	5,400	0	5,400
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>10,000</b>	<b>0</b>	<b>10,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Age-Friendly Public Health Systems (AFPHS) Learning and Action Network calls that will last 1—2 hours	Designated project lead or their back-up contact actively participate in monthly calls.	The following are the dates of the calls in 2022: 2/1, 3/2, 4/12, 6/14, 8/23, 10/18 & 12/13	Total for attending all these meetings -\$1,200. Billing directions: For 2/1/22 & 3/2/22-\$100 per meeting. For 4/12, 6/14, 8/23, 10/18 & 12/13/22-\$200 per meeting.
2	Participate in at least 12 of the AFPHS Trust for America's Health (TFAH) monthly webinar trainings-either live or recorded versions.	Attend and/or listen to at least 12 of the TFAH AFPHS monthly one-hour webinar trainings and include the names of the training webinars either attended and/or	Final report due by 3/1/23	\$1,200

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		listened to in a written final report template to be provided by DOH.		
3	Develop county specific AFPHS Action Plan with Area Agency on Aging, utilizing the data from the Older Adult Health County Profiles. The plan should include at least one activity that falls within the AFPHS 6C's framework.	Prior to finalization of the plan, review Draft plan with DOH and TFAH, via a virtual meeting. The meeting should take place by 3/17/22. Submit an electronic copy or a hyperlink to the finalized plan.	Finalize plan by 3/31/22	\$1,000
4	Implement at least one activity that falls within the AFPHS 6Cs Framework. Examples are included in the <a href="#">application for this funding</a> and additional ideas can be discussed with TFAH and DOH.	<i>Begin to implement the 6C or 6C's listed in AFPHS Action Plan.</i>	9/30/22	<del>\$1,000</del> <i>\$500 must be billed by 9/30/22</i>
		Complete the AFPHS 6C's framework activity. This activity is documented in the county specific AFPHS Action Plan.	2/17/23	<i>\$500 must be billed at the completion of the 6C or 6C's listed in the county specific AFPHS Action Plan</i>
5	Provide content specific to healthy aging, brain health, and Alzheimer's disease/dementia on agency website, including links to national, state, and local resources.	Healthy aging, brain health, and Alzheimer's disease/dementia content is available on LHJ's website and includes links to national, state, and local resources.	Content available on website June 1, 2022 through August 31, 2022	\$500
6	Attend <del>two</del> <i>one</i> 6-hour convenings	Attend convenings-when safe to travel meeting in Olympia. If not safe to travel convenings will be held virtually.	TBD - Travel costs will be covered via additional grant funding-not out of this contract funds.	Payment is for staff time to attend convenings: \$500. <del>per convening, totaling \$1,000</del> <i>Payment for attending the in-person convening must be billed after 10/1/22.</i>
		<i>Spend time reviewing resources about and/or related to AFPHS work. No specific deliverable is due for the capacity building-it is assumed as part of this work</i>	<i>Capacity building-before 9/30/22</i>	<i>The \$500 payment for capacity building must be billed prior to 9/30/22.</i>
7	Implement and complete items in AFPHS Action Plan	Report on completion of AFPHS Action Plan in final report.	2/17/23	\$2,500
8	Complete five-month update	Two five-month updates.	6/30/22 & 11/30/22	\$500 per report (2x\$500 totaling \$1000)
9	Final Report	Final report Template to be provided by DOH.	3/1/23	\$600

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**Program Specific Requirements**

**Special Requirements:**

- Grant funds **may be** used for project staff salaries, supplies, project-related (local) travel, subcontracts, community convenings, and other direct expenses. Funding can be used towards the cost of implementing the AFPHS Action Plan. For example, if there are costs associated with renting space to meet or if food is needed for in-person group meetings.

**Staffing Requirements:** Designate project lead and a back-up contact

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

- Grant funds **may not** be used to substitute for or replace funds already allocated or spent for the same activity; or for equipment, construction or renovation of facilities, lobbying, travel unrelated to the project, or as a substitute for funds currently being used to support similar activities.

**Definitions:** TFAH stands for Trust for America's Health. AFPHS stands for Age-Friendly Public Health Systems.

**Other:**

- Travel to Olympia or another location for AFPHS Learning and Action Network convening(s) is required and will be reimbursed separately, based on [WA State Per Diem Rates](#) and will include mileage and per diem for meals and hotel. This will be reimbursed separately for one participant from the LHJ and AAA per county team. In-person convenings will take place once it is safe to do so; until then convenings will take place virtually, due to COVID-19. There will be up to two in-person convenings depending on travel restrictions due to COVID-19.

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

**SOW Type:** Revision      **Revision # (for this SOW)** 4

**Period of Performance:** January 1, 2022 through June 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

**Revision Purpose:** The purpose of this revision is to extend the period of performance from September 30, 2022 to June 30, 2023, add funding details for MASS VACCINATION CATZ 100%, add language to task 1, add a new task 2 for documentation, and add language to Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date		Current Allocation	Allocation Change None	Total Allocation
*MASS VACCINATION FEMA 100%	934V0200	97.036	333.97.03	01/01/22	09/30/22	0	0	0
*MASS VACCINATION CATZ 100%	934G0200	97.036	333.97.03	07/02/22	06/30/23	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>0</b>	<b>0</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p><b>*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</b></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 Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of</p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><b>Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</b></p> <p><b>Definition:</b> 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>Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. <i>Contracted partners need to be prepared to receive direction and updates at least monthly from <a href="#">COVID-19 Vaccine Information for Healthcare Providers   Washington State Department of Health</a> on operational and regulatory guidance from CDC and DOH.</i></p>			
1A	<p>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around 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>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> <li>• type of site,</li> <li>• site locations,</li> <li>• throughput,</li> <li>• considerations made to ensure equity to historically marginalized populations,</li> <li>• and to the extent possible a regional map of sites/locations.</li> </ul>	<p>Within 30 days of contract amendment execution.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed 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>			
1B	<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 #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1C	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	
1D	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	
2	<i>Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under \$5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.</i>	<ul style="list-style-type: none"> <li>• Payroll Policies</li> <li>• Pull payroll documents from your system of record</li> <li>• Time sheets</li> <li>• Receipts/Invoices for any expenses that are not payroll related</li> <li>• Executed Contract Documents with Sub-Contractors</li> <li>• Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs</li> </ul>	<i>Monthly</i>	<i>*Reimbursement of eligible costs.</i>  <b>MASS VACCINATION CATZ</b> <b>100% Funding</b> <b>(MI 934G0200)</b>  <i>(See Program Specific Requirements below)</i>

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**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 Unique Entity Identifier (UEI) generated by SAM.gov.



Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://USASpending.gov) by DOH as required by P.L. 109-282.

#### **Program Specific Requirements**

##### **Program Manual, Handbook, Policy References**

Emergency Response Plan (or equivalent)

Medical Countermeasure/Mass Vaccination Plan

*Language Access Planning Tool*

##### **Billing Requirements:**

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

Contract Master Index (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 *using CATZ funds for documentation from July 2, 2022 through June 30, 2023.*

Eligible costs from the timeframe of January 1, 2022 through September 30, 2022 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.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through December 31, 2022

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** Update ELC ED and ELC EDE allocations

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Decrease (-)	Total Allocation
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	1,145,035	-989,616	155,419
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	12/31/22	2,919,838	-199,494	2,720,344
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>4,064,873</b>	<b>-1,189,110</b>	<b>2,875,763</b>

Task #	Activity	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"> <li>Incident management for the response</li> <li>Testing</li> <li>Case Investigation/Contact Tracing</li> <li>Sustainable isolation and quarantine</li> <li>Care coordination</li> <li>Surge management</li> <li>Data reporting</li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.				
<b>DCHS COVID-19 Response</b>				
1	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.	Submit the budget plan and narrative using the template provided.	Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.	Reimbursement of actual costs incurred, not to exceed:  <del>\$155,419</del> <del>\$1,145,035</del>
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> <ol style="list-style-type: none"> <li>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.</li> <li>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.</li> <li>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.</li> <li>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.</li> <li>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.)</li> </ol>	<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>FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p> <p><del>\$2,720,344</del> <del>\$2,919,838</del> FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023</p>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <p>i. Ensure all COVID positive lab test results from LHI 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> <p>ii. Maintain records of all COVID negative lab test results from the LHI and enter into WDRS when resources permit or send test results to DOH.</p> <p>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 LHI or DOH for entry.</p> <p>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.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <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 #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exposure, conduct testing and respond to outbreaks.</p> <ul style="list-style-type: none"> <li>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</li> <li>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.</li> <li>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.</li> </ul> <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 (I&amp;Q) measures in accordance with <b>WAC 246-100-045</b> (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> <li>i. Have at least one (1) location for conducting I&amp;Q operations identified and confirmed. This location should be sufficient for supporting I&amp;Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal</li> </ul>	<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 #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>agreement; alternatively, the jurisdiction may 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>ii. Maintain ongoing census data for isolation and quarantine for your population.</p> <p>iii. Planning must incorporate transfer or receipt of people requiring I&amp;Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.</p> <p>iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&amp;Q support, either through mobile teams or the state facility.</p>	Report census numbers to include historic total by month and monthly total for current quarter to date		

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**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 LHH must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHH and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

**All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.**

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

CDC Funding Regulations and Policies

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

**Monitoring Visits (frequency, type)**

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

**Special Billing Requirements**

**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.

**Other:** Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021, were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.



**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Executive Office of Resiliency and Health Security-  
PHEP-Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

**Revision Purpose:** NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22	06/30/23	0	295,345	295,345
FFY21 PHEP BP3 LHJ Funding	31102380	93.069	333.93.06	07/01/22	06/30/23	0	4,176	4,176
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>299,521</b>	<b>299,521</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>1</b>	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	Reimbursement for actual costs not to exceed total funding consideration amount.
<b>All LHJs</b>	Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Additional reporting may be required if federal requirements change.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>2</b>  <b>All LHJs</b>	Across Domains and Capabilities  Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by August 1, 2022, and any changes within 30 days of the change.  Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.	August 1, 2022  Within 30 days of the change.  December 31, 2022 June 30, 2023	
<b>3</b>  <b>All LHJs</b>	Across Domains and Capabilities  Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH.  Input provided to DOH upon request from DOH.	December 31, 2022 June 30, 2023	
<b>4</b>  <b>All LHJs</b>	Domain 1 Community Resilience Capability 1 Community Preparedness  Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.  Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>5</b>  <b>All LHJs</b>	Domain 1 Community Resilience Capability 1 Community Preparedness  Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>6</b>  <b>All LHJs</b>	Domain 1 Community Resilience Capability 1 Community Preparedness  DOH/EPHR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ <b>may</b> use PHEP funding to participate in training and/or learning discussions in the following areas: <ul style="list-style-type: none"> <li>• Adaptive Leadership</li> <li>• Change Management</li> <li>• Trauma-Informed Change Management</li> <li>• Trauma-Informed Systems</li> </ul>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Trauma-Informed Practice</li> <li>Outward Mindset</li> <li>Growth Mindset</li> <li>Racial Equity and/or Social Justice</li> <li>Community Resilience</li> <li>Climate Change and Health Equity</li> <li>Related topics – prior approval from EPRR required for training topics other than those listed above.</li> </ul> <p>Note: Prior approval from DOH/EPRR is required for any out-of-state travel.</p>			
7 <b>All LHJs</b>  <b>Note for RERCs</b>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> <li>Local and/or regional Emergency Manager(s).</li> <li>Local and/or regional hospitals.</li> <li>Local and/or regional elected officials.</li> <li>Local and/or regional Community Health Workers (CHWs).</li> <li>Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (<b>For RERCs</b>, this may include some or all the groups identified in Activity 8)</li> </ul>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
8 <b>RERCs for their LHJ</b>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.</p> <p>8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plans available upon request.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Use Washington Tracking Network to identify social vulnerability to hazards - <a href="#">Information by Location   Washington Tracking Network (WTN)</a>.</li> </ul> <p>8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident.</p> <p>8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident.</p> <p>8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.</p>			
<b>9</b> <b>All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>“Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area.</li> <li>The target is to mobilize a response within 45 minutes.</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>	LHJ performance measure data (PM 1)	June 30, 2023	
<b>10</b> <b>All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response.</p> <p>Note: DOH will provide additional guidance about submitting performance measure data.</p>	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>11</b> <b>All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP).</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>	LHJ performance measure data (PM 3)	June 30, 2023	
<b>12</b> <b>All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>DOH will work with regions and LHJs to customize and schedule training(s).</li> <li>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.</li> <li>For Seattle-King County and Tacoma-Pierce County, the LHJ is the region</li> </ul>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>13</b> <b>RERCs for their PHEP region</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>Participate in quarterly DOH Training &amp; Exercise Call (unless cancelled). Call topics may include, but not limited to:</p> <ul style="list-style-type: none"> <li>Training and exercise opportunities.</li> <li>Delivery of training and exercises.</li> <li>Training and exercise opportunities.</li> </ul>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.			
<b>14 LERCs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</p> <p>14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>14.2 Input to RERCs</p> <p>Mid-year report on template provided by DOH</p> <p>14.3 Participation in IPPW.</p>	<p>14.2 As requested by RERCs</p> <p>December 31, 2022</p> <p>14.3 As requested by DOH.</p>	
<b>15 RERCs with their PHEP region except Seattle-King and Tacoma-Pierce</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p> <p>15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>Mid-year report on template provided by DOH.</p> <p>15.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>15.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>15.3 As requested by DOH.</p>	
<b>16 Seattle-King and Tacoma-Pierce</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</p>	<p>Mid-year report on template provided by DOH.</p> <p>16.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>16.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>16.3 As requested by DOH.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.			
<b>17 RERCs for their LHJ</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> <li>• The process for requesting and receiving resource support</li> <li>• The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> <li>○ The functionality of critical public health operations</li> <li>○ The functionality of critical healthcare facilities and the services they provide</li> <li>○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)</li> <li>○ Number of disease cases</li> <li>○ Number of fatalities attributed to an incident</li> <li>○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report</li> <li>○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation</li> </ul> </li> </ul> <p>Note: The communication drill (Activity 22) does not meet the requirement for participation in an exercise or real world event.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
<b>18 All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>18.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>18.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>19</b> <b>All LHJs</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>An AAR may be completed part-way through an extended response, for example, COVID-19.</li> <li>Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.</li> <li>Include name, title, and organization of each participant in documentation (AAR).</li> <li>Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report(s)/Improvement Plan(s)</p>	<p>December 31, 2022 June 30, 2023</p>	
<b>20</b> <b>All LHJs except Seattle-King</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> <li>Local Health Officer</li> <li>Public Health Official(s)</li> <li>Emergency Manager</li> <li>Regional Health Care Coalition</li> <li>Local and regional hospitals, if in your county</li> <li>Federally Qualified Health Center(s), if in your county</li> <li>Accountable Community of Health</li> <li>Emergency Medical Services Medical Program Director</li> <li>County Coroner or Medical Examiner</li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.</li> <li>Include name, title, and organization of each participant in documentation (AAR).</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.</li> <li>This may be completed part-way through the COVID-19 response.</li> <li>This AAR may be used to meet the requirement above as well (Activity 19).</li> </ul>			
<b>21 Seattle-King</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>21.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.</p> <p>21.2 Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.</li> <li>Include organization of each participant in documentation (AAR).</li> <li>Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.</li> <li>This may be completed part-way through the COVID-19 response</li> <li>This AAR may be used to meet the requirement above as well (Task #19).</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	
<b>22 All LHJs</b>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>22.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>If you use a real-world event to meet 22.2, 22.3, and 22.4, submit hotwash or AAR with report.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>information on the public health communicator online collaborative workspace (for example, Basecamp).</p> <p>22.2 Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023.</p> <p>22.3 Conduct a hot wash evaluating LHJ participation in the drill (22.2).</p> <p>22.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Participation in a real world event may meet the requirement for 22.2, 22.3, and 22.4.</li> <li>• If the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date <b>or</b> include a summary of communication activities <b>and</b> one sample of communication in mid-year or end-of year report.</li> </ul>	If the real-world event is ongoing, submit hotwash or AAR, <b>or</b> brief summary of communication activities <b>and</b> one sample of communication with report.		
<b>23</b> <b>All LHJs</b>	<p>Domain 3 Information Management</p> <p>Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• The target is within the first six hours.</li> <li>• DOH will provide additional guidance about submitting performance measure data.</li> </ul>	LHJ performance measure data (PM 7)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>24</b> <b>All LHJs</b>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>24.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>24.2 Participate in DOH-led notification drills.</p> <p>24.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Registered users must log in quarterly at a minimum.</li> <li>DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents.</li> </ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
<b>25</b> <b>RERCs for their PHEP region</b>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>25.1 Participate in quarterly DOH-led WASECURES Users Group,</p> <p>25.2 Provide technical assistance to LHJs in PHEP region as needed. (<i>Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.</i>)</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
<b>26</b> <b>All LHJs</b>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>27</b> <b>All LHJs</b> <b>RERCs additional activity</b> <b>Note for CRI LHJs</b>	<p>Domain 4 Countermeasures and Mitigation            Capability 8 Medical Countermeasures Dispensing            Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p><b>RERCs</b> – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> <li>Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #28)</li> </ul> <p>Notes</p> <ul style="list-style-type: none"> <li>DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions.</li> <li>LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan.</li> <li>LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28.</li> <li>CRI LHJs – See also CRI activity #4.</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	<p>December 31, 2022            June 30, 2023</p> <p>June 30, 2023</p>	
<b>28</b> <b>All LHJs</b>	<p>Domain 4 Countermeasures and Mitigation            Capability 9 Medical Countermeasures Management and Distribution</p> <p>Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).</p>	LHJ performance measure data (PM 5)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>29</b> <b>RERCs for their LHJs</b>	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045.</li> <li>LHJ may also conduct a drill or tabletop exercise to exercise plans.</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Plans available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
<b>30</b> <b>RERCs for their LHJ</b>	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plan available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
<b>31</b> <b>All LHJs</b>	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> <li>Northwest Healthcare Response Network (Network)</li> <li>Regional Emergency and Disaster (REDi) Healthcare Coalition</li> <li>Healthcare Alliance (Alliance)</li> </ul> <p>During each reporting period (see notes below), participate in <b>one or more</b> of the following activities:</p> <ul style="list-style-type: none"> <li>Meetings - Communication <ul style="list-style-type: none"> <li>Regional meeting, in person or virtually.</li> <li>Subgroup (catchment area, committee, district, etc. (meeting in person or virtually)</li> <li>Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities.</li> <li>Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.</li> </ul> </li> </ul>	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Planning <ul style="list-style-type: none"> <li>Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans.</li> </ul> </li> <li>Drills and Exercises <ul style="list-style-type: none"> <li>Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts.</li> </ul> </li> <li>Response <ul style="list-style-type: none"> <li>Information sharing process during incidents.</li> <li>Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction.</li> </ul> </li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023</li> <li>LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> <li>Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum.</li> <li>Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom.</li> <li>REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima.</li> </ul> </li> </ul>			
<b>32</b> <b>All LHJs</b>	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>“Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers.</li> </ul>	LHJ performance measure data (PM 8)	June 30, 2023	

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Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"><li>DOH will provide additional guidance about submitting performance measure data.</li></ul>			
33  RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge  Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH.  Agreements available upon request.	December 31, 2022 June 30, 2023	
34  RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge  Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: <ul style="list-style-type: none"><li>Biohazard/Waste Management</li><li>Feeding</li><li>Laundry</li><li>Communications</li><li>Sanitation</li></ul>	Mid- and end-of-year reports on templates provided by DOH.  Lists available upon request.	December 31, 2022 June 30, 2023	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps.  Note: PHEP Region 4: Clark, Cowlitz, Skamania, and Wahkiakum LHJs.	Mid- and end-of-year reports on templates provided by DOH.  Sign in sheets and agendas for trainings conducted by Clark County available upon request.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>LHJ Request Kitsap 3</b>	3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.  3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.	Mid- and end-of-year reports on templates provided by DOH.  Website screenshots available upon request.	December 31, 2022 June 30, 2023	
<b>LHJ Request Spokane 1</b>	Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Spokane 2</b>	As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Spokane 3</b>	Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.	Mid- and end-of-year reports on templates provided by DOH.  Agreements and subcontracts available upon request.	December 31, 2022 June 30, 2023	
<b>LHJ Request Tacoma-Pierce 2</b>	Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Tacoma-Pierce 3</b>	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Tacoma-Pierce 4</b>	Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>LHJ Request Thurston 1</b>	Domain 5 Surge Management Capability 15 Volunteer Management  1.1 Maintain a Medical Reserve Corps (MRC) unit.  1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	local jurisdiction to support health and medical response operations.  1.3 Identify target mission sets for development within the MRC unit.			

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

**Special Requirements:**

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov), unless otherwise specified.

**Restrictions on Funds:**

Please reference the Code of Federal Regulations:

[https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200\\_1439](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439)

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through June 30, 2022

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<input type="checkbox"/> Federal <Select One>	<input type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Periodic Distribution
<input type="checkbox"/> Other		

**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. For SFY22, the Steering Committee is using an iterative approach to decision making. Determining investments for SFY22 (July 1, 2021 – June 30, 2022). 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 through 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total SFY22 funding allocation is for the period of July 1, 2021 through June 30, 2022. The funding allocations will be divided into two 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. The July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only.

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.

**Revision Purpose:** Changing Period of Performance end date to June 30, 2022 to reflect this work and funding associated to SFY22. Also removing the funds associated with FPHS-LHJ-PROVISO (YR2) as it's now reflected in the Statement of Work effective July 1, 2022.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Decrease (-)	Total Allocation
FPHS-LHJ-PROVISO (YR1) Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)	99202111	N/A	336.04.25	01/01/22	06/30/22	1,345,000	0	1,345,000
FPHS-LHJ-PROVISO (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	1,345,000	-1,345,000	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>2,690,000</b>	<b>-1,345,000</b>	<b>1,345,000</b>

BARS Expenditure Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22	SFY23	21-23 BIENNIAL
			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	<del>529,000</del>	<del>1,058,000</del>
10	Assessment	CHA/CHIP	X		30,000	<del>30,000</del>	<del>60,000</del>
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		261,000	<del>261,000</del>	<del>522,000</del>
24	CD	Hepatitis C	X		37,000	<del>37,000</del>	<del>74,000</del>
40-53, 93	EPH	Environmental Public Health (EPH)	X		488,000	<del>488,000</del>	<del>976,000</del>
<b>TOTAL</b>					<b>\$1,345,000</b>	<b><del>\$1,345,000</del></b>	<b><del>\$2,690,000</del></b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Results are published in the annual FPHS Investment Report. FPHS indicator metrics available <a href="#">here</a> .	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH.  FPHS annual reporting (template provided by the FPHS Steering Committee via DOH).	TBD  For SFY22 (07/01/21 – 06/30/22) due by 08/15/22  <del>For SFY23 (07/01/22 – 06/30/23) due by 08/15/23</del>	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p><b>Reinforcing Capacity</b> – These funds are to <b>each LHI</b> to deliver FPHS in <b>their own jurisdiction</b> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance &amp; 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.</p> <p>Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53.</p>			
2	<p><b>Assessment – CHA/CHIP</b> (FPHS definitions G.3) – <u>These funds are to each LHI to deliver FPHS in their own jurisdiction</u> – 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.</p> <ul style="list-style-type: none"> <li>Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners.</li> <li>Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners.</li> </ul> <p>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. Coordinate with the Spokane Regional Health District to participate in <a href="#">County Health Insights</a>.</p> <p>Suggested BARS expenditure codes: 562.11.</p>			
3	<p><b>Communicable Disease (CD)</b> (FPHS definitions C.1, 2, 3, 4, 6) – <u>These funds are to each LHI to deliver FPHS in their own jurisdiction</u> – 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.</p> <ol style="list-style-type: none"> <li>Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions.</li> <li>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.</li> <li>Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.</li> <li>Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines.</li> </ol> <p>Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.</p>			
4	<p><b>Communicable Disease – Hepatitis C</b> (FPHS definitions C.4.o-p) – <u>These funds are to select LHJs to deliver FPHS in their own jurisdiction</u>. – 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>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>The priorities for the 2021-2023 biennium (July 2021 – June 2023):</p> <ul style="list-style-type: none"> <li>• Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.</li> <li>• 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.</li> </ul> <p>Suggested BARS expenditure codes: 562.24.</p>			
5	<p><b>Environmental Public Health (EPH)</b> (FPHS definitions B.3 &amp; 4) – <u>These funds are to each LHJ to deliver services in their own jurisdiction.</u> In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> <li>• 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)</li> </ul> <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"> <li>• 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.</li> <li>• 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"> <li>○ Work with partners to educate and inform public on OSS monitoring and maintenance</li> <li>○ Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities.</li> <li>○ Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired.</li> <li>○ Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources.</li> <li>○ Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage.</li> </ul> </li> </ul>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>○ Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law.</li> <li>• 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: <ul style="list-style-type: none"> <li>○ Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities.</li> <li>○ Participate with statewide public health groups to standardize school program implementation.</li> <li>○ Focus on schools that have not previously been inspected to assess current conditions</li> <li>○ Focus on existing elementary schools for first phase of inspections program <ul style="list-style-type: none"> <li>▪ Indoor Air Quality</li> <li>▪ Classroom</li> <li>▪ Healthy cleaning and indoor environments</li> <li>▪ Playground</li> <li>▪ Drinking water (lead)</li> </ul> </li> </ul> </li> </ul> <p>Suggested BARS expenditure codes: 562.xx – 40-53.</p>			

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#### **Program Specific Requirements**

##### **Program Manual, Handbook, Policy References:**

All FPHS Resources – [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs) or [FPHS | Powered by Box](#)

##### **Special References (i.e., 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. \(wa.gov\)](#)

##### **Definitions:**

FPHS Definitions – <https://wsalpho.box.com/s/qb6ss10mxbrajx0fla742lw6zcfxzohk>

##### **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](http://www.doh.wa.gov/lhjfunding)

**DOH Program Contact**

Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health  
Mobile Phone 360-951-7566 / [marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov)

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Infectious Disease Care & Prevention -  
Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 client-centered activities that improving health outcomes in support of the HIV care continuum.

**Revision Purpose:** Remove funding and task related to Syringe Service Program (SSP) and increase funding related to Outreach, Case Management and HIV CQM that was previously missed in annual allocations.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	07/01/22	03/31/23	348,438	29,820	378,258
FFY23 RW GRANT YEAR LOCAL (REBATE)	1261853C	N/A	334.04.98	04/01/23	06/30/23	116,146	9,940	126,086
STATE DRUG USER HEALTH PROGRAM	12405100	N/A	334.04.91	07/01/22	06/30/23	40,000	-40,000	0
HIV LOCAL PROVISIO - RW GRANT YEAR 2022	12618521	N/A	334.04.98	07/01/22	03/31/23	92,442	0	92,442
HIV LOCAL PROVISIO - RW GRANT YEAR 2023	12618531	N/A	334.04.98	04/01/23	06/30/23	30,814	0	30,814
						0	0	0
<b>TOTALS</b>						<b>627,840</b>	<b>-240</b>	<b>627,600</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Drug User Health</b>				
<i>Syringe Service Program (SSP)</i>	<i>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</i>	<i>All data is entered into DOH provided database for tracking SSP activities monthly.</i>	<i>Data is entered into database by the 15th of the following month.</i>	<i>Total reimbursement not to exceed:</i>  <i>\$40,000—MI 12405100—</i> <i>State Drug User Health</i>  <i>\$40,000 for 7/1/22-6/30/23</i>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<del>referrals to address social determinants of health.</del>  <del>The contractor will enter all deliverable data into DOH provided database for tracking SSP activities.</del>			
<b>HIV Community Services - Care</b>				
Outreach Services – Peer Navigation	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.  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.	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	<b>Total reimbursement not to exceed \$ \$84,696. See split out below by code.</b> <b>\$63,522– MI 12618521 – Local Proviso</b>  \$63,522 for 7/1/22-3/31/23  <b>\$21,174 – MI 12618531 – Local Proviso</b>  \$21,174 for 4/1/23-6/30/23
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of 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.	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.  Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client  Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.	Agency must adhere to DOH ID Reporting Requirements	<b>Total reimbursement not to exceed \$ <del>\$501,565</del> <del>\$461,804</del>. See split out below by code.</b>  <del>\$376,173</del> <del>\$346,353</del> – MI 1261852C – Local Rebates  <del>\$376,173</del> <del>\$346,353</del> for 7/1/22-3/31/23  <del>\$125,391</del> <del>\$115,451</del> – MI 1261853C – Local Rebates  <del>\$125,391</del> <del>\$115,451</del> for 4/1/23-6/30/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.		
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	<b>Total reimbursement not to exceed \$4,500. See split out below by code.</b>  <b>\$3,375 – MI 1261852C – Local Rebates</b>  \$3,375 for 7/1/22-3/31/23  <b>\$1,125 – MI 1261853C – Local Rebates</b>  \$1,125 for 4/1/23-6/30/23
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	<b>Total reimbursement not to exceed \$14,972. See split out below by code.</b>  <b>\$14,972 – MI 1261852C – Local Rebates</b>  \$14,972 for 7/1/22-3/31/23  <b>\$3,743 – MI 1261853C – Local Rebates</b>  \$3,743 for 4/1/23-6/30/23
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	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	<b>Total reimbursement not to exceed \$8,548. See split out below by code.</b>  <b>\$6,411 – MI 1261852C – Local Rebates</b>  \$6,411 for 7/1/22-3/31/23  <b>\$2,137 – MI 1261853C – Local Rebates</b>  \$2,137 for 4/1/23-6/30/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	gaining or maintaining compliance with HIV-related health services and treatment.			
HIV Clinical Quality Management (CQM)/Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</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 Management Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>Total reimbursement not to exceed \$13,320. See split out below by code.</b></p> <p><b>\$13,320 – MI 1261852C – Local Rebates</b></p> <p>\$13,320 for 7/1/22-3/31/23</p> <p><b>\$3,330 – MI 1261853C – Local Rebates</b></p> <p>\$3,330 for 4/1/23-6/30/23</p>
Emergency Financial Assistance	<p>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 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><b>Please note:</b> Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.</p>	<p>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.</p> <p><b>Please note:</b> This task requires client level data to be entered into Provide</p>	Agency must adhere to DOH ID Reporting Requirements	<p><b>Total reimbursement not to exceed \$0. See split out below by code.</b></p> <p><b>\$0 – MI 1261851C – Local Rebates</b></p> <p>\$0 for 1/1/22-3/31/22</p> <p><b>\$0 – MI 1261852C – Local Rebates</b></p> <p>\$0 for 4/1/22-6/30/22</p>

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

#### **PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE**

##### **1. Definitions**

- a. **CONTRACTOR** – Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work

##### **2. Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information

##### **3. Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities.

##### **4. Fiscal Management** – Reference the Infectious Disease Fiscal Manual for more information.

##### **5. Participation in Quality Management/Improvement activities** – Reference the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with your Office of Infectious Disease (OID) contract manager

##### **6. HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data entered into the Provide™ Database System

##### **7. HIV, HCV and STI Testing Services (removed if just a care contract)**

- a. HIV testing services must follow [DOH Non-Clinical Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
- b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10<sup>th</sup> of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10<sup>th</sup>).
- c. HCV testing must follow the Hep C Overview Implementation plan. For more information contact your contract manager.
- d. Monthly data collection for Hep C testing submitted to DOH as well as the appropriate surveillance reporting form if applicable. Please contact the DOH OID Integrated Testing Coordinator for more information.
- e. Any funds generated from payment for services should be reinvested with program intent.
- f. All testing contractors will have Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
- g. HIV test kits and controls should be procured through DOH.
- h. Hepatitis C test kits and controls should be procured through DOH approved sources. Please contact the DOH OID Integrated Testing Coordinator for more information.
- i. STI (GC/CT) test kits should be procured through PHSKC Lab and CDD.
- j. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, 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.
- k. In the event of a standalone HIV test, if STI testing is available at the agency, the reason for no accompanying STI test must be documented. If the agency does not offer STI and/or HCV testing, a referral for STI and/or HCV testing must be documented.
- l. Contractor will ensure that staff are licensed and available to perform HIV, Syphilis and HCV testing, as appropriate, using capillary and venous draws. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or another lab.
- m. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing STI testing services must also attend and complete any additional training as determined necessary by DOH.
- n. For contractors offering HCV testing services, contractor must complete the DOH HCV testing and education course and be approved by the Office of Infectious Disease before providing HCV screening services. Please contact the DOH OID Testing Coordinator for more information.
- o. Contractor shall report all reactive HIV, STI and HCV results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
- p. Contractor must report all reactive HIV and Hep C results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed 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 EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments.

- q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/HCV partner services. Contractors must refer people with reactive HIV/STI/HCV results to the local health jurisdiction for additional follow-up within 3 business days of a positive result. Please contact the DOH OID Testing Coordinator or your Local Health Jurisdiction for more information.
- r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners.

#### **8. HIV Community Services – Prevention Programs**

- a. HIV Community Services – Prevention programs must follow FY22 HIV Community Services- Prevention Implementation Guidelines.
- b. All HIV Community Services – Prevention data, including individual level navigation services, outreach activities, and condom distribution, should be tracked through Provide unless written exception is approved. All client-level data must be entered into Provide™ within three (3) days of service provision.
- c. HIV Community Services – Prevention data elements should be collected by all agencies funded to provide HIV Community Services- Prevention activities. These data elements may be referenced in FY23 HIV Community Services- Prevention Guidelines.

#### **9. Reporting Requirements – Quarterly narrative reports are due on 25th of January, April, July, and October**

#### **10. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**

- a. 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. Opportunities for capacity building and technical assistance for subcontractors will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.

#### **11. Participation in Ending the HIV Epidemic and End the Syndemic Planning & Activities (only for services in King county)**

- a. Ending the HIV Epidemic: A Plan for America (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal. King County has been identified as one of the jurisdictions included in the ETE plan and Public Health Seattle & King County (PHSKC) is the lead agency in implementing this work. Subcontractors operating in King County will be expected to participate in ETE planning and activities in collaboration with PHSKC, as necessary, throughout the contract year.

#### **12. Training requirements – Reference the [HCS Manual](#) for more information**

#### **13. Participation in Washington Syndemic Planning Process – Connect with your Office of Infectious Disease contract manager**

#### **14. Contract Management – Reference the [HCS Manual](#) and HCS Fiscal 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 July 31, 2023. 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**

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

**d. Written Agreements**

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

Technical assistance is available through DOH.

**15. Content Review and Website Disclaimer Notice)**

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health  
 PO Box 47841  
 Olympia, WA 98504-7841  
 Phone: 360-810-1880  
 Email: [Michael.Barnes@doh.wa.gov](mailto:Michael.Barnes@doh.wa.gov)

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs [Program Guidance on the Review of HIV-related Educational and Informational Materials for CDC Assistance Programs](#)

**16. 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.

**17. Confidentiality Requirements** – Reference the [HCS Manual](#) for more information**18. 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:
- c. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
- d. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
- e. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

**19. 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 STI 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)



**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** September 1, 2022 through August 31, 2023

<b>Funding Source</b>	<b>Federal Compliance (check if applicable)</b>	<b>Type of Payment</b>
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input 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 (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Kitsap Public Health District will support strategy 6 - Establishing Linkages to Care, strategy 8 - Partnerships with Public Safety and First Responders, and strategy 9 - Empowering Individuals to Make Safer Choices.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22 08/31/23	0	50,000	50,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>0</b>	<b>50,000</b>	<b>50,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Continue to expand the Peninsula Harm Reduction Network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner on harm reduction and anti-stigma education and improve access to substance use disorder (SUD) treatment and comprehensive care for people who access syringe exchange services. Timeline: By the end of March 2023, LHJ will expand its network to include local health care providers and local EMS.	Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.	Quarterly progress reports to DOH for all tasks.  Due Dates: September-November due December 9, 2022. December-February due March 10, 2023. March-May due June 9, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Total of all invoices will not exceed \$50,000 through August 31, 2023.  (See Special Billing Requirements below.)
2.	Strategy 9: Continue to convene monthly community-wide meetings with partners and potential partners to discuss stigma	Progress report: outcomes of meetings and what strategies and educational programs		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	reduction education programs and overdose prevention strategies for our community. Timeline: Ongoing, monthly.	are being implemented. Successes and challenges. Share materials with DOH.	June-August final report for this funding period due September 29, 2023.	
3.	Strategy 6: Conduct site visits with current and future syringe exchange sites to ensure they are following policies and procedures and collecting appropriate data for exchanges. Continue to provide support and guidance where needed. Timeline: site visits for existing sites will be completed annually. LHJ lead will continue to have monthly check-ins via Zoom or telephone, with the syringe exchange sites it contracts with.	Progress report: Report site visit outcomes, collected data and any important finds, updates or changes to policies.		
4.	Strategy 6: Will implement QA system checklist created in 2022 during site visits with existing syringe exchange sites. Timeline: The Q'A system checklist utilized annually during site visits beginning May 2022.	Progress report: Share progress with implementation of QA system.		
5.	Strategy 8: Continue to build a relationship with EMS and other agencies/programs to begin discussing co-creating a post overdose outreach plan to help connect people who inject drugs with SUD treatment and other services after experiencing an overdose. Timeline: Ongoing - building these relationships will take time but the LHJ lead started that process in 2021/2022.	Progress report: updates on creation and implementation of plan.		
6.	Continue to participate in quarterly and monthly calls with DOH and LHJ's to share lessons learned and successes. Timeline: Ongoing.	Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

**Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):**

- 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.
- Generally, subrecipients may not use funds to purchase furniture or equipment.
- 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.
  - 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/additional-requirements/index.html>).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

**Monitoring Visits (i.e., frequency, type, etc.):**

DOH program staff may conduct site visits up to twice per funding year.

**Billing Requirements:**

Billing on an A19-1A invoice voucher must be received by DOH monthly.

**Special Instructions:**

**The following funding statement must be used for media (publications, presentations, manuscripts, posters, etc.) created using OD2A funding:**

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NU17CE925007, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** LSPAN- Local Strategies for Physical Activity & Nutrition - Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through September 29, 2023

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 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 establish funding for Local Strategies for Physical Activity and Nutrition (LSPAN), a project of the State Physical Activity and Nutrition Program (SPAN).

**Revision Purpose:** The purpose of this revision is to 1) add \$15,000 to the FFY21 funding cycle, 2) extend the period of performance from September 29, 2022 to September 29, 2023 and 3) add funding and due dates for FFY22 activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 PHYS ACTVTY & NUTRITION PROG	77440241	93.439	333.93.43	01/01/22	09/29/22	52,000	15,000	67,000
FFY22 PHYS ACTVTY & NUTRITION PROG	77440242	93.439	333.93.43	09/30/22	09/29/23	0	80,000	80,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>52,000</b>	<b>95,000</b>	<b>147,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	PROGRAM ADMINISTRATION: Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD).	Designated KPHD staff will participate in contract management calls.	January 1, 2022- September 29, 2022 <i>September 30, 2022 - September 29, 2023</i>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
1b	PROGRAM ADMINISTRATION: Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.	Quarterly progress reports to DOH via SharePoint site or email	<b>Year 4-FFY21:</b> <ul style="list-style-type: none"> <li>January 17, 2022 (covering September 30, 2021-December 30, 2021)</li> <li>April 15, 2022 (covering December 31, 2022-March 30, 2022)</li> <li>July 15, 2022 (covering March 31, 2022-June 29, 2022)</li> <li>October 17, 2022 (covering June 30, 2022- September 29, 2022)</li> </ul>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<b>Year 5-FFY22:</b> <i>January 16, 2023 (covering September 30, 2022-December 30, 2022)</i>  <i>April 17, 2023 (covering December 31, 2022-March 30, 2023)</i>  <i>July 17, 2023 (covering March 31, 2022-June 29, 2023)</i>  <i>October 16, 2023 (covering June 30, 2023- September 29, 2023)</i>	
2a	PROGRAM IMPLEMENTATION: Finalize Work Plan and Budget Workbook using DOH-provided templates.	Submit Work Plan to DOH Program Contact via email	Draft due: <b>Year 4- FFY21:</b> March 25, 2022 Final due: <b>Year 4- FFY21:</b> July 15, 2022	Submit Work Plan to DOH Program Contact via email
2b	PROGRAM IMPLEMENTATION: Implement finalized community work plan focused on LSPAN that include: <ul style="list-style-type: none"> <li>Addressing at least two (2) state strategies required by this grant funding.</li> <li>Achieving policy, systems, or environmental changes consistent with the strategies.</li> <li>Identifying and reaching populations with health disparities.</li> </ul>	Quarterly progress reports to DOH via SharePoint site or email	<b>Year 4-FFY21:</b> <ul style="list-style-type: none"> <li>January 17, 2022 (covering September 30, 2021-December 30, 2021)</li> <li>April 15, 2022 (covering December 31, 2022 March 30, 2022)</li> <li>July 15, 20212 (covering March 31, 2022 June 29, 2022)</li> <li>October 17, 2022 (covering June 30, 2022- September 29, 2022)</li> </ul> <b>Year 5-FFY22:</b> <i>January 16, 2023 (covering September 30, 2022-December 30, 2022)</i>  <i>April 17, 2023 (covering December 31, 2022-March 30, 2023)</i>  <i>July 17, 2023 (covering March 31, 2022-June 29, 2023)</i>  <i>October 16, 2023 (covering June 30, 2023- September 29, 2023)</i>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2c	PROGRAM IMPLEMENTATION: Report quarterly expenditures using DOH-provided template.	Report quarterly expenditures using DOH-provided template.	<b>Year 4-FFY21:</b> <ul style="list-style-type: none"> <li>January 17, 2022 (covering September 30, 2021-December 30, 2021)</li> <li>April 15, 2022 (covering December 31, 2022 March 30, 2022)</li> <li>July 15, 20212 (covering March 31, 2022 June 29, 2022)</li> <li>October 17, 2022 (covering June 30, 2022- September 29, 2022)</li> </ul> <b>Year 5-FFY22:</b> <i>January 16, 2023 (covering September 30, 2022-December 30, 2022)</i>  <i>April 17, 2023 (covering December 31, 2022-March 30, 2023)</i>  <i>July 17, 2023 (covering March 31, 2022-June 29, 2023)</i>  <i>October 16, 2023 (covering June 30, 2023- September 29, 2023)</i>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2d	PROGRAM COMMUNICATION:	Provide copies of any relevant communication	<b>Year 4-FFY21:</b> <ul style="list-style-type: none"> <li>January 17, 2022 (covering September 30, 2021-December 30, 2021)</li> </ul>	Reimbursement for actual costs, not to

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Inform partners and public about program successes and related best practices, including social media posts and publication.	products with quarterly progress reports to DOH via SharePoint site or email	<ul style="list-style-type: none"> <li>April 15, 2022 (covering December 31, 2022 March 30, 2022)</li> <li>July 15, 20212 (covering March 31, 2022 June 29, 2022)</li> <li>October 17, 2022 (covering June 30, 2022- September 29, 2022)</li> </ul> <p><b>Year 5-FFY22:</b>  <i>January 16, 2023 (covering September 30, 2022-December 30, 2022)</i></p> <p><i>April 17, 2023 (covering December 31, 2022-March 30, 2023)</i></p> <p><i>July 17, 2023 (covering March 31, 2022-June 29, 2023)</i></p> <p><i>October 16, 2023 (covering June 30, 2023- September 29, 2023)</i></p>	exceed total contract funding. See Program Specific Requirements.
	Write a success story related to LSPAN projects.	One success story using DOH-provided or approved template	<p><b>Year 5-FFY22:</b>  <i>Draft due July 1, 2023</i>  <i>Final due July 29, 2023</i></p>	
3	PROGRAM EVALUATION: Participate in performance measure data collection and program evaluation activities in collaboration with DOH.	Quarterly progress reports to DOH via SharePoint site or email	<p><b>Year 4-FFY21:</b></p> <ul style="list-style-type: none"> <li>January 17, 2022 (covering September 30, 2021-December 30, 2021)</li> <li>April 15, 2022 (covering December 31, 2022 March 30, 2022)</li> <li>July 15, 20212 (covering March 31, 2022 June 29, 2022)</li> <li>October 17, 2022 (covering June 30, 2022- September 29, 2022)</li> </ul> <p><b>Year 5-FFY22:</b>  <i>January 16, 2023 (covering September 30, 2022-December 30, 2022)</i></p> <p><i>April 17, 2023 (covering December 31, 2022-March 30, 2023)</i></p> <p><i>July 17, 2023 (covering March 31, 2022-June 29, 2023)</i></p> <p><i>October 16, 2023 (covering June 30, 2023- September 29, 2023)</i></p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

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

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

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

CDC, Office of Grants Services, Romero Stokes, Grants Management Officer/Specialist, Centers for Disease Control and Prevention Chronic Disease and Birth Defects Services Branch, 2920 Brandywine Road, Mailstop E-09, Atlanta, Georgia 30341, Email: [hj0@cdc.gov](mailto:hj0@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

**Restrictions on Funds:**

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

**Monitoring Visits:** In-person site visits at least once a year if possible

**Billing Requirements:** Must use the budget workbook supplied by the program

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Maternal and Child Health Block Grant - Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through September 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

**Revision Purpose:** The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2022 to September 30, 2023 for continuation of MCHBG related activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	134,581	0	134,581
FFY23 MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	0	159,854	159,854
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>134,581</b>	<b>159,854</b>	<b>294,435</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration</b>				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
1c	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>Designated LHJ staff will attend regional meeting.</i>	<i>September 30, 2023</i>	



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Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
<i>1d</i>	<i>Report actual expenditures for October 1, 2021 through September 30, 2022.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 2, 2022</i>	See Program Specific Requirements and Special Billing Requirements.
<i>1e</i>	<i>Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 9, 2022</i>	
<i>1f</i>	<i>Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 19, 2023</i>	
<b>Implementation</b>				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
2c	<i>Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.</i>	<i>Submit monthly Action Plan reports to DOH Contract manager.</i>	<i>July-Sept 2022 quarterly report due October 15, 2022</i>  <i>November 15, 2022</i> <i>December 15, 2022</i> <i>January 15, 2023</i> <i>February 15, 2023</i> <i>March 15, 2023</i> <i>April 15, 2023</i> <i>May 15, 2023</i> <i>June 15, 2023</i> <i>July 15, 2023</i> <i>August 15, 2023</i> <i>September 15, 2023</i>	
2d	<i>Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.</i>	<i>Submit MCHBG Action Plan to DOH contract manager.</i>	<i>Draft- August 18, 2023</i> <i>Final- September 8, 2023</i>	
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: <a href="https://secureaccess.wa.gov">https://secureaccess.wa.gov</a>	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	reflect activities paid for with funds provided in this statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy and submit any updates to Within Reach.	September 30, 2022	
3d	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023</i>	
3e	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.</i>	<i>30 days after forms are completed.</i>	
3f	<i>Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).</i>	<i>Review resources for your local area on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy and submit any updates to Within Reach.</i>	<i>September 30, 2023</i>	

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](http://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

*All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in preapproved Budget Workbook. Submit a paragraph to your Community Consultant explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.*

**Program Manual, Handbook, Policy References:**

Children and Youth with Special Health Care Needs Manual -

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

**Restrictions on Funds:**

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
  - a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
  - b. Cash payments to intended recipients of health services.
  - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
  - d. Meeting other federal matching funds requirements.
  - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
  - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

**Monitoring Visits:** Telephone calls with DOH contract manager as needed.

**Billing Requirements:** Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the “Total Consideration” for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted quarterly by the 30th of each month following the quarter in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the “Total Consideration” will not be accepted or approved.

**Special Instructions:** Contact DOH contract manager *below* for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Drinking Water Group A Program - Effective January 1, 2022.

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through December 31, 2022

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

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

**Revision Purpose:** The purpose of Revision 1 is to adjust the number of Sanitary Surveys and allocation.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22	12/31/22	17,500	1,500	19,000
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22	12/31/22	1,000	0	1,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>18,500</b>	<b>1,500</b>	<b>20,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> <li>Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up.</li> <li>Completed Small Water System checklist.</li> <li>Updated Water Facilities Inventory (WFI).</li> </ol>	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within <b>30 calendar days</b> of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$250</b> for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid <b>\$500</b> for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	assistance to small community and non-community Group A water systems.	4. Photos of water system with text identifying features 5. Any other supporting documents.  *Final Reports reviewed and accepted by the ODW Regional Office.		Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.  Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within <b>2 working days</b> of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid <b>\$800</b> for each SPI.  Payment is inclusive of all associated costs such as travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline.  Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within <b>30 calendar days</b> of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> <li>• Up to 3 hours of work: <b>\$250</b></li> <li>• 3-6 hours of work: <b>\$500</b></li> <li>• More than 6 hours of work: <b>\$750</b></li> </ul> Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.  Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH.  See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Manual, Handbook, Policy References:** Field Guide (DOH Publication 331-486).

**Special References:**

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

**Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$17,500~~ **19,000** for **Task 1**, and **\$1,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

When invoicing for **Task 1**, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date for which you are requesting payment.

When invoicing for **Task 2-3**, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

**Special Instructions**

**Task 1**

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than **8** surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than ~~31~~ **34** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

**Task 2**

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

**Task 3**

Trained LHJ staff will conduct Technical Assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

**Task 4**

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Immunization COVID-19 Vaccine -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through June 30, 2024

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 (SOW) is to provide funding to conduct COVID-19 vaccine activities.

**Revision Purpose:** The purpose of this revision is to revise language for the COVID vaccine depot activity and to carry forward unspent COVID19 Round 3 funds from the contract that ended December 31, 2021.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	1,032,214	0	1,032,214
COVID19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	0	283,424	283,424
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,032,214</b>	<b>283,424</b>	<b>1,315,638</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.  <b>Example 1:</b> 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.	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 for actual costs incurred, not to exceed total funding consideration amount.



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>Example 2:</b> 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			
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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	Final written report, showing the strategies used and the final progress of the reach (template to be provided)	December 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	Between January 1, 2022 and <del>June 30, 2022</del> <i>December 31, 2022</i> 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.  <i>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently</i>	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 January 31 (if not previously submitted) 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)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)	Quarterly reports summarizing quantity, type, and frequency of activities	March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. Quarterly report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. March 31, Annually June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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**Federal Funding Accountability and Transparency Act (FFATA)**

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To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

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**

**Restrictions on Funds:**

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Immunization - Perinatal Hepatitis B -  
Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

**SOW Type:** Original      **Revision # (for this SOW)** 0

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 PPHF Ops	74310226	93.268	333.93.26	07/01/22	06/30/23	0	2,500	2,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>2,500</b>	<b>2,500</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	1. In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following: <ul style="list-style-type: none"> <li>• Identification of hepatitis B surface antigen (HBsAg)-positive pregnant women and pregnant women with unknown HBsAg status.</li> <li>• Reporting of HBsAg-positive women and their infants.</li> <li>• Case management for infants born to HBsAg-positive women to ensure administration of hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post vaccination serologic testing.</li> </ul>	Enter information for each case identified into the Perinatal Hepatitis B module of the Washington Immunization Information System	By the last day of each month	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2. Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations.</p> <p>3. Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.</p>			

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**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** OI-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 contract with local health to conduct activities to improve immunization coverage rates.

**Revision Purpose:** The purpose of this revision is to change the Statement of Work

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change None	Total Allocation
FFY23 VFC Ops	74310222	93.268	333.93.26	07/01/22	06/30/23	16,134	0	16,134
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>16,134</b>	<b>0</b>	<b>16,134</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners <i>(can use pre and post qualitative or quantitative collection methods).</i> <del>The proposal must meet guidelines outlined in the Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates announcement.</del> <i>Examples of qualitative &amp; quantitative methods/measures:</i> <ul style="list-style-type: none"> <li>Surveys, Questionnaires, Interviews</li> <li>Immunization coverage rates expressed in percentages</li> <li>Observations (i.e., feedback from surveys/interviews, social media posts comments)</li> </ul>	<del>Written proposal and a report that shows starting immunization rates for the target population</del>  Written proposal summarizing project plan and method of assessing/observing change in target population.  (Template will be provided)	August 1, 2022	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li><i>Analytic tools (i.e., google analytics measuring website traffic, page views etc.)</i></li> </ul>			
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2022 March 31, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	<p><del>Perform data collection necessary to enable a comparison of immunization rates from the start of the project</del></p> <p><i>Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples:</i></p> <ul style="list-style-type: none"> <li><i>Increased partner knowledge on immunization guidelines</i></li> <li><i>Change in attitudes about childhood vaccines</i></li> <li><i>Increase in school district immunization coverage rates</i></li> </ul>	<p><del>Final written report, including a report showing ending immunization rates for the target population (template will be provided)</del></p> <p><i>Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].</i></p> <p><i>(Template will be provided)</i></p>	June 15, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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#### **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 Unique Entity Identifier (UEI) generated by SAM.gov.

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**

Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Office of Immunization Regional Representatives -  
Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** July 1, 2022 through June 30, 2023

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2022 - June 30, 2023

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 VFC IQIP	74310224	93.268	333.93.26	07/01/22	06/30/23	0	27,588	27,588
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>27,588</b>	<b>27,588</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.				
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted)  New Enrollment Training Guide (CVP SharePoint Site)  Information Sharing Agreement - DOH 348-576	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or disenroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	<p>Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	<p>Complete the Compliance Site Visit project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p>	<p>a) Submit completed Compliance Site Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p>	<p>a) By July 31, 2022</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p> <p>d) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<b><u>IOIP (Immunization Quality Improvement for Providers)</u></b> a) Complete Project Management Scheduling Tool  b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region. Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site.  c) Continue following up with provider sites at two (2), six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider's Guide.	a) Copy of project management plan (template will be provided)  b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.  c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up	a) Within five (5) business days of the IQIP Annual Training  b) Within five (5) business days of visit  c) Within five (5) business days of contact	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://www.usaspending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunization.
- Regional representatives must have access to a digital data logger with current certificate of calibration and qualified packouts or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan)

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Supplemental Nutrition Assistance Program-Education -  
Effective January 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through December 31, 2024

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <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 adjust the funding spent in the October 2021 to December 2021 period.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Decrease (-)	Total Allocation
FFY22 IAR SNAP ED PROG MGNT-REGION 5	76701939	10.561	333.10.56	01/01/22 09/30/22	117,220	-19,204	98,016
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>117,220</b>	<b>-19,204</b>	<b>98,016</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1.0	<b>Project Planning, Implementation, and Performance</b> 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. Project plan supports at least one State SNAP-Ed goal as selected by Subrecipient. 4. Demonstrates progress towards project objective(s), and additional project goal(s) determined by Subrecipient are demonstrated and reported.	<b>For the Period:</b> 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD  <b>Due:</b> per the approved work plan and per the required due dates during the federal fiscal year, and no later than 09/30/23. 10/01/23 to 12/31/24 TBD.	Reimbursement upon on-time receipt and approval of acceptable deliverables/outcomes for the funding period will not exceed <b>\$117,220</b> <b>\$98,016.</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<p>5. Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.</p> <p><b>MEASURE</b> Sites and audiences included in Project by Subrecipient documented as approved eligible sites or audiences.</p> <p>Documented required reporting by Subrecipient of the delivery, implementation, and evaluation of approved Project activities in the required PEARS online reporting modules, where relevant to Project (Program Activities, PSE Site Activities, Indirect Activities, Coalitions, Partnerships, and Success Stories), and in a progress report form/system approved by DOH.</p> <p>Documented reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports.</p> <p>Cost per reach meets current cost-effective measure when reviewed by DOH.</p>		<p><b>Kitsap Public Health District</b> will be paid the allowable costs incurred based on their approved budget and program allowability. See special billing requirements section.</p> <p><b>**NOTE:</b> The DOH SNAP-Ed program will deny payment for any costs not submitted by the required due dates without prior DOH approval in writing.</p>
1.1	<p><b>Project Progress: Monitoring and Compliance</b> 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.</p> <p>Monitoring of Subrecipient Project progress includes but is not limited to the following activities:</p> <ol style="list-style-type: none"> <li>one-on-one progress reviews with DOH,</li> <li>progress reports submitted to DOH,</li> <li>project monitoring completed with DOH or DSHS or USDA, and</li> <li>project monitoring site visits completed by SNAP-Ed statewide initiative teams.</li> </ol>	<ol style="list-style-type: none"> <li>On-time delivery of proposed list of Project site(s) or audience(s) to DOH.</li> <li>All sites and/or audiences are determined to be eligible per current SNAP-Ed eligibility guidance and DOH process before programming begins with site(s) or audience(s).</li> <li>Demographic data of class participants is collected and reported for all direct education strategies.</li> <li>On-time reporting of actual participant reach to DOH in approved method/form.</li> <li>Intervention strategies implemented as planned or using approved alternate strategies.</li> <li>Approved evaluation plans and methods implemented for the project (e.g. pre and post surveys for direct education; PSE assessments).</li> <li>Evaluation results are used to report progress and outcomes of project, and to adapt the project as needed.</li> </ol>	<p><u>For the Period:</u> 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD</p> <p><b>Due: Progress reviews.</b> Occur at minimum once a fiscal year, and no later than 09/30/23. 10/01/23 to 12/31/24 TBD.</p> <p><b>Due: Project monitoring.</b> Occurs at minimum once within every other 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>See payment information as referenced in task number 1.0</p>

Task #	Activity	Deliverables/Outcomes	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"> <li>1. Progress demonstrated in achieving goal(s) outlined in the project.</li> <li>2. Progress demonstrated in achieving objective(s) outlined in the project's interventions.</li> <li>3. Progress demonstrated in creating a sustainable project.</li> <li>4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation.</li> <li>5. Progress demonstrated in working with DSHS community services offices (CSOs).</li> <li>6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients.</li> <li>7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable.</li> <li>8. Compliance with current SNAP-Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance).</li> </ol>	<ol style="list-style-type: none"> <li>8. Strategy as feasible for working with one or more CSOs implemented and demonstrated to increase knowledge, awareness, or participation of SNAP-Ed eligible audience.</li> <li>9. Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) is implemented and demonstrated to increase knowledge, awareness, or participation of program(s) in SNAP-Ed eligible audience.</li> <li>10. <b>Direct education strategies only:</b> Statewide SNAP-Ed Curriculum team or DOH monitoring reviews show education delivered with fidelity, with no major deficiencies. If major deficiencies documented, corrected properly within timeline required.</li> <li>11. 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.</li> </ol> <p><b>MEASURE</b></p> <p><b>Progress reviews</b> – 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.</p> <p><b>Project monitoring</b> – completed in person, web conference, phone, or via email as needed. Completion of on-site program observations where applicable. Completion of project monitoring report forms, with monitoring results documented and provided to Subrecipient.</p> <p><b>Fiscal monitoring</b> – 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><b>Due: Fiscal monitoring.</b> 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 #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2.0	<p><b>Evaluation Data and Reports</b> 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"> <li>1. Progress reports</li> <li>2. Reporting in PEARS online reporting system of all SNAP-Ed activities</li> </ol> <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>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"> <li>• Formative evaluation</li> <li>• Process evaluation</li> <li>• Outcome evaluation</li> <li>• Qualitative evaluation</li> <li>• Evaluation of PSE strategies</li> </ul> <p><b>Please Note:</b> the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements.</p> <p><b>Please Note:</b> 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>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"> <li>1. Progress for all intervention strategies reported for approved project plan.</li> <li>2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE).</li> <li>3. Success stories 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).</li> <li>4. Required release form(s) for all photos submitted.</li> <li>5. <b>Direct education strategies only:</b> All required information for scheduled direct education lessons submitted to Statewide SNAP-Ed Curriculum team, using approved form/system, by dates required.</li> </ol> <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> <ol style="list-style-type: none"> <li>6. <b>Direct education strategies only:</b> Pre-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the pre-test survey.</li> <li>7. <b>Direct education strategies only:</b> Post-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the post-test survey.</li> <li>8. <b>Direct education strategies only:</b> Demographic cards for each class series are entered into PEARS by Subrecipient no later than two weeks after collection of the demographic cards.</li> </ol> <p><b>MEASURE</b> 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</p>	<p><u>For the Period:</u> 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD</p> <p><b>Progress Reports:</b> 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 9/15/22. If the 10<sup>th</sup> calendar day falls on a weekend day, the report is due the next business day.</p> <ul style="list-style-type: none"> <li>• 1st Progress report due 1/11/22</li> <li>• 2nd Progress report due 4/12/22</li> <li>• 3rd Progress report due 7/12/22</li> <li>• Final Progress report due 9/15/22 or follow close-out procedures.</li> <li>• FFY 23-24 TBD</li> </ul> <p><b>PEARS:</b> Project evaluation and reporting required between 10/1/21 to 9/15/22.</p> <ul style="list-style-type: none"> <li>• <b>Direct education strategies only:</b> PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided.</li> <li>• <b>Due:</b> 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 which is due by 9/15/22.</li> <li>• Jan 2022 by 2/26/22</li> <li>• Feb 2022 by 3/31/22</li> <li>• Mar 2022 by 4/30/22</li> <li>• Apr 2022 by 5/31/22</li> <li>• May 2022 by 6/30/22</li> </ul>	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		reporting method/form, on or before the required due dates, or by approved extension date.  <b>Direct education strategies only:</b> 1. Entry of required SNAP-Ed participant surveys into PEARS using DOH approved method, on or before the required due dates or by approved extension date. 2. 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.	<ul style="list-style-type: none"> <li>Jun 2022 by 7/30/22</li> <li>Jul 2022 by 8/31/22</li> <li>Aug 2022 by 9/15/22</li> <li>Final data entry for all activities not already reported, due by 9/15/22, or follow close-out schedule.</li> <li>FFY23-24 TBD</li> </ul> <p>SNAP-Ed Direct education conducted between 01/01/22 and 9/15/22. FFY23-24 TBD</p> <ul style="list-style-type: none"> <li><b>Direct education strategies only:</b> Completed Pre- and post-test surveys are 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 entered by Subrecipient, no later than COB 9/15/22, or follow close-out schedule.</li> </ul>	
3.0	<b>Civil Rights Training</b> 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"> <li>Training and source</li> <li>Who attended</li> <li>Date completed</li> </ul>	On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff.  <b>MEASURE</b> Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date.	<b>For the Period:</b> 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD  <b>Due:</b> 01/01/22 for all SNAP-Ed funded staff. FFY23-24 TBD. New hires to complete within 30 days of hire.	See payment information as referenced in task number 1.0
3.1	<b>Other Required Training and Meetings</b> 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.  <ul style="list-style-type: none"> <li><b>Fiscal training</b> – fiscal agent <u>or</u> project coordinator, whoever is most responsible</li> </ul>	On-time completion of all required trainings by required SNAP-Ed staff.  Attendance of required or appropriate staff person(s) at all required meetings.  Demonstration of satisfactory understanding of the information and concepts included in required trainings.  <b>SNAP-Ed Curriculum:</b> On-time completion of required training for specific curriculum to be used in direct education strategy by project coordinator <u>or</u> qualified	<b>For the Period:</b> 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD  <b>Fiscal:</b> Annually, and no later than March 31, 2022. FFY23-24 TBD.  <b>SNAP-Ed Curriculum:</b> 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	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program.</p> <ul style="list-style-type: none"> <li>• <b>Food handler training</b> – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public.</li> <li>• <b>Training on data collection and reporting</b> – project coordinator <u>or</u> any staff person responsible for collecting, reporting, or entering SNAP-Ed related data.</li> <li>• <b>Regional meeting(s), when provided</b> – project coordinator <u>or</u> any qualified designated staff person.</li> <li>• <b>Annual State SNAP-Ed forum, when provided</b> - project coordinator <u>or</u> any qualified designated staff person.</li> <li>• <b>SNAP-Ed Curriculum training (either in person or online)</b> (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.</li> <li>• <b>SNAP-Ed Systems Approaches for Healthy Communities training (online or in person, when provided)</b> - project coordinator <u>and</u> all staff involved in planning, implementing, and evaluating SNAP-Ed project activities.</li> <li>• <b>Project coordinator meetings (conference calls or in person)</b> –project coordinator <u>or</u> qualified designated staff person.</li> </ul>	<p>designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</p> <p><b>Food handler training:</b> 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><b>Coordinator meetings:</b> Attendance of project coordinator or qualified, designated staff person to at least 50% of all coordinator meetings provided.</p> <p><b>Regional meetings:</b> Attendance of project coordinator or qualified, designated staff person to at least 50% of all regional meetings provided.</p> <p><b>State Forum:</b> Attendance of project coordinator or qualified, designated staff person to all state forums provided.</p> <p><b>SNAP-Ed Systems Approaches for Healthy Communities:</b> 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><b>MEASURE</b> 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>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><b>Data collection and reporting:</b> 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><b>Annual Forum:</b> Annually, when provided, and no later than 9/30/22. FFY23-24 TBD</p> <p><b>Coordinator meetings:</b> Completed on dates scheduled by DOH, when provided.</p> <p><b>Regional meetings:</b> Completed on dates scheduled by DOH, when provided.</p> <p><b>SNAP-Ed systems approaches training <u>online</u>:</b> All SNAP-Ed funded staff with programmatic responsibilities will complete at least once. Current staff who have not taken this training will complete by September 30, 2022. New hires (defined as May 1, 2022 forward) to take within 6 months of start date.</p>	
4.0	<b>SNAP-Ed Inventory</b>	On-time updates to SNAP-Ed inventory list.	<u>For the Period:</u> 01/01/22 to 09/30/23	See payment information as

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<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 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.</p> <p><i>*See special requirements section - Monitoring</i></p>	<ol style="list-style-type: none"> <li>Inventory list updated per due dates required.</li> <li>Inventory list contains complete list of all items purchased with SNAP-Ed funds in current fiscal year and previous fiscal years still in use and in possession of the Subrecipient.</li> </ol> <p><b>MEASURE</b> Completed documentation showing updated SNAP-Ed inventory using approved form/system provided.</p>	<p>10/01/23 to 12/31/24 TBD</p> <p><b>Due:</b> Inventory list is required to be updated at minimum annually and no later than 9/15/22. FFY23-24 TBD.</p> <p>At the time of a fiscal or project monitoring review, or when requested, an up-to-date inventory list must be made available.</p>	referenced in task number 1.0
5.0	<p><b>SNAP-Ed A19 Invoices</b> 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<sup>st</sup> of the current fiscal year.</p>	<p>On-time delivery of correct completion of SNAP-Ed A19 invoices, using the current form for the fiscal year.</p> <p>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.</p> <p>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.</p> <p><b>MEASURE</b> 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.</p>	<p><b>For the Period:</b> 01/01/22 to 09/30/23 10/01/23 to 12/31/24 TBD</p> <p><b>Due:</b> 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)</p> <ul style="list-style-type: none"> <li>o January: 2/28/22</li> <li>o February: 3/30/22</li> <li>o March: 4/30/22</li> <li>o April: 5/30/22</li> <li>o May: 6/30/22</li> <li>o June: 7/30/22</li> <li>o July: 8/30/22</li> <li>o August: 9/30/22</li> </ul> <p><b>Final invoice is due</b> November 30th, 2022 or follow close-out schedule. FFY23-24 TBD.</p> <p><b>Or</b> <b>*If pre-approved in writing by DOH,</b> agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.</p>	See payment information as referenced in task number 1.0

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).



**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements/Narrative**

- Contractor shall ensure, and shall require of its subcontractor, that services provided by the subcontractor are provided in accordance with the terms and conditions of the Contract; and Contractor is responsible for the acts and omissions of the subcontractor.
- Contractor shall ensure that the subcontractor and subcontractor's staff who will have unsupervised access to children or vulnerable adults served under the Contract have each completed and received a satisfactory background check before providing services to DSHS clients, as required under the Contract.
- Contractor shall ensure that the subcontractor has and maintains insurance with the same types and limits of coverage as required of the Contractor under the Contract.
- Contractor is responsible to ensure that all terms, conditions, assurances, and certifications set forth in this Contract are included in the subcontract, including all confidentiality and data security requirements.
- All contract terms in the above-referenced contract remain in full force and effect and nothing in this Checklist shall be construed as waiver of terms in the above-referenced Contract.

**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](mailto: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 16<sup>th</sup> 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
  - A 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 1<sup>st</sup> 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	<del>\$117,220</del> \$98,016

**Exhibit A**  
**Statement of Work**  
**Contract Term: 2022-2024**

**DOH Program Name or Title:** Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

**Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through December 31, 2022

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 funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commercial Tobacco Prevention Program through four sources of funding: SFY23 Dedicated Cannabis Account, SFY23 Tobacco Prevention, SFY23 Youth Tobacco Vapor Products, and FFY22 Tobacco-Vap Prevention Component 1.

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.

\*\* PLEASE NOTE: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for FFY22 and SFY23.

**Revision Purpose:** To provide funding and add a task for the contractor to participate in the Synar Coverage Study in partnership with the Washington State Healthcare Authority.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	12/31/22	38,402	0	38,402
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	12/31/22	24,482	0	24,482
SFY23 TOBACCO PREVENTION PROVISIO	77410823	N/A	334.04.93	07/01/22	12/31/22	190,000	4,000	194,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	12/31/22	247,509	0	247,509
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>500,393</b>	<b>4,000</b>	<b>504,393</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	DEVELOP NETWORK ANNUAL WORK PLAN	Contractor will submit a work plan for 2022-2023 utilizing the template provided by YCCTPP that addresses the four goals of the program and includes: <ul style="list-style-type: none"> <li>Performance-based objectives that will be defined by the contractor and YCCTPP contract manager.</li> <li>Activities that utilize program strategies (defined into the YCCTPP implementation guide), that will address the defined performance-based</li> </ul>	45 days of contract execution	Funding utilized: State (YTVP, Tobacco Prevention, Marijuana Prevention and Education)

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>objectives and overarching goals, tied to a specific timeframe with identified timeline goals.</p> <ul style="list-style-type: none"> <li>• <b>Funding must be dedicated to equitable policy, systems, environmental change in communities of higher need within the contractor's specified region, and if it is unclear a justification must be provided.</b></li> <li>• The workplan must have a designated equity framework that will be utilized in <u>all</u> prevention efforts.</li> <li>• This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager.</li> <li>• More details regarding the workplan requirements including the goals of the YCCTPP program, objectives, and strategies can be found in the YCCTPP Implementation guide.</li> </ul> <p>Note: Activities can be added to the tasks after workplan approval, the contractor should speak with their contract manager for approval.</p>		<p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the YCCTPP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p>
2	NETWORK EQUITY ASSESSMENT	Contractor will complete an <u>initial</u> equity assessment provided by YCCTPP within their regional network that will be submitted to the YCCTPP contract manager <b><u>within 90 days of the workplan being completed.</u></b> The assessment will be continuously revised throughout the year based on the network's needs.	Within 90 days of the workplan being completed	
3	ORGANIZATION AND NETWORK ADMINISTRATIVE PLAN	<p>Contractor will complete an administrative plan within <b><u>90 days of contract execution</u></b> and submit any updates or changes on a quarterly basis, which will include:</p> <ul style="list-style-type: none"> <li>• Most current job descriptions and contact information of the program facilitator that is responsible for the performance of the statement of work and relevant staff.</li> <li>• Calendar of meetings, trainings, and professional development opportunities that the program administrator and relevant staff will participate in. All relevant staff are expected to participate in required conference calls (including kick off training, monthly check ins, YCCTPP program all contractors calls), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH. <b>This is subject to change based on trainings and professional opportunities available.</b></li> <li>• A list of all individuals/organizations that participate in the regional network that including contact information, a copy of a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or membership agreement, and the justification of their participation in the network.</li> <li>• <b><u>Required network sectors must have a representative for the grant to be considered in compliance.</u></b> Sectors chosen and their levels of engagement will be determined with the contract manager and tailored to the region's needs. A complete list of network sectors will be provided in the implementation guide.</li> <li>• Network meeting schedule and supporting documentation regarding membership participation/engagement.</li> </ul>	90 days of contract execution	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> <li>A list of organizations and the contact information for the point person that are considered subcontractors.</li> </ul>		
4	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b></p> <p>Contractor will share network process on a quarterly basis through electronic survey that focuses on successes and challenges of their network and the YCCTPP program.</p>	20 <sup>th</sup> of each month	
5	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will create annual report based on monthly and quarterly reporting for their regional network due <b>30 days after the period of performance</b>. Report guidelines and expectations will be provided by DOH for more information.</p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p>Annual Report- 30 days after the period of performance</p> <p>Needs assessment due every 2 years</p>	
6	PREPARE AND MANAGE WORK PLAN	<p>Contractor will submit work plan for 2022-2023 for all required tasks (listed in more detail within the table below) for commercial tobacco prevention within <b>45 days of the state contract execution (estimated start date of 7/1/22)</b>, utilizing template provided by YCCTPP that addresses the goals of the program as well as CDC grant requirements, which includes:</p> <ul style="list-style-type: none"> <li>A minimum of one activity per required task with performance-based objective that will be defined by the contractor and the YCCTPP Contract Manager during workplan development.</li> <li>The workplan plan must have a designated equity framework that will be utilized in <u>all</u> prevention efforts.</li> <li>Funding must be dedicated to supporting the regional/priority population through equitable policy, systems, and environmental change and if it is unclear, a justification must be provided.</li> </ul> <p>This workplan will be created in collaboration with and approved by the YCCTPP Contract Manager. Note: Activities can be added after workplan approval, the contractor should speak with their YCCTPP contract manager for approval.</p>	<b>45 days of the state contract execution</b>	<p>Funding utilized: CDC</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
	IMPLEMENT WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the <b>20<sup>th</sup> of each month.</b></p>	<b>20<sup>th</sup> of each month</b>	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Contractor will share network process on quarterly basis through electronic survey that focuses on successes and challenges of their organization and YCCTPP program.		
	ASSESS PROGRAM IMPLEMENTATION	Contractor will participate in statewide evaluation of YCCTPP, Practice Collaborative, and CDC-funded programs.  Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.  Contractor will participate in community or population needs assessment every 2 years to update community/population data and needs.	Annual Report due 30 days after the period of performance  Needs assessment due every 2 years	
7	<b>Policies, Systems &amp; Environmental Work</b>	Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).  Contractor will educate private and public organizations of current policies in place.  Contractor will work to establish new policy, systems or environmental change that is equitable.  Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.	04/28/22 – 04/29/23	
	<b>Education &amp; Technical Assistance</b>	Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.  Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.  Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.	04/28/22 – 04/29/23	
	<b>Collaboration &amp; Engagement</b>	Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.  Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.	04/28/22 – 04/29/23	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>		
	<b>Media &amp; Communication</b>	<p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (<a href="https://doh.wa.gov/quit">doh.wa.gov/quit</a>) and This is Quitting (<a href="https://doh.wa.gov/vapefreewa">doh.wa.gov/vapefreewa</a>), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p>	04/28/22 – 04/29/23	
8	<b>Synar Coverage Study</b>	<p><i>Contractor will attend trainings hosted by Washington State Health Care Authority regarding the Coverage Study. The training schedule will be announced by August 15, 2022.</i></p> <p><i>Contractor will utilize the designated amount of funds (\$4,000) to pay for staff time, travel-related costs, and other relevant costs to the completion of the Coverage Study in their assigned census tract(s) by October 31, 2022.</i></p> <p><i>Contractor may use any funds not utilized in the designated amount for the coverage study for other commercial tobacco-related activities that focus on prevention, control, and/or cessation.</i></p>	October 31, 2022	<p><i>Funding Utilized: SFY23 Tobacco Prevention</i></p> <p><i>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</i></p>

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

**Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)**

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 Unique Entity Identifier (UEI) generated by SAM.gov. 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**

**A. For MI Codes 77410893, 77410823 & 77420823**

**To be in compliance with grant requirements, contractor will:**

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
4. Submit an Organization and Network Equity Assessment according to the deadlines in Section E below.
5. Submit an Organization and Network Administrative Plan according to the deadlines in Section E below.
6. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
7. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
8. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
9. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP 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.

**For MI Codes: 77410212**

**To be in compliance with grant requirements, the contractor will:**

1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Workplan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.

8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP 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 including 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 Priority Population Contractor.

**C. Program Administration:**

1. The contractor shall perform the requirements and activities defined in this agreement and the YCCTPP Implementation Guide. 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. YCCTPP staff will also monitor and evaluate program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by YCCTPP.
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 YCCTPP 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 statement of work.
3. DOH reserves the right to determine the amount of any reduction, based on contractor's performance, and to unilaterally amend the contract to affect any reduction. 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 workplan and budget must be approved by YCCTPP contract manager prior to implementation. This includes execution of subcontracts within the community. Any changes to either the workplan 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 YCCTPP Contractor is required to include language in these contracts that reflects the following:
  - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the YCCTPP Contractor. **Monthly progress reports for subcontractors should be due by the 15<sup>th</sup> of each month.**

2. When subcontracting with an organization to work directly with youth (ages 0-17), the YCCTPP Contractor is required to include language in these contracts that reflects the following:
- Provide verification that 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:

<b>Report</b>	<b>Date Due</b>
1. Submit an annual workplan and budget	Annually, no later than 45 calendar days after state contract execution (07/01/22). DOH approval will occur no later than two weeks after submission. Update as needed with contract manager approval.
2. Expenditure Report and Request for Reimbursement (A19)	A19s and updated budget workbook due the 30 <sup>th</sup> 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><b>A-19-Contract #-organization name- month-year.</b></i>
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: SFY23: May 10, 2023. An invoice must be submitted market FINAL INVOICE PROJECTION  Final Expenditure Reports and invoices are due no later than July 14, 2023 for SFY and June 13, 20223 for FFY and must be marked FINAL INVOICE.
4. Monthly Progress Report	The 20 <sup>th</sup> of the month following the month in which activities were performed. Monthly reports of work will report on overall progress of activities in a monthly survey provided by YCCTPP. All documents related to task activities will be attached. Subcontractor reporting should be submitted to the YCCTPP contractor by the 15 <sup>th</sup> of each month.
5. Quarterly Progress Report	The 20 <sup>th</sup> of the of each month on a quarterly basis, starting September 2022 that focuses on narrative successes and challenges for each contractor. This report will be submitted in a survey provided by YCCTPP.
6. SFY Only: Network Equity Assessment	Completed annually, no later than 90 calendar days after workplan approval.
7. SFY Only: Organization and Network Administrative Plan	Completed no later than 90 calendar days after contract execution and updated quarterly after the fact.
8. SFY Only: Annual Report	Completed no later than 30 calendar days after period of performance, utilizing a template provided by YCCTPP that includes data from monthly and quarterly reports.
9. Assessment and Evaluation	Using a template provided by YCCTPP, complete project evaluation activities developed and coordinated by YCCTPP as requested. Additionally, utilizing data in monthly and quarterly progress reports, participate and support statewide evaluation efforts of CDC funds.
10. <i>Synar Coverage Study</i>	<i>Attend the required trainings hosted by the Washington State Health Care Authority (schedule will be released by August 15, 2022), and complete the coverage study in the assigned census tract(s) by October 31, 2022.</i>

The YCCTPP 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 YCCTPP Implementation Guide.
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: SFY July 1, 2022 – June 30, 2023 & FFY April 29, 2022 – April 28, 2023
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) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19) 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 14<sup>th</sup> of July for state funds and 13<sup>th</sup> of June for federal funds 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. Evaluation of YCCTPP Contractor's Performance**

The YCCTPP Contractor performance will be evaluated on the following:

1. Timely completion, submission and YCCTPP approval of proposed annual workplan and Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) to their designated contract manager in accordance with YCCTPP guidance and requirements.
2. Submittal of an organizational and network equity assessment with YCCTPP guidance, requirements, and timelines.
3. Submittal of an organizational and network administrative plan with YCCTPP guidance, requirements, and timelines.
4. Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YCCTPP SharePoint by the due dates listed above.
5. Submission of monthly progress reports and quarterly reports by the due dates listed above.
6. Submission of annual report with YCCTPP guidance, requirements, and timelines.
7. Site visits per requirements and protocols provided by DOH/YCCTPP.

**H. Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.)****Federal Funding Restrictions and Limitations:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients 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 Requirements \(AR\) 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>).

**Dedicated Cannabis Account Restrictions:**

- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- Recipients may not use funding for construction or other capital expenditures.
- The contractor must comply with DOH YCCTPP guidance on food, incentives, and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide and should not exceed federal per diem rates.
- Reimbursement of pre-award costs is not allowed.

**Please see YCCTPP Implementation Guide for further restricts on each funding stream.**

**I. Program Manual, Handbook, Policy References**

Meet requirements outlined in the Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) Implementation Guide.

**Special References**

As a provision of Dedicated Cannabis Account ([RCW 69.50.540](#)) DOH shall fund a grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth.

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.

As a provision of the 2022 Operating Budget, ([ESSB5693](#)) funds are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.

**AMENDMENT TO AGREEMENT 2229**

This Amendment ("Amendment") to Kitsap Public Health District Contract 2229 for COVID-19 Assistance (the "Contract"), is entered into between the Bainbridge Island School District ("Customer") and the Kitsap Public Health District ("Service Provider"), also individually referred to as "**Party**" and collectively "**Parties**."

**RECITALS**

**WHEREAS**, the Parties entered into the Contract effective November 16, 2021; and

**WHEREAS**, the Customer desires to continue receiving assistance from Service Provider by way of a COVID-19 Case & Contact Investigator, in the classification of Disease Investigation Specialist (DIS); and

**WHEREAS**, additional funding is required to accommodate a contract term extension, and as COVID needs change and there may no longer be a need for assistance,

**NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:**

- I. **Amendment of Contract Section 3. Compensation.** The Customer agrees to reimburse the Service Provider up to a maximum of \$175,000 for labor costs during the contract period, based on actual costs incurred.
- II. **Amendment of contract Section 6. Term.** The term of this agreement shall commence on the effective date as previously set, and continue until June 30, 2023, unless otherwise terminated per the terms of this Amendment.
- III. **Amendment of contract Section 7. Termination.** 1. Either Party may terminate the Agreement at any time upon two weeks' prior written notice to the other Party. In the event the Customer terminates the Agreement, the Customer shall still remain obligated to pay the Service Provider for any Services performed up to the date of termination and any expenses approved, but not paid, prior to the date of termination. In the event the Service Provider terminates the Agreement, the Service Provider shall reimburse the Customer any amounts previously paid to the Service Provider for which the Service Provider has not yet performed the Services.
- IV. **Other Provisions Unchanged.** The other provisions of the Contract, remain unchanged.
- V. **Effective Date.** The effective date of this Amendment is the date last executed by all parties.
- VI. **Authorization.** Each party signing below warrants to the other party that they have the full power and authority to execute this Amendment on behalf of the party for whom they sign.

*[SIGNATURES FOLLOW ON THE NEXT PAGE]*



IN WITNESS WHEREOF, the Parties have subscribed their names hereto.

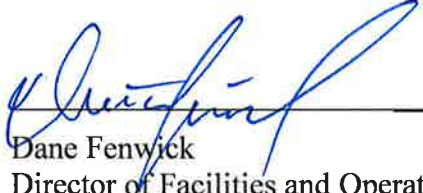
Dated this \_\_\_\_ day of \_\_\_\_, 2022.

Dated this 26 day of August, 2022.

**KITSAP PUBLIC  
HEALTH DISTRICT**

**BAINBRIDGE ISLAND SCHOOL DISTRICT #303**

\_\_\_\_\_  
Keith Grellner  
Administrator

  
\_\_\_\_\_  
Dane Fenwick  
Director of Facilities and Operations

KC-\_\_\_\_\_

## FACE SHEET

## KITSAP COUNTY

### AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)

### CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

Pursuant to 2 CFR 200.332(a)(1) Federal Award Identification

<b>(1) Subrecipient Name:</b> Kitsap Public Health District		<b>(2) Unique Entity Identifier:</b> WKRDH6R95X88		<b>Project Identification Number:</b> ARPA - 013	
<b>(3) Federal Award Identification No. (FAIN):</b> SLFRP1192		<b>(5) Subaward Period of Performance (Start &amp; End Date):</b> January 1, 2022 to June 30, 2024		<b>(6) Subaward Budget Period (Start &amp; End Date):</b> January 1, 2022 to June 30, 2024	
<b>(4) Federal Award Date:</b> May 18, 2021					
<b>(7) Amount of Federal Funds Obligated by this Action:</b> \$ 748,000.00			<b>(8) Total Amount of Federal Funds Obligated:</b> \$ 748,000.00		
<b>(9) Total Amount of the Federal Award Committed to the Subrecipient:</b> \$ 748,000.00					
<b>(10) Federal Award Project Description:</b>  Kitsap Public Health District Nurse Family Partnership					
<b>(11a) Name of Federal Awarding Agency:</b> United States Department of the Treasury			<b>(11b) Name of Pass-Through Entity:</b> Kitsap County		
<b>(12) Assistance Listing Number &amp; Title:</b> CFDA 21.027			<b>(13) Research &amp; Development Award?</b> No		
<b>(14) Indirect Cost Rate for the Federal Award:</b> None			<b>Award Payment Method (Lump Sum or Reimbursement):</b> Reimbursement		
<b>Signing Statement:</b> <p>Kitsap County and Subrecipient, as defined above, acknowledge and accept the terms of this Subrecipient Agreement on the date below. The rights and obligations of both parties to this Subaward are governed by this Agreement and the following other documents incorporated by reference: Attachment A - Federal Contract Terms; Attachment B - Scope of Work; Attachment C - Cost Certification &amp; Reimbursement Request Form; Attachment D - Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions; Attachment E - Civil Rights Certification; Attachment F - Lobbying Certification &amp; Lobbying Disclosure; and Attachment G - Prevailing Wage.</p>					
<b>FOR KITSAP COUNTY</b>   <hr/> Edward Wolfe Chair, Board of County Commissioners  <hr/> Date			<b>FOR SUBRECIPIENT</b>   <hr/> Signature of Authorized Representative  <hr/> Title  <hr/> Date		

KC- \_\_\_\_\_

## SUBRECIPIENT AGREEMENT BETWEEN

### KITSAP COUNTY AND KITSAP PUBLIC HEALTH DISTRICT

THIS SUBRECIPIENT AGREEMENT (“Agreement”) is made between Kitsap County, a Washington state political subdivision (“County”) and Kitsap Public Health District, (“Subrecipient”).

### RECITALS

WHEREAS, the County is a recipient of certain Coronavirus Local Fiscal Recovery Funds (“ARPA Funds”) which are to be disseminated and used in compliance with section 602(c) and 603(c) of the Social Security Act (“Act”), as added by section 9901 of the American Rescue Plan Act (“ARPA”), the U.S. Department of Treasury regulations implementing that section and the guidance issued by the U.S. Department of Treasury published in the Coronavirus State and Local Fiscal Recovery Funds Interim Final Rule: Frequently Asked Questions issued January 2022, all collectively referred to herein as “ARPA Rules”.

WHEREAS, the Subrecipient has submitted a written request to the County for ARPA Funds to be used for the authorized purpose identified in the Scope of Work.

WHEREAS, the parties desire to execute this Agreement to address the respective requirements of each for the receipt and use of the ARPA Funds.

NOW, THEREFORE, in consideration of the foregoing recitals which are incorporated herein by reference, and the terms and conditions set forth below, the parties agree as follows:

#### SECTION 1. TERM

- 1.1 The Agreement will become effective on January 1, 2022, and terminate on June 30, 2024, subject to available funding, unless terminated or extended as provided herein. In no event will the Agreement become effective unless and until it is approved and executed by the duly authorized representative of Kitsap County.

#### SECTION 2. SUBRECIPIENT SCOPE OF WORK

- 2.1 Subrecipient. For purposes of this Agreement, a Subrecipient means a non-Federal entity that receives a subaward from Kitsap County, a pass-through entity, to carry out part of a Federal Program; but does not include an individual that is a beneficiary of such program. 45 CFR § 75.2
- 2.2 Scope of Work. The Subrecipient accepts receipts of ARPA Funds and agrees to complete the “Project” as described in Attachment B (Scope of Work).

- 2.3 Changes in Scope of Work. No change(s) shall be made to the Scope of Work except by written amendment to the Agreement.
- 2.4 Subrecipient Capacity. Subrecipient agrees and confirms that it has the institutional, managerial, and financial capacity to ensure proper planning, management, and completion of the Project as provided herein.

### SECTION 3. COMPENSATION AND PAYMENT

- 3.1 Compensation. Subject to the terms, covenants, and conditions of this Agreement, the County will pass through to the Subrecipient the amount of ARPA Funds not to exceed the amount identified on the Face Sheet box 8 to be used as provided herein.
- 3.2 Scope of Eligible Expenditures, No Supplanting. Subrecipient agrees to utilize ARPA Funds available under this Agreement only to reimburse for eligible expenditures and as provided in this Agreement. No funds may be used to reimburse expenditures reimbursed under any other federal or state program, or from any other third-party source. Wrongful expenditure of the funds will constitute a breach of this Agreement and the County shall have the right to terminate this Agreement under the terms and conditions specified herein.
- 3.3 Reimbursement for Travel. Subrecipient will not be reimbursed for travel that is not identified in the attached Scope of Work, without the prior written consent of the County. To be reimbursable under this agreement, travel costs must be incurred pursuant to both the cost principles found in 2 CFR 200.475 – Travel Costs, as well as the Subrecipient's own established travel policy, a copy of which must be provided to the County.
- 3.4 Invoice. Subrecipient will submit a monthly invoice to the County, no later than the 15<sup>th</sup> day following the end of each month, as identified below, for reimbursement of expenses incurred during the reporting period. Subrecipient will use the Reimbursement Request Form provided by the County and submit for reimbursement in the form and manner requested by the County. Subrecipient will notify the County prior to the due date if they will not be submitting for reimbursement because no expenses were incurred in the prior month. The County shall endeavor to make payment not more than 30 days after a complete and accurate invoice is received.

FOR MONTH ENDING	REIMBURSEMENT REQUEST DUE
January 31	February 15
February 28/29	March 15
March 31	April 15
April 30	May 15
May 31	June 15
June 30	July 15
July 31	August 15
August 31	September 15
September 30	October 15
October 31	November 15

November 30	December 15
December 31	January 15

- 3.5 Subrecipient Certification. By signing this Agreement, the Subrecipient certifies that it understands that this Agreement is funded in whole or in part with ARPA Funds and subject to all ARPA Rules, and other laws, rules, and regulations normally associated with federally funded programs and any other requirements of law for receipt and use of ARPA Funds and Subrecipient agrees to comply with the same.
- 3.6 No Advance Payment. No advance payments shall be made for any products or services furnished by the Subrecipient pursuant to this Agreement.
- 3.7 Overpayments. Subrecipient promptly shall refund to County the full amount of any erroneous payment or overpayment. Such refunds shall occur within thirty days of discovery of such an error.
- 3.8 Pre-award Costs. Pre-award costs, as defined in 2 C.F.R. § 200.458 may not be paid with funding from this award.

#### SECTION 4. PERFORMANCE MONITORING

- 4.1 The County will monitor the performance of the Subrecipient. Monitoring which shall include without limitation tracking project performance, reviewing payment requests for applicable costs, managing the timely pass-through of ARPA Funds, overseeing compliance with ARPA Rules and ensuring recordkeeping and audit requirements are met. Substandard performance as determined by the County will constitute noncompliance with this Agreement. If action to correct such substandard performance is not taken by the Subrecipient within a reasonable time after being notified by the County, contract suspension or termination procedures will be initiated.

#### SECTION 5. ADMINISTRATIVE AND REPORTING REQUIREMENTS

- 5.1 Quarterly Performance Report. Subrecipient shall provide the County with a quarterly performance report by the last day of the month following the end of the quarter as identified below.

FOR CALENDAR QUARTER ENDING	QUARTERLY PERFORMANCE REPORT DUE
March 31	April 30
June 30	July 31
September 30	October 31
December 31	January 31

- 5.2 Close-Out Report. Subrecipient is responsible for the close out of the ARPA Funds. Subrecipient's obligation to the County shall not end until all close-out requirements are completed. Activities during this close-out period shall include, without limitation: making

final payments, disposing of program assets (including the return of all unused materials, equipment, unspent cash advances, program income balances, and accounts receivable to the County), completing the final reimbursement request, and determining the custodianship of records. The Subrecipient shall submit the Close-Out Report within sixty (60) days of completion of the project or August 31, 2024, whichever occurs first.

- 5.3 Accounting. Subrecipient shall comply with the requirements and standards of Office of Management and Budget (OMB) and guidance in subparts A through F of 2 C.F.R part 200 and shall adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. Subrecipient's financial management system shall include, at a minimum, accurate, current, and complete disclosures of expenditures of ARPA Funds; records which adequately identify the source and application of ARPA Funds provided for financially assisted activities; effective control over and accountability for ARPA Funds, real and personal property, and other assets; comparison of actual outlays with budgeted amounts; and records supported by source documentation. Subrecipient shall comply with applicable Federal regulations for administrative requirements, cost principles, and audits; and maintain adequate business systems to comply with Federal requirements. The business systems that must be maintained are: Financial Managements, Procurement, Personnel, Property, and Travel. A system is adequate if it is written, followed consistently (it applies to similar items), and consistently applied (it applies to all sources of funds).
- 5.4 Cost Principles. The Subrecipient will administer its program in conformance with 2 CFR 200 Subpart E – *Cost Principles*. These principles will be applied for all costs incurred whether charged on a direct or indirect basis.
- 5.5 Duplication of Costs. The Subrecipient certifies that work to be performed under this Agreement does not duplicate any work to be charged against any other contract, subcontract, or other source.
- 5.6 Procurement. Subrecipient shall procure all materials, property, or services in accordance with the requirements of the Uniform Guidance and 2 C.F.R. § 200.317 through 2 C.F.R. § 200.327. Subrecipient shall maintain an inventory of all equipment, furniture, and non-expendable personal property purchased with ARPA Funds.
- 5.7 Internal Controls. Subrecipient should operate according to a written set of policies and procedures that define staff qualifications and duties, lines of authority, separation of functions, and access to assets and sensitive documents. Included in these policies and procedures will be written accounting procedures for approving and recording transactions and the control of cash receipts, disbursements, and cash balances. Subrecipient's financial policies and lines of authority may be reviewed by the County upon request for monitoring purposes.
- 5.8 Technical Assistance. If, at any time, Subrecipient believes its capacity is compromised or Subrecipient otherwise needs any sort of assistance, it shall immediately notify the County. The County will make good faith efforts to provide timely technical assistance to the

Subrecipient to bring the Agreement into compliance.

- 5.9 Equipment Purchase. Any equipment to be purchased with a cost of \$5,000, or more, per item, shall be specifically and individually identified in the attached Scope of Work and preauthorization shall be obtained from the County prior to purchase.
- 5.10 Equipment Maintenance. Subrecipient shall be responsible for the proper care and maintenance of all equipment purchased using ARPA Funds, including securing and insuring such equipment.
- 5.11 Equipment Ownership. The Subrecipient shall ensure that all such equipment is returned to the County upon termination of this Agreement unless otherwise agreed to by the parties.
- 5.12 Reporting. Subrecipient agrees to comply with any reporting obligations established by the County and/or Treasury, as it relates to this Agreement.

## SECTION 6. MAINTENANCE OF RECORDS, AUDITS, AND INSPECTIONS

- 6.1 Inspection, Review, or Audit. Subrecipient shall maintain all records and financial documents required by federal and state law that are pertinent to the activities to be funded under this Agreement for six (6) years after the last date that all funds have been expended or returned to the County, whichever is later, to ensure proper accounting for all funds and compliance with the Agreement. Records shall be retained longer if any litigation, claim, or audit is started before the expiration of the record retention period. Such records shall include without limitation:
  - a. Records providing a full description of each activity undertaken;
  - b. Records demonstrating that each activity undertaken meets one of the Expenditure Categories identified in the U.S. Department of Treasury Compliance and Reporting Guidance, Appendix 1: Expenditure Categories;
  - c. Records required to determine the eligibility of activities;
  - d. Records required to document the acquisition, improvement, use, or disposition of real property acquired or improved with Recovery Funds;
  - e. Financial records as required by 2 CFR Part 200 Performance and Financial Monitoring and Reporting, Sections 200.328, 329, and 331; and
  - f. Other records necessary to document compliance with 2 CFR Part 200 Performance and Financial Monitoring and Reporting, Sections 200.328, 329, and 331
  - g. Records sufficient to evidence compliance with sections 602(c) and 603(c), Treasury's regulations implementing those sections, and guidance regarding the eligible uses of funds.

All subrecipients records and documents (electronic and otherwise) with respect to all matters covered by this Agreement shall be subject to access, inspection, review, and audit (electronic and otherwise) by the County, the Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, unless otherwise protected by law, during normal business hours as often as the government entity deems necessary to conduct audits or other investigations. Any deficiencies noted in audit

reports must be fully cleared by the Subrecipient within 30-days after receipt by the Subrecipient. Failure of the Subrecipient to comply with this audit requirements will constitute a violation of this Agreement and may result in the withholding of future payments. Subrecipient shall comply with all applicable audit requirements in accordance with 2 CFR 200, Subpart F.

The Subrecipient that expends \$750,000 or more in a fiscal year in federal funds from all sources hereby agrees to have an annual agency audit conducted in accordance with current Local Government policy concerning Subrecipient audits and 2 CRF 200.501. The Catalog of Federal Domestic Assistance (CFDA) number is 21.027.

- 6.2 Subrecipient Obligations. Subrecipient shall perform all obligations required of subrecipients under the rules governing ARPA Funds.
- 6.3 Medical Records. If applicable, medical records shall be maintained and preserved by the Subrecipient in accordance with all applicable laws, including but not limited to RCW 70.41.190, RCW 70.02.160, and standard medical records practice. Subrecipient shall also be responsible for the proper maintenance and disposal of such medical records.
- 6.4 Unauthorized Disclosure. Subrecipient agrees that all information, records, and data collected in connection with this Agreement shall be protected from unauthorized disclosure in accordance with applicable state and federal law.
- 6.5 Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Subrecipient shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of HIPAA or applicable regulations. Subrecipient shall read and maintain compliance with all HIPAA requirements at the U.S. Office of Civil Rights website: <https://www.hhs.gov/hipaa/index.html>.

## SECTION 7. CIVIL RIGHTS COMPLIANCE

- 7.1 Subrecipient ensures its current and future compliance with all legal requirements relating to nondiscrimination and nondiscriminatory use of Federal funds. Those requirements include ensuring that entities receiving ARPA Funds do not prohibit exclusive from participation, denial of the benefits of, or subjection to discrimination under programs and activities receiving federal funds, of any person in the United States on the ground of race, color, national origin (including limited English proficiency), disability, age, or sex (including sexual orientation and gender identity), in accordance with the following authorities: Title VI of the Civil Rights Act of 1964, as amended and the Department's implementing regulations, 31 CFR part 22; Section 504 of the Rehabilitation Act of 1973 (Section 504), Public Law 93-112, as amended by Public Law 93-516, 29 U.S.C. 794; Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. 1681 et seq., and the Department's implementing regulations, 31 CFR part 28; Age Discrimination Act of 1975, Public Law 94-135, 42 U.S.C. 6101 et seq., and the Department of Treasury implementing regulations at 31 CFR part 22 and other pertinent executive orders such as Executive Order 13166; directives; circulars; policies; memoranda and/or guidance documents.



## SECTION 8. CORRECTIVE ACTION, RECOUPMENT

- 8.1 If the County determines Subrecipient has failed to comply with any terms or conditions of this Agreement, or the Subrecipient has failed to provide in any manner the work or services (each a “breach”), and if the County determines that the breach warrants corrective action, the County will notify the Subrecipient in writing of the nature of the breach.
- a. Subrecipient’s Corrective Action Plan. Subrecipient shall respond with a written corrective action plan within fourteen days of its receipt of such notification unless the County, at its sole discretion, extends in writing the response time. The plan shall indicate the steps being taken to correct the specified breach and shall specify the proposed completion date for curing the breach. This date shall not be more 30 days from the date of the Subrecipient’s response, unless the County, at its sole discretion, specifies in writing an extension to complete the corrective actions.
  - b. County’s Determination of Corrective Action Plan Sufficiency. County will determine the sufficiency of the Subrecipient’s proposed corrective action plan, then notify the Subrecipient in writing of that determination. The determination of sufficiency of the Subrecipient’s corrective action plan shall be at the sole discretion of the County.
  - c. Termination or Suspension. If the Subrecipient does not respond within the appropriate time with a corrective action plan, or if the County determines that the Subrecipient’s corrective action plan is insufficient, the County may terminate or suspend this Agreement in whole or in part in its discretion.
  - d. Withholding Payment. In addition, the County may withhold any payment to the Subrecipient or prohibit the Subrecipient from incurring additional obligations of funds until the County is satisfied that corrective action has been taken or completed.
- 8.2 Remedial Actions. In the event of Subrecipient’s noncompliance with section 603(c) of the Act, Treasury’s regulations implementing that section, guidance issued by Treasury regarding the foregoing, or any other applicable federal laws or regulations, Treasury may take available remedial actions as set forth in 2 C.F.R. 200.339.
- 8.3 Recoupment. Subrecipient agrees it is financially responsible for and will repay the County all indicated amounts following an audit exception which occurs due to Subrecipient’s failure, for any reason, to comply with the terms of this Agreement. This duty to repay the County shall not be diminished or extinguished by the termination of the Agreement.

Any debts determined to be owed the County must be paid promptly by the Subrecipient. A debt is delinquent if it has not been paid by the date specified in the County’s initial written demand for payment, unless other satisfactory arrangements have been made or if the County knowingly or improperly retains funds that are a debt. The County will take any actions available to it to collect such a debt.

- 8.4 Dispute Resolution. The parties shall use good-faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under this Agreement while attempting to resolve the dispute.

## SECTION 9. TERMINATION

- 9.1 For Convenience. Either party may terminate the Agreement for convenience with ten days prior notice to the other party.
- 9.2 Termination for Cause. In accordance with 2 C.F.R. part 200, subpart D, the County may suspend or terminate this Agreement if the Subrecipient materially fails to comply with any term or condition of this Agreement, or if the Subrecipient fails to maintain a good faith effort to carry out the purpose of this Agreement. If the Subrecipient fails to materially comply with any term of the award, whether stated in a Federal statute or regulation, an assurance, in a State plan or application, a notice of award, or elsewhere, County may take one or more of the following actions, as appropriate in the circumstances: Temporarily withhold cash payments pending correction of the deficiency; disallow (that is, deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance; wholly or partly suspend or terminate the current award for the grantee's or subgrantee's program; and/or withhold further awards for the program.
- 9.3 Procedures. Upon receipt of notice of termination, the Subrecipient shall stop all work as directed in the notice, notify Personnel of the termination date, and minimize further costs. All goods, materials, documents, data, and reports prepared by the Subrecipient under the Agreement shall become the property of, and delivered to, the County on demand. A final payment will be made to the Subrecipient only for work performed and accepted by the County through the effective date of termination. No costs incurred after the effective date of the termination will be paid.
- 9.4 Availability of Funds. It is expressly understood by the parties hereto that this Agreement has been negotiated and executed in anticipation of receipt of ARPA Funds by the County from the federal government, and that the terms, conditions, and sums payable under this Agreement are subject to any changes or limitations which may be required by the terms of the County's agreement with the federal government and all applicable federal law, rules, and regulations.

## SECTION 10. INDEMNIFICATION

- 10.1 Indemnification. Subrecipient will hold harmless, defend, and indemnify the County, its officers, employees, and agents from any and all costs, expenses, loss, claims, actions, suits, charges, and judgments whatsoever that arise out of or are related to the Subrecipient's performance or nonperformance of the services or subject matter called for in this Agreement. Subrecipient expressly agrees and understands that Kitsap County is a third-party beneficiary to its Agreement with Subrecipient and shall have the right to bring

an action against subrecipient to enforce the provisions of this paragraph. This section shall survive the expiration or termination of this Agreement.

- 10.2 Continuing Liability. Subrecipient shall have continuing liability after the term of this Agreement for any breach of this Agreement, including failure to perform in accordance with required federal law, rules, and regulations until after all complaints, investigations, and sanctions, including those arising out of audits performed by Treasury, the County, or other authorized agencies are resolved. Subrecipient shall be liable for any sanctions or requirements imposed at any time upon the County arising out of the Subrecipient's activities performed pursuant to this Agreement

## SECTION 11. INSURANCE

- 11.1 Minimum Insurance Required. Subrecipient and its subcontractors, if any, shall procure and maintain, until all Agreement obligations have been fully discharged, including satisfaction of any warranty period, all insurance required in this Section with an insurance company duly licensed in Washington State with an A.M. Best Company ratings of not less than A-VIII and a category rating of not less than "8", with policies and forms satisfactory to the County. Use of alternative insurers requires prior written approval from the County. Coverage limits shall be at minimum the limits identified in this Section, or the limits available under the policies maintained by the Subrecipient without regard to the Agreement, whichever is greater.
- 11.2 Commercial General Liability ("CGL"). Not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. Coverage shall include personal injury, bodily injury, and property damage for premise-operations liability, products/completed operations, personal/advertising injury, contractual liability, independent Subrecipient liability, and stop gap/employer's liability. Coverage shall not exclude or contain sub-limits less than the minimum limits required herein, without the prior written approval of the County. The certificate of insurance for the CGL policy shall expressly cover the indemnification obligations required by the Agreement.
- 11.3 Automobile Liability
- ☐ Subrecipient shall maintain personal automobile insurance on all vehicles used for Agreement purposes as required by law.
  - ☐ Not less than \$100,000 per occurrence and \$300,000 annual aggregate. If a personal automobile liability policy is used to meet this requirement, it must include a business rider and cover each vehicle to be used in the performance of the Agreement. If Subrecipient will use non-owned vehicles in performance of the Contact, the coverage shall include owned, hired, and non-owned automobiles.
  - ☐ Not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. Coverage shall include liability for all owned, hired, and non-owned vehicles. Coverage may be satisfied with an endorsement to the CGL policy.

- 11.4 Umbrella or Excess Liability. The Contactor may satisfy the minimum liability limits required for the CGL and Automobile Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the Umbrella or Excess Liability; however, the annual aggregate limit shall not be less than the highest “Each Occurrence” limit for either CGL or Automobile Liability. The Subrecipient agrees to an endorsement naming the County as an additional insured as provided in this Section unless the Umbrella or Excess Liability provides coverage on a “Follow-Form” basis.
- 11.5 Workers’ Compensation and Employer Liability. If applicable, the Subrecipient shall maintain workers’ compensation insurance as required under the Title 51 RCW (Industrial Insurance), for all Subrecipient’s Personnel eligible for such coverage. If the Agreement is for over \$50,000, then the Subrecipient shall also maintain employer liability coverage with a limit of not less than \$1,000,000.
- 11.6 Primary, Non-Contributory Insurance. The Subrecipients and its subcontractors’ insurance policies and additional named insured endorsements will provide primary insurance coverage and be non-contributory. Any insurance or self-insurance programs maintained or participated in by the County will be excess and not contributory to such insurance policies. All Subrecipient’s and its subcontractors’ liability insurance policies must be endorsed to show as primary coverage. The Subrecipient shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All subcontractors shall comply with all insurance and indemnification requirements herein.
- 11.7 Review of Policy Provisions. Upon request, the Subrecipient shall provide a full and complete copy of all requested insurance policies to the County. The County reserves the right without limitation, but has no obligation to revise any insurance requirement, or to reject any insurance policies that fail to meet the requirements of the Agreement. The County also has the right, but no obligation to review and reject any proposed insurer providing coverage based upon the insurer’s financial condition or licensing status in Washington. The County has the right to request and review the self-insurance retention limits and deductibles, and the Subrecipient’s most recent annual financial reports and audited financial statements, as conditions of approval. Failure to demand evidence of full compliance with the insurance requirements or failure to identify any insurance deficiency shall not relieve the Subrecipient from, nor be construed or deemed a waiver, of its obligation to maintain all the required insurance as required herein.
- 11.8 Waiver of Subrogation. In consideration of the Agreement award, the Subrecipient agrees to waive all rights of subrogation against the County, its elected and appointed officials, officers, employees, and agents. This waiver does not apply to any policy that includes a condition that expressly prohibits waiver of subrogation by the insured or that voids coverage should the Subrecipient enter a waiver of subrogation on a pre-loss basis.
- 11.9 Additional Insured, Endorsement and Certificate of Insurance. All required insurance coverage, other than the workers’ compensation and professional liability, shall name the County, it’s elected and appointed officials, officers, employees, and agents, as additional

insureds and be properly endorsed for the full available limits of coverage maintained by Subrecipient and its subcontractors. Endorsement is not required if the Subrecipient is a self-insured government entity or insured through a government risk pool authorized by Washington State.

The Certificate of Insurance and endorsement shall identify the Agreement number and shall require not less than thirty (30) days' prior notice of termination, cancellation, nonrenewal or reduction in coverage. At the time of execution, the Subrecipient shall provide the Certificate of Insurance, endorsement, and all insurance notices to: Risk Management Division, Kitsap County Department of Administrative Services, 614 Division Street, MS-7, Port Orchard, Washington 98366.

- 11.10 General. The coverage limits identified herein are minimum requirements only and will not in any manner limit or qualify the liabilities or obligations of the Subrecipient under the Agreement. All insurance policy deductibles and self-insured retentions for policies maintained under the Agreement shall be paid by the Subrecipient. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the County, its elected and appointed officials, officers, employees, or agents. The Subrecipient's insurance shall apply separately to each insured against whom a claim is made, or suit is brought, subject to the limits of the insurer's liability.
- 11.11 Claims-Made. If the Subrecipient's liability coverage is written as a claims-made policy, the Subrecipient shall purchase an extended-reporting period or "tail" coverage for a minimum of three (3) years following completion of the performance or attempted performance of the provisions of this Agreement.

## SECTION 12. INDEBTEDNESS TO IRS OR OTHER PUBLIC ENTITY

- 12.1 Taxes and Fees. Subrecipient shall promptly pay all applicable taxes on its operations and activities pertaining to this Agreement. Failure to do so shall constitute breach of this Agreement. Subrecipient shall pay applicable sales tax imposed by the State of Washington on purchased goods and/or services.
- 12.2 Delinquent Taxes. Any judgment, lien, levy, or outstanding amount owed to the Internal Revenue Service, State, County, City, or other public entity by the Subrecipient may constitute an event of default or breach of this Agreement, unless previously approved by the County in writing, and may constitute sufficient reason for cancellation of this Agreement by the County according to the procedures contained in this Agreement.
- 12.3 Disclosure of Delinquent Taxes. Before entering into this Agreement, and during the time-period covered by this Agreement, Subrecipient shall disclose any information related to this Section. This shall also include the immediate reporting of breaches in payback arrangements or breaches in other Agreements related to the above. Failure to comply with any disclosure provision in this Section may also constitute sufficient reason for the County to cancel this Agreement according to the procedures contained in this Agreement.

## SECTION 13. NOTICE AND AGREEMENT REPRESENTATIVES

- 13.1 Any notices, demands and other communications required by the Agreement will be effective if personally served upon the other party or if mailed by registered or certified mail, postage prepaid, return receipt requested, to the other party's Authorized Representative at the address on the Face Sheet. Notice may also be given by email with the original to follow by regular mail. Notice will be deemed to be given three (3) days following the date of mailing, or immediately if personally served. Each party will designate a "Authorized Representative" on the Face Sheet which may be changed by providing fifteen (15) days prior notice to the other party.

#### SECTION 14. AMENDMENTS, ASSIGNMENT, INDEPENDENT SUBRECIPIENT

- 14.1 Amendment. No amendment or modification to the Agreement will be effective without the prior written consent of the authorized representatives of the parties.
- 14.2 Successors and Assigns. To the extent permitted by law, the Agreement is binding on the parties' respective partners, successors, assigns, executors, and legal representatives.
- 14.3 Assignment. Except with the prior written consent of the other party, each party shall not assign or transfer, including by merger (whether that party is the surviving or disappearing entity), consolidation, dissolution, or operation of law any right, duty, obligation, or remedy under the Agreement. Any purported assignment or transfer in violation of this section shall be void.
- 14.4 Independent Capacity. Each party under the Agreement shall be for all purposes an independent Subrecipient. Nothing contained herein will be deemed to create an association, a partnership, a joint venture, or a relationship of principal and agent, or employer and employee between the parties. Subrecipient shall have complete responsibility and control over its Personnel. Neither the Subrecipient nor its Personnel shall be, or be deemed to be, or act or purport to act, as an employee, agent, or representative of the County. Subrecipient and its Personnel shall have no County employee-type benefits of any kind whatsoever, including without limitation, insurance, pension plan, vacation pay or sick pay, or other right or privilege afforded to County employees. Subrecipient and its Personnel shall be responsible for payment of all insurance, taxes, and benefits.

#### SECTION 15. REPRESENTATIONS, PUBLIC RECORDS

- 15.1 No Fee. Subrecipient certifies it has not received, nor paid or agreed to pay, another person or entity, other than a bona fide employee working exclusively for the Subrecipient, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of the Agreement.
- 15.2 Licenses, Permits and Taxes. Subrecipient shall, at its own expense, have and maintain all licenses, registrations, permits, and approvals necessary for the performance of the

Agreement, including without limitation, registration with the Washington State Department of Revenue. The Subrecipient shall pay all fees (including licensing fees) and applicable federal, state, and local taxes.

- 15.3 Public Records. Subrecipient shall make the Agreement and all public records associated with the Agreement available to the County for inspection and copying by the public where required by the Public Records Act, Chapter 42.56 RCW (“Act”), unless otherwise required by law. To the extent that public records in the custody of the Subrecipient are needed for the County to respond to a request under the Act, as determined by the County, the Subrecipient shall make them promptly available to the County at no cost to the County. If the Subrecipient considers any portion of any record provided to the County under the Agreement, whether electronic or hard copy, to be protected from disclosure under the law, the Subrecipient shall clearly identify all specific information it claims to be confidential or proprietary. If the County receives a request under the Act to inspect or copy the information that has been identified by the Subrecipient as protected from disclosure and the County determines that release of the information is required by the Act or otherwise appropriate, the County’s sole obligation will be to make a reasonable effort to notify the Subrecipient of the request and the date that such protected information will be released to the requester unless the Subrecipient obtains a court order to enjoin disclosure pursuant to RCW 42.56.540. If the Subrecipient fails to timely obtain a court order enjoining disclosure, the County will release the requested information on the date specified. The County has, and by this Section assumes, no obligation on behalf of the Subrecipient to claim any exemption from disclosure under the Act. The County will not be liable to the Subrecipient for releasing records in compliance with the Act, this Section or court order.

## SECTION 16. SUBCONTRACTS

- 16.1 Subcontracts. Subrecipient shall provide the County a list of all subcontractors and their proposed responsibilities. Subcontractor means any Agreement, express or implied, between the Subrecipient and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or service for the performance of the Agreement. All subcontractors shall incorporate by reference the terms and conditions of this Agreement. Subrecipient is solely responsible for the performance, payment, and legal compliance of its subcontractors.

## SECTION 17. APPLICABLE LAW, DISPUTES

- 17.1 This Agreement shall be construed and interpreted in accordance with the laws of the State of Washington. The venue for any action hereunder shall be in the Superior Court for Kitsap County, Washington.
- 17.2 Disputes. Conflicts and disagreements between the parties related to the Agreement will be promptly brought to the attention of the County. Any dispute relating to the quality or acceptability of performance or compensation due the Subrecipient will be decided by the County’s Agreement Representative. All decisions of the County’s Agreement Representative are considered final; however, nothing herein prohibits either party from

seeking judicial relief.

#### SECTION 18. FORCE MAJEURE

- 18.1 Neither the Subrecipient nor the County shall be considered in breach or default of its obligations to make satisfactory progress toward the completion of the Project in the event of unforeseen delay in the performance of such obligations due to unforeseeable causes beyond its control and without its fault or negligence. The time for performance of the obligations and length of period of restriction on use shall be extended for the period of the unforeseen delay, as determined by the County, if the party seeking the extension shall request it in writing of the other party within ten (10) days after the beginning of the unforeseen delay

#### SECTION 19. ATTACHMENTS

- 19.1 The following attachments, collectively referred to herein as "Attachments", are incorporated in this Agreement in full by reference.

ATTACHMENT LETTER	ATTACHMENT NAME(S)
--	Face Sheet(s)
A	Federal Contract Terms
B	Scope of Work
C	Cost Certification & Reimbursement Request Form
D	Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions
E	Civil Rights Certification
F	Lobbying Certification & Disclosure of Lobbying Activities
G	Prevailing Wage

#### SECTION 20. GENERAL PROVISIONS

- 20.1 Time. Time is of the essence in this Agreement.
- 20.2 Non-Waiver of Breach. Waiver of any default shall not be deemed to be a waiver of any subsequent default. No action or failure to act by the County shall constitute a waiver of any right or duty afforded to the County under the Agreement; nor shall any such action or failure to act by the County modify the terms of the Agreement or constitute an approval of, or acquiescence in, any breach hereunder, except as may be specifically stated by the County in writing.
- 20.3 Implied Agreement Terms. Each provision of law and any terms required by law to be in the Agreement are made a part of the Agreement as if fully stated in it.
- 20.4 Headings/Captions. Headings and captions used are for convenience only and are not a part of the Agreement and do not in any way limit or amplify the terms and provisions hereof.



- 20.5 No Party the Drafter. The Agreement is the product of negotiation between the parties, and no party is deemed the drafter of the Agreement.
- 20.6 No Third-Party Beneficiary. Except otherwise provided herein, no provision of the Agreement is intended to, nor will it be construed to, create any third-party beneficiary, or provide any rights or benefits to any person or entity other than the County and the Subrecipient.
- 20.7 Severability. If a court of competent jurisdiction holds any provision of the Agreement to be illegal, invalid, or unenforceable, in whole or in part, the validity of the remaining provisions will not be affected, and the parties' rights and obligations will be construed and enforced as if the Agreement did not contain the particular provision held to be invalid. If any provision of the Agreement conflicts with any statutory provision of the State of Washington, the provision will be deemed inoperative to the extent of the conflict or modified to conform to statutory requirements.
- 20.8 Counterparts. The Agreement may be executed in several counterparts, each of which will be deemed an original, but all of which together will constitute one and the same agreement.
- 20.9 Survival. Those provisions of this Agreement that by their sense and purpose should survive expiration or termination of the Agreement shall so survive.
- 20.10 Entire Agreement. The parties acknowledge the Agreement is the product of negotiation between the parties and represents the entire agreement of the parties with respect to its subject matter. All previous agreements and representations, whether oral or written, entered into prior to this Agreement are hereby revoked and superseded by the Agreement.
- 20.11 Subrecipient Certification. By signing below, Subrecipient, certifies that Subrecipient has read and understood and is and will comply with the Agreement, Attachments, APPA Rules and applicable federal, state, and local law. Subrecipient further understands that as federal guidance becomes available, an amendment to this Agreement may become necessary and agrees to execute any necessary amendments and comply with the same. Subrecipient acknowledges that any intentional or negligent misrepresentation or falsification of any information submitted in conjunction with this Agreement could subject the Contractor to civil and/or criminal liability and penalties, including but not limited to fines and/or imprisonment under Title 18, United States Code, Sec. 1001, et seq. and applicable law.
- 20.12 Authorization. Each party signing below warrants to the other party that they have the full power and authority to execute this Agreement on behalf of the party for whom they sign.

**DATED** this \_\_\_\_ day of \_\_\_\_\_, 2022.

**SUBRECIPIENT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**DATED** or **ADOPTED** this \_\_\_\_ day of \_\_\_\_\_, 2022.

**BOARD OF COUNTY COMMISSIONERS  
KITSAP COUNTY, WASHINGTON**

\_\_\_\_\_  
**EDWARD E. WOLFE**, Chair

\_\_\_\_\_  
**CHARLOTTE GARRIDO**, Commissioner

\_\_\_\_\_  
**ROBERT GELDER**, Commissioner

ATTEST:

\_\_\_\_\_  
Dana Daniels, Clerk of the Board

ATTACHMENT A  
FEDERAL CONTRACT TERMS

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)  
CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

If applicable, the following provisions apply to the Subrecipient Agreement for receipt of ARPA Funds:

1. **CONFLICT.** In the event of conflict between these Federal Contract Terms and the Subrecipient Agreement, the Federal Contract Terms shall take priority.
2. **COMPLIANCE.** Subrecipient understands and agrees that funds provided under the Subrecipient Agreement come from a federal source and agrees to comply with all additional applicable terms.
  - A. Technical Assistance. If, at any time, Subrecipient believes its capacity is compromised or Subrecipient otherwise needs any sort of assistance, it shall immediately notify the County. County will make best efforts to provide timely technical assistance to Subrecipient to bring Subrecipient into compliance.
  - B. Compliance with Act. Subrecipient understands and agrees that ARPA Funds provided under the Subrecipient Agreement may only be used in compliance with section 603(c) of the Social Security Act (“Act”), as added by section 9901 of the American Rescue Plan Act (“ARPA”), the U.S. Department of Treasury’s (“Treasury’s”) regulations implementing that section, and guidance issued by Treasury regarding the foregoing.
3. **SCOPE OF ELIGIBLE EXPENDITURES.** ARPA funds may only for reimbursable eligible expenditures as described in the Subrecipient Agreement, these Federal Contract Terms and Scope of Work. No ARPA Funds may be used to pay or reimburse costs for expenditures for which Subrecipient has received any other funding, whether state, federal or private in nature, for that same expense.
4. **REPORTS.** Subrecipient shall provide the County with additional information and documentation upon request, including completing any reports deemed necessary for the County to comply with documentation, reporting, or audit requirements
5. **REMEDIES.** All administrative, contractual, or other legal remedies available by law, including sanctions and penalties, are available to the parties in the event of a breach of contract.
6. **UNIFORM GUIDANCE COMPLIANCE**
  - A. Remedial Actions. In the event of Subrecipient’s noncompliance with section 603(c) of the Act, Treasury’s regulations implementing that section, guidance issued by Treasury regarding the foregoing, or any other applicable federal laws or regulations, Treasury may take available remedial actions as set forth in 2 C.F.R. 200.339.
  - B. Recoupment
    1. Subrecipient agrees that it is financially responsible for and will repay the County all indicated amounts following an audit exception which occurs due to Subrecipient’s failure, for any

reason, to comply with the terms of the Subrecipient Agreement. This duty to repay the County shall not be diminished or extinguished by the termination of the Contract.

2. In the event of a violation of section 603(c) of the Act, ARPA Funds shall be subject to recoupment by the County.
3. Any funds paid to Subrecipient (a) more than the amount to which Subrecipient is authorized to retain under the terms of the Subrecipient Agreement; (b) that are determined by the Treasury Office of Inspector General to have been misused; (c) are determined by Treasury to be subject to a repayment obligation pursuant to section 603(e) of the Act; or (d) are otherwise subject to recoupment by the County shall constitute a debt to the County.
4. Any Subrecipient debts determined to be owed the County must be paid promptly by Subrecipient. A debt is delinquent if it has not been paid by the date specified in the County's initial written demand for payment, unless other satisfactory arrangements have been made or if the County knowingly or improperly retains funds that are a debt. The County will take any actions available to it to collect such a debt.

- C. Return of Unused ARPA Funds. If Subrecipient has any unspent ARPA Funds on hand as of the earlier of December 31, 2024, or the termination of the Subrecipient Agreement, Subrecipient shall return all unspent ARPA Funds to the County within ten (10) calendar days.

## 7. DISCLAIMER

- A. The United States expressly disclaims all responsibility or liability to Subrecipient or third persons for the actions of Subrecipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this grant or any contract, or subcontract under this grant.
- B. The acceptance of this grant by Subrecipient does not in any way establish an agency relationship between the United States and Subrecipient.

8. **CONFLICT OF INTEREST**. Subrecipient understands and agrees it must maintain and comply with a conflict-of-interest policy consistent with 2 C.F.R. § 200.318(c) and such policy is applicable to each activity funded under this award. Subrecipient and subrecipients must disclose in writing to the County or Treasury, as appropriate, any potential conflict of interest affecting the awarded funds in accordance with 2 C.F.R. § 200.112.

## 9. PROTECTION FOR WHISTLEBLOWERS

- A. In accordance with 41 U.S.C. § 4712, Subrecipient may not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the list of persons or entities provided below, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant.
- B. The list of persons and entities referenced in the paragraph above includes the following: (1) a member of Congress or a representative of a committee of Congress; (2) an Inspector General; (3) the Government Accountability Office; (4) a Treasury employee responsible for contract or grant oversight or management; (5) an authorized official of the Department of Justice or other law enforcement agency; (6) a court or grand jury; and (7) a management official or other employee

of Subrecipient, Subrecipient, or subcontractor who has the responsibility to investigate, discover, or address misconduct.

- C. Subrecipient shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.

10. INCREASING SEAT BELT USE IN THE UNITED STATES. Pursuant to Executive Order 13043, 62 FR 19217 (Apr. 18, 1997), Subrecipient is encouraged to adopt and enforce on-the-job seat belt policies and programs for its their employees when operating company-owned, rented or personally owned vehicles.

11. REDUCING TEXT MESSAGING WHILE DRIVING. Pursuant to Executive Order 13513, 74 FR 51225 (October 6, 2009), Subrecipient is encouraged to adopt and enforce policies that ban text messaging while driving, and to establish workplace safety policies to decrease accidents caused by distracted drivers.

12. FALSE STATEMENTS. Subrecipient understands that making false statements or claims in connection with this Subrecipient Agreement may be a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in federal or county awards or contracts, and/or any other remedy available by law.

### 13. APPLICABLE LAWS

The Subrecipient Agreement shall be governed by and construed in accordance with the laws of the State of Washington. Subrecipient agrees to comply with the requirements of section 603 of the Act, the Treasury's regulations implementing that section, and guidance issued by Treasury regarding the foregoing. Subrecipient also agrees to comply with all other applicable federal laws, regulations, and executive orders, and Subrecipient shall provide for such compliance by other parties in any agreements it enters with other parties relating to this Subrecipient Agreement. Federal regulations applicable to this grant may include, without limitation, the following:

- A. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200, including the following: Subpart A, Acronyms and Definitions; Subpart B, General Provisions; Subpart C, Pre-Federal Award Requirements and Contents of Federal Awards; Subpart D, Post-Federal Award Requirements; Subpart E, Cost Principles; and Subpart F, Audit Requirements.
- B. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is hereby incorporated by reference.
- C. Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 170 is hereby incorporated by reference.
- D. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), 2 C.F.R. Part 180, including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19.
- E. Subrecipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 C.F.R. Part 200, Appendix XII to Part 200 is hereby incorporated by reference.

- F. Governmentwide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20.
- G. Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. §§ 4601-4655) and implementing regulations.
- H. Statutes and regulations prohibiting discrimination applicable to this award include, without limitation, the following:
  - 1. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury's Implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance;
  - 2. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing based on race, color, religion, national origin, sex, familial status, or disability;
  - 3. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination based on disability under any program or activity receiving federal financial assistance;
  - 4. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination based on age in programs or activities receiving federal financial assistance; and
  - 5. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination based on disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.
- 14. HATCH ACT. Subrecipient agrees to comply, as applicable, with requirements of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328), which limits certain political activities of federal employees, as well as certain other employees who work in connection with federally funded programs. Subrecipient agrees to comply with the Prohibition on Providing Funds to the Enemy (2 C.F.R. 183).
- 15. EQUAL EMPLOYMENT OPPORTUNITY. During the performance of this Subrecipient Agreement, the Subrecipient agrees as follows:

Subrecipient will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The Subrecipient will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

  - A. Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Subrecipient agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
  - B. The Subrecipient will, in all solicitations or advertisements for employees placed by or on behalf of the Subrecipient, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
  - C. The Subrecipient will not discharge or in any other manner discriminate against any

employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the Subrecipient's legal duty to furnish information.

- D. The Subrecipient 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 advising the said labor union or workers' representatives of the Subrecipient's commitments under this section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- E. The Subrecipient will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- F. The Subrecipient will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- G. In the event of the Subrecipient's noncompliance with the nondiscrimination clauses of this Subrecipient Agreement or with any of the said rules, regulations, or orders, this Subrecipient Agreement may be canceled, terminated, or suspended in whole or in part and the Subrecipient may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- H. Subrecipient will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The Subrecipient will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:
  - 1. Provided, however, that in the event a Subrecipient becomes involved in, or is threatened with, litigation with a subcontractor or vendor due to direction by the administering agency, the Subrecipient may request the United States to enter such litigation to protect the interests of the United States.

2. County further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: *Provided*, that if the County so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the Subrecipient Agreement.
  3. County agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of Subrecipients and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.
  4. County further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a Subrecipient debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon Subrecipients and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the County agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the County under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such County; and refer the case to the Department of Justice for appropriate legal proceedings.
16. DAVIS-BACON ACT. All transactions regarding this Subrecipient Agreement shall be done in compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) and the requirements of 29 C.F.R. pt. 5 as may be applicable. The Subrecipient shall comply with 40 U.S.C. 3141-3144, and 3146-3148 and the requirements of 29 C.F.R. pt. 5 as applicable. Subrecipients are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. Additionally, Subrecipients are required to pay wages not less than once a week.
17. COPELAND ANTI-KICKBACK ACT
- A. Subrecipient. The Subrecipient shall comply with 18 U.S.C. § 874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into this Subrecipient Agreement.
  - B. Subcontracts. The Subrecipient or subcontractor shall insert in any subcontracts the clause above and a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime Contractor shall be responsible for the compliance by any subcontractor or lower tier



subcontractor with all contract clauses.

- C. Breach. A breach of the Subrecipient Agreement clauses above may be grounds for termination of the Subrecipient Agreement, and for debarment as a Subrecipient and subcontractor as provided in 29 C.F.R. § 5.12.

18. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT

- A. Overtime Requirements. As required by 29 C.F.R. § 5.5(b), no Subrecipient or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- B. Violation; Liability for Unpaid Wages; Liquidated Damages. In the event of any violation of the clause set forth in paragraph (1) of this section the Subrecipient and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such Subrecipient and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (1) of this section, in the sum of \$27 for each calendar day on which such individual was required or permitted to work more than the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (1) of this section.
- C. Withholding for Unpaid Wages and Liquidated Damages. The County shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the Subrecipient or subcontractor under any such contract or any other federal contract with the same prime Contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime Contractor, such sums as may be determined to be necessary to satisfy any liabilities of such Subrecipient or subcontractor for unpaid wages and liquidated damages as provided by federal law.
- D. Subcontracts. The Subrecipient or subcontractor shall insert in any subcontracts the clauses set forth in paragraphs (A) through (D) of this section and a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime Contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (A) through (D) of this section.

19. RIGHTS TO INVENTIONS. All materials produced under this Subrecipient Agreement shall be considered “works for hire” as defined by the U.S. Copyright Act and shall be owned by the County.

20. CLEAN AIR ACT AND THE FEDERAL WATER POLLUTION CONTROL ACT. Subrecipient will comply with all applicable federal environmental laws and regulations, including

without limitation.

- A. Clean Air Act. The Subrecipient agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq. The Subrecipient agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office. The Subrecipient agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with federal assistance provided by FEMA.
- B. Federal Water Pollution Control Act. The Subrecipient agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq. The Subrecipient agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office. The Subrecipient agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with federal assistance provided by FEMA.

21. **DEBARMENT AND SUSPENSION.** If this Subrecipient Agreement is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000, the Subrecipient is required to verify that none of the Subrecipient's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935). The Subrecipient must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters.

This certification is a material representation of fact relied upon by the County. If it is later determined that the Subrecipient did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the County, the federal government may pursue available remedies, including but not limited to suspension and/or debarment.

The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

22. **PROCUREMENT OF RECOVERED MATERIALS.** In the performance of this Subrecipient Agreement, the Subrecipient shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired i) competitively within a timeframe providing for compliance with the contract performance schedule; ii) meeting contract performance requirements; or ii) at a reasonable price. Information about this requirement, along with the list of EPA-designated items, available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/ismm/comprehensive-procurement-guideline-cpg-program>. Subrecipient also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

23. **ACCESS TO RECORDS.** Subrecipient agrees to provide the County, the Treasury Office of Inspector General, the Government Accountability Office, or any of their authorized representatives access to any books, documents, papers, and records of the Subrecipient which are directly pertinent to this Subrecipient Agreement for the purposes of making audits, examinations, excerpts, and transcriptions, to the extent allowed by law. The Subrecipient agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed. The Subrecipient agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the Subrecipient Agreement. In compliance with the Disaster Recovery Act of 2018, the County and the Subrecipient acknowledge and agree that no language in this Subrecipient Agreement is intended to prohibit audits or internal reviews by the FEMA Administrator or the Comptroller General of the United States.
24. **AMENDMENTS.** The Subrecipient Agreement may only be amended upon the mutual written agreement of the parties.
25. **COMPLIANCE WITH FEDERAL LAW, REGULATIONS, AND EXECUTIVE ORDERS.** Subrecipient will comply with all applicable federal law, regulations, executive orders, policies, procedures, and directives.
26. **NO OBLIGATION BY FEDERAL GOVERNMENT.** The federal government is not a party to this Subrecipient Agreement and is not subject to any obligations or liabilities to the non-federal entity, Subrecipient, or any other party pertaining to any matter resulting from this Subrecipient Agreement.
27. **PROGRAM FRAUD AND FALSE OR FRAUDULENT STATEMENTS OR RELATED ACTS.** Subrecipient acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the Subrecipient's actions pertaining to this Subrecipient Agreement.
28. **BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. § 1352 (AS AMENDED).** Subrecipients who request or receive an award for federal money shall file the required certification. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded

Required Certification. If applicable, Subrecipients must sign and submit to the non-federal entity the following certification.

APPENDIX A, 44 C.F.R. PART 18 — CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, 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, as attached.
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.
4. 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 this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification is subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By signing below, Subrecipient certifies that Subrecipient has read and understood, is and will remain in compliance with the above-described obligations. Subrecipient acknowledges any intentional or negligent misrepresentation or falsification of any information submitted in conjunction with this document may subject the Subrecipient to civil and/or criminal liability and penalties, including but not limited to fines and/or imprisonment under Title 18, United States Code, Sec. 1001, et seq. and other applicable law.

#### SUBRECIPIENT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Authorized Representative

## ATTACHMENT B SCOPE OF WORK

### AMERICAN RESCUE PLAN ACT OF 2021 (ARPA) CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

#### A. PROJECT NAME:

Kitsap Public Health District Nurse Family Partnership

#### B. PROJECT SUMMARY

The Kitsap Public Health District's Nurse Family Partnership Program (NFP) provides evidence-based nurse home visiting service to families. The NFP program is a parental and infancy home visitation service that aims to improve the health, well-being, and self-sufficiency of first-time low-income parents and their children. Program activities are designed to link families to needed services, promote good decision making, assist in making healthy choices, and help women build supportive relationships. NFP nurses use proven tools to assess parents for signs and symptoms of substance use disorders, mental illness, and Adverse Childhood Experiences and to screen infant and child growth and development. Nurses provide education to promote health and, because of their trusting relationships with their clients, are often able to support a parent's readiness to seek needed treatment and work toward short and long term improvements in health and wellbeing. This program has demonstrated, measurable impacts on the lives of children, families and the community.

#### C. PROJECT BACKGROUND

Kitsap Public Health has offered NFP services since 2012. The NFP program has specific eligibility requirements regarding income, trimester of pregnancy, and other risk factors. The primary focus population is low-income, pregnant teens and women. This program fundamentally aims to ensure that all low-income pregnant and parenting women in Kitsap County receive some level of perinatal and early childhood service, with a particular focus on reaching first-time, high-risk moms who would benefit from NFP. The program utilizes a bilingual health educator and bilingual nurse to outreach to communities and organizations for referrals to the NFP program. Women not eligible for NFP are connected to other supportive programs.

The evidence for NFP is based on positive outcomes from multiple randomized control trials and longitudinal studies. NFP data collection and analysis began in the 1970s and continues. Our project's adherence to the national model fidelity requirements assures that our program implementation and expected beneficial outcomes are comparable to the randomized control trials. In a 15-year follow-up study, results showed positive effects for NFP families more than 12 years after visits ended including 67% reduction in behavioral and intellectual problems by age 6 and 59% reduction in child arrests at age 15.

Currently we have 2.5 FTE Nurse home visitors (3 nurses), who can carry up to 62 clients total until their child's second birthday. Since the beginning of the program in 2012, we have graduated 75 moms. 100% of families enrolled in NFP are below 185% of the federal poverty line, and at least 54% have median household incomes below 100% FPL. In the past two years, 58% of the mothers enrolled were 24 years old or less.

#### D. PROJECT GOALS & OBJECTIVES

##### Goal:

Deliver nurse family partnership services to eligible Kitsap residents to support better pregnancy outcomes, improved child health and development and increased self-sufficiency.

##### Objectives:

1. Maintain staffing of 1 nurse supervisor and 3 nurses (2.5 program FTE).
2. Maintain NFP program fidelity to the national model through rigorous implementation and reporting standards.

#### E. PROJECT IMPLEMENTATION

1. Describe in chronological order the individual tasks or activities necessary to accomplish the work under each objective. Identify project phases, staff, and needed regulatory permits and/or approval.

This is a well-established program at Kitsap Public Health District and the purpose of this request is to maintain our current activities.

- A. Implementation tasks include maintenance of current staffing levels - if we have a reduction of FTE, we begin immediate recruitment. Staff involved include program management and human resources.
- B. Implementation tasks related to maintenance of program fidelity includes an array of activities, for example: recruitment of new program participants, scheduling and ensuring appointments are completed, developing and tracking participant improvement goals, conducting assessments and providing referrals to community services, providing education on and monitoring of infant and child development. Staff involved include program management, program support staff and nurses.

2. Describe each of the services, if any, that you intend to contract for. Please note, per Section 16.1 of the Subrecipient Agreement, a list of proposed subcontractors and their responsibilities will need to be provided to the County for preauthorization, prior to entering into a contract with them.

None reported.

3. Describe in detail, each piece of equipment, with an all-inclusive cost of \$5,000 or more per item, that you intend to purchase under this Agreement. Please note, per Section 5.9 of the Subrecipient Agreement, all equipment in this category must be preauthorized by the County prior to purchase.

None reported.

#### F. PROJECT SCHEDULE

4/30/2022	8/2022	11/2022	2/2023	5/2023	8/2023	11/2023	2/2024	4/30/2024
Funding begins	submit 1st quarter report	submit 2nd quarter report	submit 3rd quarter report	submit 4th quarter report	submit 5th quarter report	submit 6th quarter report	submit 7th quarter report	submit final quarter report
Maintain program staffing: 1 nurse supervisor and 3 nurses (2.5 FTE)								
Recruit new eligible participants (full case load for a 1.0FTE nurse is 25 clients)								
Complete client visits (100/quarter)								
Establish and monitor client improvement goals								
Conduct assessments and provide referrals to needed services								
Provide education on infant/child development								

#### G. MONITORING ACTIVITIES

Monitoring activities related to measuring the project's effectiveness is as follows:

- KPHD NFP program will maintain current staffing of 3 nurses and 1 nurse supervisor
- Nurses will complete at least 100 home, phone or virtual visits per quarter
- Quarterly review of program participant demographics: age, race/ethnicity, income

#### H. PROJECT REPORTS

To be submitted per the terms of the Subrecipient Agreement.

We will comply with quarterly project progress report and final grant report submittal requirements and monthly invoicing.

## I. PROJECT BUDGET

Overall project budget, less contributions from other funding sources.

CONTRACTED SERVICES	2022 - 2023	2023 - 2024	TOTAL
	0	0	0
EQUIPMENT			
	0	0	0
PERSONNEL			
Salaries	508,550	533,978	1,042,528
Fringe Benefits	169,737	183,316	353,053
SUPPLIES & SERVICES			
Communications	3,180	3,180	6,360
Miscellaneous	500	500	1,000
Operations & Maintenance: NDGC	23,883	26,271	50,154
Overhead Allocation	236,516	249,787	486,303
Parking & CTR	1,080	1,080	2,160
Professional Services	21,500	21,500	43,000
Project Supplies	1,500	1,500	3,000
Repairs & Maintenance	1,800	1,800	3,600
Training	2,000	2,000	4,000
Travel & Mileage	4,000	4,000	8,000
OTHER			
DCYF Funding Offset	(194,719)	(194,719)	(389,438)
MCHBG Funding Offset	(79,927)	(79,927)	(159,854)
Kitsap County Funding Offset	(195,295)	(195,295)	(390,590)
KPHD Government Contributions	(130,305)	(184,971)	(315,276)
PROJECT BUDGET TOTAL	374,000	374,000	748,000



ATTACHMENT C  
COST CERTIFICATION

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)  
CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

By signing below, the Subrecipient certifies as follows:

1. I have authority and approval from the governing body of \_\_\_\_\_ (“Subrecipient”) to request reimbursement from Kitsap County (“County”) from the County’s allocation of the Coronavirus State & Local Fiscal Recovery Fund (“CSLFRF”) as created by the American Rescue Plan Act of 2021, Section 9901 (“ARPA”) for eligible expenditures identified in Kitsap County contract number \_\_\_\_\_ and identified on the corresponding Reimbursement Request Form for report period \_\_\_\_\_ through \_\_\_\_\_.
2. I understand the County will rely on this Cost Certification as a material representation in processing my reimbursement request.
3. I understand the Subrecipient receiving funds pursuant to this Cost Certification shall retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts, in a manner consistent with § 200.334 – Retention Requirements for Records under 2 CFR 200 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Such documentation shall be produced and provided to the County upon request, at no cost to the County, and may be subject to audit by the WA State Auditor’s Office.
4. I understand any funds provided pursuant to this Cost Certification cannot be used as a revenue replacement for lower-than-expected tax or other revenue collections nor can they be used for expenditures for which Subrecipient has received any other funding (whether state, federal, or private in nature) for that same expense.

By signing below, Subrecipient certifies that Subrecipient has read and understood, is and will remain in compliance with the above-described obligations. Subrecipient acknowledges any intentional or negligent misrepresentation or falsification of any information submitted in conjunction with this document may subject the Subrecipient to civil and/or criminal liability and penalties, including but not limited to fines and/or imprisonment under Title 18, United States Code, Sec. 1001, et seq. and other applicable law.

SUBRECIPIENT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Authorized Representative

ATTACHMENT D  
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND  
VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)  
CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

*(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE NEXT PAGE  
WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)*

1. The prospective recipient of Federal assistance funds certifies, by submission of this IFB/RFP Response, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this IFB/RFP Response.

SUBRECIPIENT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Authorized Representative

FEDERAL DEBARMENT CERTIFICATION FORM (CONTINUED)

1. By signing and submitting this response, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this class is a material representation of fact upon which reliance was placed when this transaction was entered. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this response is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "RFP Response," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this response is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this response 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 the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this response that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. 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 List of Parties Excluded from Procurement or Non-Procurement Programs.
8. 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.
9. Except for transactions authorized under paragraph 5 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, the DOL may pursue available remedies, including suspension and/or debarment.

ATTACHMENT E  
CIVIL RIGHTS CERTIFICATION

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)  
CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

The ARPA funds provided to the grant subrecipient named below (“Subrecipient”) are available under section 603 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act.

1. Subrecipient understands and acknowledges that:

As a condition of receipt of federal financial assistance from the Department of the Treasury (“Treasury”), with monies distributed through Kitsap County, Subrecipient provides the assurances stated herein. The federal financial assistance may include federal grants, loans, and contracts to provide assistance to Subrecipient and other arrangements with the intention of providing assistance. Federal financial assistance does not encompass contracts of guarantee or insurance, regulated programs, licenses, procurement contracts by the Federal government at market value, or programs that provide direct benefits. This assurance applies to all federal financial assistance from or funds made available through the Department of Treasury, including any assistance that the Recipient may request in the future.

The Civil Rights Restoration Act of 1987 provides that the provisions of the assurances apply to all operations of Subrecipient’s programs and activities, so long as any portion of Subrecipient’s programs or activities are federally assisted in the manner prescribed above.

2. Subrecipient certifies the following:

- A. Subrecipient ensures its current and future compliance with Title VI of the Civil Rights Act of 1964, as amended, which prohibits exclusion from participation, denial of the benefits of, or subjection to discrimination under programs and activities receiving federal financial assistance, of any person in the United States on the ground of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Treasury Title VI regulations at 31 CFR Part 22 and other pertinent executive orders such as Executive Order 13166, directives, circulars, policies, memoranda, and/or guidance documents.
- B. Subrecipient acknowledges Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency,” seeks to improve access to federally assisted programs and activities for individuals who, because of national origin, have Limited English proficiency (LEP). Subrecipient understands denying a person access to its programs, services, and activities because of LEP is a form of national origin discrimination prohibited under Title VI of the Civil Rights Act of 1964 and Treasury implementing regulations. Accordingly, Subrecipient shall take reasonable steps, or comply with the Department of Treasury’s directives, to ensure LEP persons have meaningful access to its programs, services, and activities. Subrecipient understands and agrees that meaningful access may entail providing language assistance services, including

oral interpretation and written translation where necessary, to ensure effective communication in the Subrecipient programs, services, and activities.

- C. Subrecipient agrees to consider the need for language services for LEP persons when Subrecipient develops applicable budgets and when conducting programs, services, and activities. As a resource, the Treasury has published its LEP guidance at 70 FR 6067. For more information on taking reasonable steps to provide meaningful access for LEP persons, please visit <http://www.lep.gov>.
- D. Subrecipient acknowledges and agrees compliance with the assurances constitutes a condition of continued receipt of federal financial assistance and is binding upon Subrecipient and its successors, transferees, and assignees for the period in which such assistance is provided.
- E. Subrecipient acknowledges and agrees that it must require any sub-grantees, contractors, subcontractors, successors, transferees, and assignees to comply with assurances A - D above, and agrees to incorporate the following language in every contract or agreement subject to Title VI and its regulations between the subrecipient and the Recipient's sub-grantees, contractors, subcontractors, successors, transferees, and assignees:  
Subrecipient shall comply with Title VI of the Civil Rights Act of 1964, which prohibits Subrecipients of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person based on race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this contract (or agreement). Title VI also includes protection to LEP persons in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by Treasury's Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of the Contract.
- F. Subrecipient understands and agrees that if any real property or structure is provided or improved with federal financial assistance by the Treasury, Subrecipient, or in the case of a subsequent transfer, transferee, is obligated for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If personal property is provided, this assurance obligates the Subrecipient for the period during which it retains ownership or possession of the property.
- G. Subrecipient shall cooperate in any enforcement or compliance review activities by the Treasury of Subrecipient's obligations. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. Subrecipient shall comply with information requests, on-site compliance reviews and reporting requirements.
- H. Subrecipient shall maintain a complaint log and inform the Treasury of any complaints of discrimination on the grounds of race, color, or national origin, and limited English proficiency covered by Title VI of the Civil Rights Act of 1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, pending, or completed, including outcome. Subrecipient must also inform the Treasury if Subrecipient has received no complaints under Title VI.
- I. Subrecipient must provide documentation of an administrative agency or court findings of non-compliance of Title VI and efforts to address the non-compliance, including any

voluntary compliance or other agreements between the Subrecipient and administrative agency that made the finding. Subrecipient must provide documentation of the settlement of any case or matter alleging discrimination or identify that Subrecipient has not been the subject of any court or administrative agency finding of discrimination.

- J. The U.S. has the right to seek judicial enforcement of the terms contained herein. Nothing in this document alters or limits the federal enforcement measures that the U.S. may take to address violations of any provision contained herein or other applicable federal law.

The United States of America has the right to seek judicial enforcement of the terms of this assurances document and nothing in this document alters or limits the federal enforcement measures that the United States may take to address violations of this document or applicable federal law.

By signing below, Subrecipient certifies that Subrecipient has read and understood its obligations as described herein, that any information submitted in conjunction with this assurance document is accurate and complete, and that the Subrecipient is in compliance with the nondiscrimination requirements. Subrecipient acknowledges any intentional or negligent misrepresentation or falsification of any information submitted in conjunction with this document may subject the Subrecipient to civil and/or criminal liability and penalties, including but not limited to fines and/or imprisonment under Title 18, United States Code, Sec. 1001, et seq. and other applicable law.

SUBRECIPIENT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Authorized Representative

ATTACHMENT F  
LOBBYING CERTIFICATION

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)  
CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

The undersigned certifies, to the best of the undersigned's knowledge and belief, 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, as attached.
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 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.

By signing below, Subrecipient certifies that Subrecipient has read and understood, is and will remain in compliance with the above-described obligations. Subrecipient acknowledges any intentional or negligent misrepresentation or falsification of any information submitted in conjunction with this document may subject the Subrecipient to civil and/or criminal liability and penalties, including but not limited to fines and/or imprisonment under Title 18, United States Code, Sec. 1001, et seq. and other applicable law.

SUBRECIPIENT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Authorized Representative

ATTACHMENT G  
PREVAILING WAGE

AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)  
CORONAVIRUS STATE & LOCAL FISCAL RECOVERY FUNDS (CSLFRF) SUBAWARD

PREVAILING WAGE		
<input type="checkbox"/>	General	Contractor shall comply with the prevailing wage requirements of chapter 39.12 RCW and WAC 296-127, specifically including RCW 39.12.020 and WAC 296-127-023 (Building Service Maintenance), if applicable. Contractor shall pay not less than the prevailing rate of per diem wages to its employees and shall provide documentation to the County of its compliance with prevailing wage laws and regulations. A copy of such prevailing rates of wage statement shall be posted by the Contractor in a location readily visible to workers at the job site or as provided in RCW 39.12.020
	Over \$2,500	For contracts greater than \$2,500, a "Statement of Intent to Pay Prevailing Wages: (hereinafter "Statement of Intent") must be submitted to and approved by the State Department of Labor and Industries prior to beginning work by the Contractor. If the Contract is more than \$10,000, the Statement of Intent shall include the Contractor's registration number, the prevailing wage for each classification of workers, and an estimate of the number of workers in each classification. An "Affidavit of Wages Paid" must be submitted to and approved by the State Department of Labor and Industries by the Contractor prior to release of the retained percentage. Copies of these documents shall be provided to the County prior to any payment being made to the Contractor. The fee for each of these documents shall be paid by the Contractor.
	\$2,500 or Less	For contracts \$2,500 or less, the Contractor may submit the Statement of Intent to the County directly without the approval by the Washington State Department of Labor & Industries. Upon final acceptance of the work, the Contractor will submit an "Affidavit of Wages Paid" to the County.
	Statement of Intent	The Statement of Intent and Affidavit of Wages Paid must be submitted on forms approved by the Department of Labor and Industries.

Effective January 1, 2020, contractors must file weekly certified payroll reports for all prevailing wage jobs (regardless of project amount) and submit them directly to L&I.



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This content is from the eCFR and is authoritative but unofficial.

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## Title 2 - Grants and Agreements

### Subtitle A - Office of Management and Budget Guidance for Grants and Agreements

#### Chapter II - Office of Management and Budget Guidance

#### Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

Authority: 31 U.S.C. 503

Source: 78 FR 78608, Dec. 26, 2013, unless otherwise noted.

#### Subpart E - Cost Principles

#### General Provisions for Selected Items of Cost General Provisions...

#### § 200.475 Travel costs.

- (a) **General.** Travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business of the non-Federal entity. Such costs may be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-Federal entity's non-federally-funded activities and in accordance with non-Federal entity's written travel reimbursement policies. Notwithstanding the provisions of § 200.444, travel costs of officials covered by that section are allowable with the prior written approval of the Federal awarding agency or pass-through entity when they are specifically related to the Federal award.
- (b) **Lodging and subsistence.** Costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses, must be considered reasonable and otherwise allowable only to the extent such costs do not exceed charges normally allowed by the non-Federal entity in its regular operations as the result of the non-Federal entity's written travel policy. In addition, if these costs are charged directly to the Federal award documentation must justify that:
  - (1) Participation of the individual is necessary to the Federal award; and
  - (2) The costs are reasonable and consistent with non-Federal entity's established travel policy.
- (c)
  - (1) Temporary dependent care costs (as dependent is defined in 26 U.S.C. 152) above and beyond regular dependent care that directly results from travel to conferences is allowable provided that:
    - (i) The costs are a direct result of the individual's travel for the Federal award;
    - (ii) The costs are consistent with the non-Federal entity's documented travel policy for all entity travel; and
    - (iii) Are only temporary during the travel period.
  - (2) Travel costs for dependents are unallowable, except for travel of duration of six months or more with prior approval of the Federal awarding agency. See also § 200.432.

- (d) In the absence of an acceptable, written non-Federal entity policy regarding travel costs, the rates and amounts established under 5 U.S.C. 5701-11, ("Travel and Subsistence Expenses; Mileage Allowances"), or by the Administrator of General Services, or by the President (or his or her designee) pursuant to any provisions of such subchapter must apply to travel under Federal awards (48 CFR 31.205-46(a)).
- (e) **Commercial air travel.**
  - (1) Airfare costs in excess of the basic least expensive unrestricted accommodations class offered by commercial airlines are unallowable except when such accommodations would:
    - (i) Require circuitous routing;
    - (ii) Require travel during unreasonable hours;
    - (iii) Excessively prolong travel;
    - (iv) Result in additional costs that would offset the transportation savings; or
    - (v) Offer accommodations not reasonably adequate for the traveler's medical needs. The non-Federal entity must justify and document these conditions on a case-by-case basis in order for the use of first-class or business-class airfare to be allowable in such cases.
  - (2) Unless a pattern of avoidance is detected, the Federal Government will generally not question a non-Federal entity's determinations that customary standard airfare or other discount airfare is unavailable for specific trips if the non-Federal entity can demonstrate that such airfare was not available in the specific case.
- (f) **Air travel by other than commercial carrier.** Costs of travel by non-Federal entity-owned, -leased, or -chartered aircraft include the cost of lease, charter, operation (including personnel costs), maintenance, depreciation, insurance, and other related costs. The portion of such costs that exceeds the cost of airfare as provided for in paragraph (d) of this section, is unallowable.

[78 FR 78608, Dec. 26, 2013, as amended at 79 FR 75887, Dec. 19, 2014. Redesignated and amended at 85 FR 49570, Aug. 13, 2020]



# KITSAP PUBLIC HEALTH DISTRICT

Unique Entity ID <b>WKRDH6R95X88</b>	CAGE / NCAGE <b>0UMV3</b>	Purpose of Registration <b>Federal Assistance Awards Only</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Mar 6, 2023</b>	
Physical Address <b>345 6TH ST STE 300 Bremerton, Washington 98337-1866 United States</b>	Mailing Address <b>345 6TH Street Suite 300 Bremerton, Washington 98337-1866 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>Washington 06</b>	State / Country of Incorporation <b>(blank) / (blank)</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Mar 6, 2022</b>	Submission Date <b>Mar 6, 2022</b>	Initial Registration Date <b>May 29, 2001</b>
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## Entity Dates

Entity Start Date <b>Jan 1, 1947</b>	Fiscal Year End Close Date <b>Dec 31</b>
-----------------------------------------	---------------------------------------------

## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

## Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

## Exclusion Summary

Active Exclusions Records?

**No**

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

**Yes**

## Entity Types

### Business Types

Entity Structure <b>U.S. Government Entity</b>	Entity Type <b>US Local Government</b>	Organization Factors <b>(blank)</b>
Profit Structure <b>(blank)</b>		

**Socio-Economic Types**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

**Government Types****U.S. Local Government****Local Government Owned****Financial Information**

Accepts Credit Card Payments

**Yes**

Debt Subject To Offset

**No**

EFT Indicator

**0000**

CAGE Code

**0UMV3****Points of Contact****Electronic Business**

 <b>KEITH GRELLNER</b>	<b>345 6TH Street Suite 300</b> <b>Bremerton, Washington 98337</b> <b>United States</b>
MELISSA LAIRD	345 6TH Street Suite 300 Bremerton, Washington 98337 United States

**Government Business**

 <b>KEITH GRELLNER</b>	<b>345 6TH Street Suite 300</b> <b>Bremerton, Washington 98337</b> <b>United States</b>
April Fisk	345 6TH STREET, Suite 300 Bremerton, Washington 98337 United States

**Service Classifications****NAICS Codes**

Primary	NAICS Codes	NAICS Title
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**Disaster Response**

This entity does not appear in the disaster response registry.

**AMENDMENT TO AGREEMENT 2262 JEFFERSON**

This Amendment ("Amendment") to Kitsap Public Health District Contract for Youth Cannabis and Commercial Tobacco Prevention Program (the "Contract"), is entered into between the Jefferson County Public Health ("Contractor") and the Kitsap Public Health District ("District").

**RECITALS**

**WHEREAS**, the Parties entered into the Contract effective July 1, 2022; and

**WHEREAS**, Washington State Department of Health has increased Tobacco funding, and the parties have agreed it is desirable to adjust funding; and

**NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:**

**I. Amendment of Contract Section 5. Compensation.** \$70,000 dollars will be added to increase tobacco funding for Jefferson County Public Health to provide services in both Jefferson County and Clallam County. For a total compensation of \$124,761.

**II. Amendment of Contract Section 4. Statement of Work and Budget** Subcontractor shall furnish the necessary personnel, equipment material, and / or services and otherwise do all things necessary for or incidental to the performance of the work set forth in ATTACHEMENT A-1, attached hereto and incorporated herein. ATTACHMENT A of the initial contract remains unchanged.

**III. Other Provisions Unchanged.** The other provisions of the Contract, remain unchanged.

**IV. Effective Date.** This Amendment is effective July 1, 2022.

**V. Authorization.** Each party signing below warrants to the other party that they have the full power and authority to execute this Amendment on behalf of the party for whom they sign.

**IN WITNESS WHEREOF**, the Parties have subscribed their names hereto.

Dated this \_\_\_\_ day of \_\_\_\_, 2022.

Dated this \_\_\_\_ day of \_\_\_\_, 2022.

**KITSAP PUBLIC  
HEALTH DISTRICT**

**JEFFERSON COUNTY  
PUBLIC HEALTH**

\_\_\_\_\_  
Keith Grellner  
Administrator

\_\_\_\_\_  
Kate Dean  
BOOC Chair

**ATTACHMENT A-1 SCOPE OF WORK AND BUDGET**  
**Jefferson County Public Health**  
**July 1, 2022 – June 30, 2023**

As a subrecipient of KPHD under the Washington Department of Health funded *Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP) Additional Tobacco Funds*, Jefferson County Public Health agrees to the following activities funded in full or part by the associated budget.

<b>Activity</b>	
<b>Planning &amp; Coordination of Regional Network</b>	<p>Attend the Olympic Prevention Partnership steering committee and network.</p> <ul style="list-style-type: none"> <li>• Invite new community partners to join the Olympic Prevention Partnership Steering Committee.</li> <li>• Attend nine monthly steering committee meetings (Sept 2022 – June 2023)</li> </ul>
<b>Implementation Goals</b>	<p><i>2022-2023 Goals for the Additional Tobacco Funds:</i></p> <ul style="list-style-type: none"> <li>• <b>Reduce Commercial tobacco-related disparities among priority populations</b></li> <li>• <b>Prevention commercial tobacco use among youth and young adults with emphasis on e-cigarettes</b></li> <li>• <b>Leverage resources for promoting and supporting commercial tobacco dependence treatment.</b></li> <li>• <b>Eliminate exposure to secondhand smoke and electronic cigarette emissions.</b></li> </ul> <p>The above goals are Washington State specific goals. By August 15, 2022, sub recipients will work with the lead contractor at KPHD to develop a detailed workplan and activities specific to Jefferson &amp; Clallam Counties. Workplans are subject to change. Any changes will be approved by both parties.</p>
<b>Monitoring and Reporting</b>	<p>Monitor progress for each activity as appropriate; submit monthly narrative and data reports as requested by KPHD on the 5<sup>th</sup> of every month. Only one report will be required for both Jefferson and Clallam additional tobacco work.</p>
<b>Midterm Evaluation</b>	<p>By February 1, 2023, report progress to the Regional Coordinator. If needed, adjust activities to ensure spend down. Conduct a mid-year workplan re-evaluation.</p>
<b>Calls/Meetings</b>	<p>Participate in monthly conference call with KPHD and attend webinars as scheduled; respond to correspondences related from the Department of Health; respond to activity assessments/surveys administered by KPHD as appropriate per scope of work.</p>
<b>Invoicing</b>	<p>Submit monthly invoices by the 20<sup>th</sup> of the month following the month in which costs were incurred, except for the Final Expenditure Report and Request for Reimbursement in each federal fiscal year (due July 1, 2023). Invoices must include supporting documentation such as timecards for staff time and copies of invoices paid for goods and services.</p>

**Budget July 1, 2022 – June 30, 2023**

	<i><b>Cost</b></i>	<i><b>Description</b></i>
Staff Salary	\$33,796	Staff hours split between Jefferson & Clallam (6 hr. wk. Clallam – Megan C); (5 hr. wk. Jefferson Laura T); (8 hr. wk. Jefferson Karen O).
Benefits	\$8,366	
Indirect	\$9,879	Rate: 29.23%
Goods & Services	\$5,057	Materials necessary and approved for programing: See Work Plan.
Mileage	\$4,902	1 time to PT-- PA two ways @ \$1.00 per mile 52.1329 wks. in a year
Travel/Training	\$8,000	Youth and sponsors to Legislative activity; Conferences, e.g. Montana Institute, Rural Network, People's Institute NW (undoing racism), etc. Host regional in-person training addressing changing behavior/behavioral health.
<b>Total Jefferson</b>	<b>\$70,000</b>	Total

**Funding Source**

<b>Chart of Accounts Program Name or Title</b>	<b>CFDA#</b>	<b>BARS Code</b>	<b>7/1/22 – 6/30/23</b>
FFY23 TOBACCO PREVENTION		334.04.93	\$70,000
<b>Total to Jefferson</b>			\$70,000

**GRANT AGREEMENT**  
**Care Coordination Agencies – Olympic Region Care Coordination Hub**

**Grantee Legal Name: Kitsap Public Health District**

**Grant ID: Care\_Connect\_Kitsap\_KPHD**

Dear Kitsap Public Health District:

It is my pleasure to inform you that Olympic Community of Health (hereinafter “OCH”) has authorized a grant to Kitsap Public Health District (“*Grantee*”) in the maximum amount of \$148,953.00 (one-hundred forty-eight thousand, nine-hundred fifty three dollars) (the “*Grant*”), payable on a cost reimbursement basis as set forth below, subject to Grantee’s acceptance of, compliance with or the making of, as the case may be, the terms, conditions, agreements, warranties, representations, and other provisions set forth in this agreement (this “*Agreement*”).

The Grant shall be used for the purpose of delivering community-based care coordination activities in Kitsap County and supporting a regionwide system for community-based care coordination in the Olympic region (Clallam, Jefferson, and Kitsap counties) (collectively, the “*Purpose*”) and in accordance with the project deliverables and Scope of Work in Exhibit B and C.

Grantee and OCH acknowledge, agree, and consent to the following terms, conditions, agreements, warranties, representations, and other provisions, which either relate to or are attached to the Grant:

1. **Term.** The term of this Agreement will commence as of July 1, 2022 (the “*Effective Date*”) and will expire June 30, 2023 unless terminated earlier as provided herein (the “*Term*”). Notwithstanding the foregoing, Grantee shall adhere to the Grant budget set forth in Exhibit A.
2. **Payment of Grant Funds.** Grantee will submit invoices to OCH for all amounts to be paid on a cost reimbursement basis in accordance with Exhibits A and B, attached hereto and incorporated herein. Invoices are due no later than the 15<sup>th</sup> day of the month following the month of services provided and must provide detailed information as requested. Invoices shall be delivered electronically with all backup documentation to [admin@olympicch.org](mailto:admin@olympicch.org). All invoices must be approved by OCH prior to payment; approval will not be unreasonably withheld. OCH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the scope of work and budget. OCH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance. Grantee will not invoice for services if they are entitled to payment, have been, or will be paid by any other source for that service. OCH will issue payment within 45 days of receiving a correct and complete invoice and approving the



deliverable(s). OCH must receive correct and complete invoices within 30 days of the contract expiration date. Failure to submit a properly completed IRS form W9 may result in delayed payments.

3. ***Representations, Warranties, and Covenants.*** Grantee makes the following representations, warranties, and covenants:

- a. **Generally.** Grantee is a governmental unit, etc. duly formed, validly existing, and in good standing in the state of its formation or incorporation with all governmental power, authority, and permits necessary to carry on its activities, including the Purpose of the Grant. The execution and performance of this Agreement have been duly authorized by all necessary action on the part of Grantee.
- b. **Qualifying Grantee Status.** Grantee is currently, and at all times during the Term will be, a Qualifying Grantee. For purposes of this Agreement, a “*Qualifying Grantee*” is an organization which at all times meets the following criteria of the Internal Revenue Code of 1986 (as amended, including any corresponding provisions of predecessor or successor federal tax laws, “*Code*”):
  - (i) it is a charitable organization described in Code Section 501(c)(3), a governmental unit defined in Code Section 170(c)(1), or an integral part of or an instrumentality of a governmental unit defined in Code Section 170(c)(1);
  - (ii) it is not a “private foundation” within the meaning of Code Section 509(a);
  - (iii) it is not a Type III Supporting Organization within the meaning of Code Section 509(a)(3); and
  - (iv) it is an organization pursuant to which the acceptance of the provisions of this Agreement or of the Grant will not adversely affect Grantee’s status under subsections (i) – (iii) above.

Grantee is not aware of any threat or challenge to its status as a Qualifying Grantee. Furthermore, if Grantee is a publicly supported charity within the meaning of Code Section 170(b)(1)(A)(iv) or (vi) or Section 509(a)(2), Grantee represents that the Grant will not cause Grantee to lose its status as a publicly supported charity.

- c. **Grant Fund Restrictions.** The Purpose of the Grant is charitable, educational, and/or scientific as such purposes are generally defined by those authorities interpreting the provisions of Code Section 501(c)(3), and the Grant (and all income and gains earned thereon) will only be used for such charitable, educational, and/or scientific purposes and will not be used to carry on propaganda, influence legislation, fund any political campaign, influence the outcome of any election, carry on any voter registration drives, or violate any applicable local, state, federal, or foreign law. Further, the Grant is not earmarked for influencing legislation within the meaning of Code Section 4945(e), and there has been no agreement, written or oral, to that effect between OCH and Grantee. Grantee agrees that the Grant (and all income or gains earned

thereon) shall be used solely for the Purpose and to complete the deliverables in Exhibit B, unless approved otherwise by prior written consent of OCH.

- d. **Lobbying Activity.** The parties acknowledge that OCH will not direct nor control Grantee's interactions with any government officials or employees. Grantee agrees that it will advise OCH if it or any of its agents engage in activity that could give rise to any disclosure of the Grant or OCH under federal, state, or local lobbying disclosure rules and/or campaign finance laws.
  - e. **Compliance with the Law.** Grantee complies with, and will continue to comply with, all applicable local, state, federal, and foreign laws, statutes, rules, and regulations, as amended from time to time.
  - f. **Restriction on Referral Fees.** Grantee will ensure that any contract that Grantee is a party to or that Grantee enters into in connection with this Grant will include prohibitions on the payment of referral fees, commissions or similar arrangements to any person or entity whatsoever.
  - g. **Subgrantees.** If budgeted for, Grantee may select subgrantees of its choice to assist Grantee in furtherance of the Purpose and as set forth in Exhibit A and B. Grantee confirms that OCH has not required either in writing or orally that Grantee select any specific subgrantee, and Grantee shall retain full discretion and control over the selection of subgrantees. Grantee is responsible for ensuring that all subgrantees use Grant funds solely in a manner that is consistent with this Agreement.
  - h. **Accurate Information.** All information relating to the Grant heretofore provided to OCH by Grantee or to be provided to OCH by Grantee during the Term has been, and for the duration of the Term (and for so long as any obligations pursuant to Sections 5 and 6 of this Agreement remain outstanding) will at all times continue to be true, accurate and complete in all material respects.
4. **Intellectual Property.** Grantee grants OCH a non-exclusive, non-commercial, perpetual, worldwide, transferable, royalty-free license (the "*License*") to:
- (i) any and all work product, source code, computer programs, applications, writings, other works of authorship, copyrights, inventions, designs, utility models, patents, trademarks, and trade secrets;
  - (ii) applications or derivatives of or related to any of the foregoing; and
  - (iii) any other intellectual property rights;

that (a) arise or result from Grantee's direct or indirect use of the Grant; or (b) are created by or for Grantee in furtherance of the Purpose (collectively, the "*Grant- Related Intellectual Property*"). The License includes at least the following rights: (i) to make or have made, use,

import, or provide any service, product, method, or apparatus, covered by the Grant-Related Intellectual Property; (ii) to reproduce, prepare derivative works of, make improvements to, perform, display, and distribute any work, process, or service, covered by the Grant-Related Intellectual Property; and (iii) a limited right to sublicense the Grant-Related Intellectual Property to third-parties either for use by any such third party solely to support OCH's non-commercial use of the Grant-Related Intellectual Property, or for non-commercial use by any such third party.

5. **Records.** Grantee will maintain and preserve, as applicable: (i) accurate and complete records of receipts and expenditures made from Grant funds and (ii) all back-up files, papers, software code, instructions, specifications, materials, and documentation relating to, comprising, constituting, and/or necessary for the use of the Grant-Related Intellectual Property during the period covered by Grantee's reporting obligations specified in Section 6 of this Agreement and for at least three (3) years thereafter. During the Term, and for three (3) years thereafter, upon the request of OCH, Grantee shall make such records available for inspection by OCH and its representatives during normal business hours, and Grantee shall cooperate and assist OCH with OCH's review of such records. In the event of termination of this Agreement, OCH may, in writing, request that Grantee provide OCH with such records or access to such records, and Grantee will provide all such materials to OCH or access to such materials within ten (10) business days of OCH's written request.

6. **Reporting and Information.**

- a. **IRS Information.** Grantee will immediately provide OCH with (i) a copy of Grantee's current, valid determination letter from the Internal Revenue Service recognizing Grantee's status as a Qualifying Grantee; and (ii) upon request by OCH, copies of Grantee's financial statements and Forms 990, as applicable, with respect to Grantee's fiscal years occurring during the Term.
- b. **Reporting.** Grantee will promptly provide OCH with the grant reporting described in Exhibit B. Report will include the following:
  - (i) a confirmation that the Grant funds have been spent exclusively toward the Purpose/deliverables in accordance with the budget and scope of work and have not been used to carry on propaganda, influence legislation, fund any political campaign, influence the outcome of any election, carry on any voter registration drives, violate any applicable local, state, federal, or foreign law, or used to undertake any activities for a non-charitable purpose;
  - (ii) a narrative of what was accomplished by the use of such funds during the reporting period (including a description of progress made in fulfilling the Purpose/deliverables of the Grant) as well as any supporting documentation; and
  - (iii) a confirmation of Grantee's compliance with the terms of this Agreement. Grantee shall also inform OCH of any material change in its

operating budget and expenses. Grantee also agrees to provide OCH with a copy of all materials developed or published using the Grant upon written request. Moreover, the Grant Reports shall include any other information related to this grant requested by OCH reasonably in advance of the due date of the relevant Grant Report.

- c. **Unspent Funds.** If the Grant funds are not fully expended by Grantee in accordance with the Budget as set forth in Exhibit A, Grantee will disclose this to OCH. Due to the cost reimbursement nature of this contract, unspent funds will not be available for carry over and will go unallocated.
  - d. **Required Notifications.** Grantee will (i) immediately furnish OCH with any information concerning a threatened, proposed, or actual change in Grantee's status as a Qualifying Grantee, and (ii) provide OCH prompt written notice (1) if any of the events in Section 7 of this Agreement occurs, (2) of each and every event which, at the giving of notice or lapse of time, could reasonably be expected to constitute an event described in Section 7 of this Agreement, and (3) if any civil or criminal complaint, demand, claim, investigation, or adversarial proceeding is asserted or threatened against Grantee, any other entity engaged in the Purpose, or any of Grantee's respective employees, contractors, or subgrantees.
7. **Termination for Cause.** In the event of a default by either party under this Agreement, the nondefaulting party may give written notice to the defaulting party that it intends to terminate this Agreement if the default is not cured within 30 days, or such longer period of time as may be reasonable under the circumstances, of when the notice is sent. If the default is not cured within that time, the nondefaulting party may proceed to terminate this Agreement and shall have all rights and remedies available to it under general law.
8. **Payment Obligation; Return of Funds.** In the event that OCH terminates this Agreement pursuant to the terms hereunder, OCH shall be liable only for payment in accordance with the terms of this contract for services rendered prior to the effective date of termination;
9. **Insurance.** Grantee must provide insurance coverage as set out in this section. The intent of the required insurance is to protect OCH should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of Grantee or grantee's subcontractor, or agents of either, while performing under the terms of this Agreement. Grantee must provide insurance coverage that is maintained in full force and effect during the term of this Agreement. The Grantee must provide proof of the following:
- a. Commercial general liability insurance: Provide a Commercial General Liability Insurance Policy, including contractual liability, in adequate quantity to protect against legal liability arising out of contract activity but no less than \$1 million per occurrence/\$2 million general aggregate. Additionally, Grantee is responsible for

ensuring that any Subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.

- b. Professional liability errors and omissions insurance: Provide a policy with coverage of not less than \$1 million per claim/\$2 million general aggregate.
- c. Business automobile liability insurance: In the event that services delivered pursuant to this Agreement involve the use of vehicles, either owned, hired, or non-owned by the Grantee, automobile liability insurance is required covering the risks of bodily injury (including death) and property damage, including coverage for contractual liability. The minimum limit for automobile liability is \$1,000,000 per occurrence, using a Combined Single Limit for bodily injury and property damage.

The commercial general liability and the business automobile liability policies must name OCH, its agents and employees as additional insureds under the insurance policy/ies. All policies must be primary to any other valid and collectable insurance. In the event of cancellation, non-renewal, revocation or other termination of any insurance coverage required by this Agreement, Grantee must provide written notice of such to OCH within one (1) Business Day of Grantee's receipt of such notice. Failure to buy and maintain the required insurance may, at OCH's sole option, result in this Agreement's termination.

**10. Indemnity; Liability.** Each party shall indemnify, defend and hold harmless the other party and its elected and appointed officials, officers, employees, and agents from and against any liability, damage, loss or expense (including reasonable attorneys' fees and expenses of litigation) incurred or imposed upon the indemnitee in connection with any claims, suits, actions, demands or judgments, arising out of or related to the negligence of the indemnitor or its elected or appointed officials, officers, employees and agents in the performance of this Agreement.

**11. Grant Publicity.** Grantee may include the name and logo of OCH in a general list of Grantee's supporters without prior permission, provided that Grantee treats OCH in the same manner that it treats its other similarly situated donors and supporters and provided further that Grantee complies with the terms of OCH's trademark usage guidelines as provided by OCH from time to time. Grantee may disclose the Grant as required by IRS requirements such as disclosure in Grantee's Form 990 and as otherwise required by law or regulation, provided that Grantee provides OCH with at least three (3) business days' advance notice of any such disclosure and agrees to cooperate with OCH to revise such disclosure as reasonably requested by OCH.

Except as otherwise set forth above, if Grantee desires to use the name or logo of the name of OCH, or link to OCH, directly or indirectly (*i.e.*, speaking events, press interviews, press release, professional or trade publication, website, advertisement, or other public document or announcement), Grantee shall obtain **prior written consent** from OCH for such use, reference, or link. Grantee shall seek such consent at least three (3) business days in advance

of Grantee's proposed publicity, and shall provide the Grant ID, content to be approved, as well as the timing and outreach strategy. Grantee shall send all such information to och@olympicch.org and shall designate a Grantee point of contact with email address and telephone number for such request and future requests.

Notwithstanding the foregoing, the parties recognize that this Section does not affect Grantee's rights to publish any materials or research funded with this Grant or to release public statements or information about activities or research funded with this Grant to the extent such materials, research, statements, or information do not mention the Grant, this Agreement, and/or OCH.

**12. Governing Law and Venue.** This Agreement shall be governed by the laws of the State of Washington, and shall be performable and enforceable in Jefferson County, Washington. The sole and exclusive jurisdiction for any dispute arising under or related to this Agreement shall be in the state district courts of Jefferson County, Washington, and Grantee irrevocably submits in advance to personal jurisdiction in the state superior courts of Jefferson County, Washington. EACH PARTY TO THIS AGREEMENT HEREBY IRREVOCABLY WAIVES, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY AND ALL RIGHT TO TRIAL BY JURY IN ANY LEGAL PROCEEDING ARISING OUT OF OR RELATING TO THIS AGREEMENT.

**13. Entire Agreement.** This Agreement supersedes any prior oral or written understanding or communications between the parties or any representative thereof and constitutes the entire agreement of the parties with respect to the subject matter hereto. This Agreement may not be amended or modified, nor any of its provisions waived, except in a written document (which may include electronic mail) signed by an authorized representative of Grantee and OCH Grants Manager or other authorized representative. All exhibits hereto constitute part of this Agreement and are expressly incorporated herein.

**14. Waiver.** Any waiver of any kind by either party of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent or other breach. Either party's delay or omission in exercising any right, power, or remedy pursuant to a breach or default by the other party shall not impair any right, power, or remedy which that party may have.

**15. Severability.** If any provision of this Agreement becomes or is declared by a court of competent jurisdiction to be illegal, unenforceable, or void, such provision shall be ineffective only to the extent of such illegality or unenforceability. The remainder of this Agreement shall remain in full force and effect, and the parties shall amend or otherwise modify this Agreement to replace the affected provision or portion thereof with an effective and valid provision that gives effect to the intent of the parties to the maximum extent possible.

**16. Assignment.** This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective permitted successors, assigns, heirs and legatees; *provided, however,* Grantee cannot assign, or otherwise transfer, its rights or delegate any of its obligations, without the prior written consent of OCH, which consent OCH may withhold, condition or delay in its sole discretion.

- 17. No Third Party Rights.** Except for the Indemnified Parties as set forth in Section 10 of this Agreement, it is the explicit intention of the parties that no person or entity other than the parties is or shall be entitled to bring any action to enforce any provision of this Agreement and that the covenants and agreements set forth herein shall be solely for the benefit of and enforceable only by the parties or their respective successors and assigns as permitted hereunder.
- 18. Remedies.** The rights and remedies provided in this Agreement are cumulative in nature and shall be in addition to any such other rights and remedies available at law or in equity. Grantee acknowledges and agrees that there can be no adequate remedy at law for any breach by Grantee of this Agreement, that any such breach may result in irreparable harm to OCH for which monetary damages would be inadequate to compensate OCH, and that OCH shall have the right, in addition to any other rights available under applicable law, to obtain injunctive relief to restrain any breach or threatened breach of, or otherwise to specifically enforce, any covenant or obligation of Grantee under this Agreement, without the necessity of posting any bond or security.
- 19. Independent Parties.** This Agreement shall not be deemed to create any relationship of agency, partnership, or joint venture between the parties hereto. Grantee acknowledges and agrees that it will conduct all activities funded by the Grant in its own name and that Grantee's employees and agents are not, and will not hold themselves out to be, agents or representatives of OCH for any purpose.
- 20. Survival.** The provisions of Sections 4, 5, 6, 8, 9, and 10, 11 shall survive any expiration or termination of this Agreement, and each party shall remain obligated under any other provisions that expressly or by their nature survive any expiration or termination of this Agreement.
- 21. Multiple Counterparts.** This Agreement may be signed in multiple counterparts, which may be signed by the parties separately, but together shall constitute a single agreement.
- 22. Grantee and Grantor Contract Managers.** Grantee's Contract Manager will have prime responsibility and final authority for the work performed provided under this Contract and be the principal point of contact for OCH Contract Manager for all business matters, performance matters, and administrative activities. OCH's Contract Manager is responsible for monitoring the Grantee's performance and will be the contact person for all communications regarding Contract performance and deliverables. OCH Contract Manager has the authority to reject any services that OCH Contract Manager reasonably determines do not comply with the terms of the Contract. The contact information provided below may be changed by written notice of the change (email acceptable) to the other party.

**GRANTEE CONTRACT MANAGER INFORMATION**

Name: Nancy Acosta

Title: Parent Child Health Program Manager

Address: 345 6<sup>th</sup> Street, Suite 300, Bremerton WA 98368

Phone: 360.731.6144  
Email: [nancy.acosta@kitsappublichealth.org](mailto:nancy.acosta@kitsappublichealth.org)

OCH CONTRACT MANAGER INFORMATION

Name: Miranda Burger  
Title: Program Manager  
Address: 1322 Washington St., #641, Port Townsend, WA 98368  
Phone: 360.633.9579  
Email: [Miranda@olympicch.org](mailto:Miranda@olympicch.org)

OCH FINANCE MANAGER & INVOICING INFORMATION

Name: Debra Swanson  
Title: Operations Manager  
Address: 1322 Washington St., #641, Port Townsend, WA 98368  
Phone: 360.509.7713  
Email: [admin@olympicchl.org](mailto:admin@olympicchl.org)

We look forward to our Grant assisting your organization in accomplishing its mission and charitable goals.

Sincerely,

Olympic Community of Health

By: \_\_\_\_\_  
Name: Celeste Schoenthaler  
Title: Executive Director

Date: \_\_\_\_\_

ACCEPTED AND AGREED: KITSAP PUBLIC  
HEALTH DISTRICT

Grantee

By: \_\_\_\_\_  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**EXHIBIT A  
BUDGET**

**1. Commencement Date**

\_\_\_\_\_ All Grant spending will commence on the Effective Date; **OR**

\_\_\_X\_\_\_ OCH acknowledges that Grantee began work related to the Purpose on July 1, 2022. Accordingly, Grant funds may be used for costs that were incurred starting July 1, 2022 so long as the terms below were complied with.

**2. End Date.** All Grant spending will be concluded by no later than June 30, 2023.

**3. Use of Grant Funds.** The Grant will be used exclusively for and directly related to the Purpose/deliverables, are included in the Budget below, and are in strict compliance with the terms of this Agreement. The Grantee will provide a full, detailed accounting of expenditures of grant funding.

**4. Re-Budgeting.** Re-budgeting across Budget line items or between Budget periods is allowed, except where such re-budgeting results from a change in the Purpose/Deliverables of the Grant. Notwithstanding the foregoing, however, Grantee must seek OCH's approval for any re-budgeting above 10% for any given Budget line item or for any re-budgeting between Budget periods.

**5. Material Changes.** Grantee must inform OCH of any material change in its operating budget and expenses, including but not limited to material variations in executive compensation.

**Kitsap Public Health District  
July 1, 2022-June 30, 2023 Budget**

Budget item	Item description/justification	Cost
Public Health Educator (1.0 FTE)	Care coordination staff, implements scope of work, covering 4 subregions #4-7	\$69,708.00
Program Manager (.1 FTE)	Supervisor	\$11,065.00
Benefits	Estimated benefits for 1.1 FTE	\$24,500.00
Travel	mileage for care coordination	\$2,000.00
Cell phone	1 cell phone at \$60 per month for 12 months	\$720.00
Equipment	Laptop	\$2,500.00
Training	needed trainings and resources	\$2,000.00
Parking	Parking onsite	\$360.00
Indirect rate	37.96% for 2023	\$36,100.00
	<b>Total</b>	<b>\$148,953.00</b>

**EXHIBIT B**  
**REPORTING SCHEDULE**

**Project Report Requirements**

All deliverables and reports will be completed by Grantee as soon as practicable. The annual project report shall provide the following:

1. a narrative of what was accomplished by the use of such funds during the reporting period (including a description of progress made in fulfilling the Purpose of the Grant and deliverables completed) as well as any supporting documentation.
2. a confirmation that the Grant funds have been spent exclusively toward the purpose/deliverables in accordance with the budget and scope of work and have not been used to carry on propaganda, influence legislation, fund any political campaign, influence the outcome of any election, carry on any voter registration drives, violate any applicable local, state, federal, or foreign law, or used to undertake any activities for a non-charitable purpose;
3. a confirmation of Grantee's compliance with the terms of this Agreement. Grantee shall also inform OCH of any material change in its operating budget and expenses. Grantee also agrees to provide OCH with a copy of all materials developed or published using the Grant upon written request. Moreover, the Grant Reports shall include any other information related to this grant, requested by OCH reasonably in advance of the due date of the relevant Grant Report.

**Reporting Requirements**

Reports	Due Date	Completion Date
1. Monthly meetings with OCH project staff to discuss progress, barriers, requests for assistance.	Monthly July 2022 through June 2023	June 2023
2. In-person site visit with OCH project staff.	March 2023	June 2023
3. Final Report submitted to OCH project staff including a narrative of what was accomplished and summary of challenges.	July 15, 2023	July 15, 2023

## EXHIBIT C SCOPE OF WORK

Care Coordination Agencies (CCAs) are responsible for the following:

- Establish community-based care coordination staff to fulfill duties under this contract. Care coordination staff should be language- and culturally- responsive to support the unique needs of the population to be served.
- Establish and implement workflows and procedures to safely provide services and supports to individuals in isolation and quarantine (I&Q) for COVID-19 in collaboration with OCH.  
*Note: Weekend coverage is only required during peak periods when caseloads are high. Otherwise, state standards call for outreach to clients within one business day after assignment.*
- Connect individuals in I&Q for COVID-19 to support services including fresh grocery delivery, household assistance, care kits, other referrals and resources as needed. *Note: costs for grocery delivery and household assistance are paid out of the OCH budget, not the CCA budget. Care kits are provided by the Department of Health (DOH) to OCH.*
- Coordinate with OCH to obtain care kits, assure grocery delivery, and provide household assistance services.
- Coordinate with Peninsula Community Health Services care coordination staff and develop a bi-directional referral/communication process to ensure all Kitsap County individuals and families in I&Q receive needed supplies and assistance.
- Identify and share local resources in the community to support and address needs.
- Provide education to support individuals and families in I&Q.
- Document and track care coordination and services provided in established data system (training provided by DOH).
- Receive referrals in a variety of ways and reach out to potential care coordination clients.
- Promote care coordination services throughout the community in a variety of ways (e.g., social media, flyers at community hubs, etc.)
- Attend monthly meetings with OCH.
- Participate in regionwide (Clallam, Jefferson, Kitsap counties) care coordination activities.
- On occasion, participate in statewide care coordination meetings and calls.
- Provide monthly invoices promptly to [admin@olympicch.org](mailto:admin@olympicch.org) by the 15<sup>th</sup> of each month.
- Comply with HIPAA and federal guidelines for exchange of personal and health information.
- Perform quality improvement and quality assurance activities to support needed service delivery and outcomes monitoring.

## New or Renewed Contracts for the Period of 06/01/2022 through 07/31/2022

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
<b>Inactive (1 contracts)</b>									
<b>Solid Ground</b>									
ID: 2156	Chronic Disease Prevention, Dana Bierman	MOU/MOA	Closed			06/10/22	06/01/21	09/30/21	
Description: Agreement authorizes and KPHD agrees to run Share Our Strengh't's Cooking Matters program.									
Programs help parents and caregivers struggling with limited food budgets learn how to shop for and cook healthy, affordable meals. Cooking Matters is a campaign of Share Our Strength, an organization working to end hunger and poverty.									
.....									
<b>Active (9 contracts)</b>									
<b>Anish Adhikari</b>									
ID: 2261	Information Technology, Ed North	Contract for Services	Closed		\$12,500.00	06/22/22	06/20/22	06/30/23	
Description: Contractor to provide (Geographic Information System) GIS services to District.									
.....									
<b>Jefferson County</b>									
ID: 2262	Health Promotion, Dana Bierman	Interlocal/Interagency	Closed	06/07/22	\$54,761.00	06/27/22	07/01/22	06/30/23	N-22-028
Description: Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP)									
The District requires the expertise of this Subcontractor to develop and implement coordinated tobacco, vapor product, and marijuana intervention strategies to prevent and reduce tobacco, vapor, and marijuana use by youth in Jefferson County.									
.....									
<b>Kitsap Community Resources</b>									
ID: 2276	Assessment and Epidemiology, Kari Hunter	Contract for Services	Closed		\$26,400.00	07/22/22	06/01/22	02/28/23	
Description: KPHD to provide data collection and analysis services for the 2022 KCR Community Survey and Focus Groups for the 2022 KCR Community Needs Assessment to be utilized by the following organizations in a cooperative manner: Kitsap Community Resources (KCR), Kitsap Public Health District (KPHD), and community partners of either KCR or KPHD.									
.....									
<b>Kitsap Transit</b>									
ID: 2266	Administration, Kelly Dowless	Agreement	Auto Renew		\$0.00	06/06/22			
Description: Agreement to Subscribe to Kitsap Transit's Guranteed Ride Home Program as part of the District's Commute Trip Reduction program; a benefit to eligible District staff ("smart commuters").									
.....									
<b>Olympic Unitarian Universalist Fellowship</b>									
ID: 2273	HIV/AIDS, Betti Ridge	Facilities Agreement	Open Ended		\$25.00	06/23/22	06/23/22		
Description: Use of facility for a monthly HIV Program client potluck.									
We have been using this facility for about two and a half years without an agreement and they would like to have one in place.									
.....									
<b>OSPI</b>									
ID: 2246	Food and Living Environment, Dayna Katula	Interlocal/Interagency	Closed	06/07/22	\$5,250.00	06/23/22	06/23/22	09/30/22	20220706
Description: The District to perform periodic health and sanitation evaluations at 35 feeding sites operating under the USDA Summer Food Service Program.									

## New or Renewed Contracts for the Period of 06/01/2022 through 07/31/2022

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
<b>Peninsula Community Health Services</b>									
ID: 2278	Community Health, Yolanda Fong	Amendment	Closed	07/05/22		07/18/22	01/21/21	09/30/22	
Description: This Agreement provides a means for Subcontractor, who is conducting mass vaccination clinics to support Kitsap Public Health District's COVID-19 Mass Vaccination Plan, to receive federal reimbursement for allowable expenses.									
<b>St. Michael's Medical Center</b>									
ID: 2259	Assessment and Epidemiology, Kari Hunter	Contract for Services	Closed		\$29,877.00	06/06/22	04/01/22	03/01/23	
Description: KPHD to perform a Community Health Needs Assessment.									
<b>Washington State University</b>									
ID: 2265	Health Promotion, Dana Bierman	Subcontract	Closed		\$40,000.00	06/15/22	06/01/22	07/30/23	142908-001
Description: The District requires the expertise of this Contractor to develop and implement cannabis intervention strategies to prevent and reduce cannabis use by youth in Clallam County.									

**Kitsap Public Health Board Meeting****Date: September 06, 2022****CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers****Approvals:**

	Signature	Date
Administrator	<i>Keith Grellner</i>	8/31/2022
Finance Manager	<i>Melissa Laird</i>	8/31/2022

**Recommended Motion:** Approval**Items:**

Type	Warrant/EFT Date	Total Amount
Accounts Payable	06/01-07/31/2022	\$ 363,259.00
Accounts Payable Total		\$ 363,259.00
Payroll Benefits	6/30/2022	175,152.48
Payroll	6/30/2022	541,343.49
Payroll PERS Payment	6/15/2022	130,484.67
Payroll Taxes	6/30/2022	206,171.02
Payroll Benefits	7/31/2022	171,476.01
Payroll	7/31/2022	541,890.54
Payroll PERS Payment	7/14/2022	130,059.71
Payroll Taxes	7/31/2022	207,825.97
Payroll Total		\$ 2,104,403.89
	<b>Grand Total</b>	<b>\$ 2,467,662.89</b>

**Kitsap Public Health Board Action:**

- ☐ Approve  
☐ Deny  
☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

KCRPT Find Journal Lines					
From Date	6/1/2022				
To Date	7/31/2022				
Company	Kitsap Public Health District				
Source	Date	Supplier	Memo	Amount	
Supplier Invoice	6/1/2022	Comcast	INVOICE # 147764537	496.81	
Supplier Invoice	6/1/2022	Comcast	8498 36 002 1644737	438.49	
Supplier Invoice	6/1/2022	Comcast	8498360021685177	233.75	
Supplier Invoice	6/1/2022	Bremerton Government Center Association	052022HD-062022HD	32,201.54	
Supplier Invoice	6/1/2022	Washington Poison Center	INVOICE# S94	69.45	
Supplier Invoice	6/1/2022	Washington Poison Center	INVOICE# S94	69.45	
Supplier Invoice	6/1/2022	Washington Poison Center	INVOICE# S94	69.44	
Supplier Invoice	6/1/2022	US Bank National Association	4246-0445-5568-8591 -MAY '22	16,056.42	
Supplier Invoice	6/1/2022	US Bank National Association	MAY 2022 INV	1,042.17	
Supplier Invoice	6/1/2022	US Bank National Association	MAY 2022 INV	198.52	
Supplier Invoice	6/1/2022	US Bank National Association	MAY 2022 INV	924.00	
Supplier Invoice	6/1/2022	US Bank National Association	MAY 2022 INVOICE	1,321.86	
Supplier Invoice	6/1/2022	US Bank National Association	MAY 2022 INVOICE	1,868.19	
Supplier Invoice	6/1/2022	US Bank National Association	MAY 2022 INVOICE	100.00	
Supplier Invoice	6/1/2022	Spectra Laboratories - Kitsap, LLC	0501-05312022	4,369.40	
Supplier Invoice	6/1/2022	Spectra Laboratories - Kitsap, LLC	Invoice # C22-02530	3,491.60	
Supplier Invoice	6/1/2022	Collins Computing Inc	Invoice # 064696	185.00	
Supplier Invoice	6/1/2022	Acranet Cbs Branch	Invoice # 20494	139.78	
Supplier Invoice	6/1/2022	United Business Machines Of Wa	Invoice# 473845	1,402.65	
Supplier Invoice	6/1/2022	Spectra Laboratories - Kitsap, LLC	Invoice # C22-02448	224.00	
Supplier Invoice	6/1/2022	Staples	INVOICE # 3508447009	98.52	
Supplier Invoice	6/1/2022	Wa State Board Of Registered	Katula, Dayna	50.00	
Supplier Invoice	6/1/2022	Kitsap County	May-June 2022	5,957.90	
Supplier Invoice	6/1/2022	Dave Purchase Project/Nasen	Invoice # 48171/Credit Applied	6.57	
Supplier Invoice	6/1/2022	Stericycle Inc	Invoice # 3006043969	708.59	
Supplier Invoice	6/1/2022	Loomis		582.00	
Supplier Invoice	6/1/2022	Iron Mountain	Invoice # 202546466	173.91	
Supplier Invoice	6/1/2022	Wa State Board Of Registered	Renewal-GIUNTOLI, PAUL	50.00	
Supplier Invoice	6/1/2022	Staples	Inv 3508137647/Cr 3510502775	25.75	
Miscellaneous Payment	6/2/2022	AILEEN FERGUSON	OIC VOUCHER-REBATE	350.00	
Miscellaneous Payment	6/2/2022	LELAND HALE	PIC VOUCHER-REBATE	250.00	
Supplier Invoice	6/2/2022	Peninsula Community Health Services	Pay Period 12 2021 to Pay Period 21 2021	79,850.89	
Supplier Invoice	6/2/2022	Microsoft Corporation	E0600IXDJ9	3,963.39	
Supplier Invoice	6/2/2022	Microsoft Corporation	E0600IXDJ9	39.30	
Supplier Invoice	6/2/2022	Microsoft Corporation	E0600IXDJ9	19.66	
Ad Hoc Bank Transaction	6/3/2022		Withdrawal - Credit Card - PH - R00208182 - 2022-06-03	5,819.16	
Ad Hoc Bank Transaction	6/3/2022		Withdrawal - Credit Card - PH - R00208183 - 2022-06-03	57.75	
Expense Report	6/3/2022	Janet Wyatt	MILEAGE 0521-052222	51.48	
Expense Report	6/3/2022	Edwin North	MISC EXP-SOFTWARE RENEWAL ON PERS CC	2,293.20	
Expense Report	6/3/2022	Alexandra Moore	MILEAGE 0330-052022	470.93	
Expense Report	6/3/2022	Dayna Katula	MILEAGE 052222	35.69	
Expense Report	6/3/2022	Kimberly Jones	MILEAGE 0516-052622	42.12	
Expense Report	6/3/2022	George Fine	MILEAGE 0505-052122	20.12	
Expense Report	6/3/2022	Leslie Banigan	MILEAGE 0513-052022	93.95	
Expense Report	6/3/2022	Jami Armstrong	MILEAGE 0412-052422	153.27	
Supplier Invoice	6/3/2022	Kitsap County	0301-03312022-MJ/TOB	2,138.30	
Supplier Invoice	6/4/2022	Teledanguage Inc	Invoice # TL140291	330.00	
Supplier Invoice	6/6/2022	Teledanguage Inc	Invoice # TL140329	985.92	
Supplier Invoice	6/6/2022	Wex Bank	ACCT# 0496-00-569850-1	634.23	
Supplier Invoice	6/6/2022	Wex Bank	ACCT# 0496-00-569850-1	75.00	
Ad Hoc Bank Transaction	6/7/2022		Withdrawal - Credit Card - PH - R00208245 - 2022-06-07	1,482.30	
Expense Report	6/7/2022	Mark Wickhamshire	Mileage 0408-042722	225.81	
Expense Report	6/7/2022	Laura Westervelt	Mileage 0505-051922	17.55	
Expense Report	6/7/2022	Mindy Tonti	Mileage 0517-052722	103.08	
Expense Report	6/7/2022	Alexandra Tiemeyer	Mileage 0512-052622, Supplies	98.16	
Expense Report	6/7/2022	Alexandra Tiemeyer	Mileage 0512-052622, Supplies	43.17	
Expense Report	6/7/2022	Nolan Simmons	Mileage 0523-052922	125.37	
Expense Report	6/7/2022	Melissa O'Brien	Mileage 0518-052422	120.57	
Expense Report	6/7/2022	Crystal Nuno	Mileage 0502-053122	555.75	
Expense Report	6/7/2022	Kaela Moontree	Mileage 0504-053122	118.93	
Expense Report	6/7/2022	Talia Humphrey	Mileage 0502-053122	105.18	
Expense Report	6/7/2022	Jodie Holdcroft	Mileage 0412-042822	211.77	
Expense Report	6/7/2022	Meghan Tran	Mileage 0429-052322	68.21	
Expense Report	6/7/2022	Paul Giuntoli	Mileage 0520-052622	78.39	
Expense Report	6/7/2022	Christine Bronder	Mileage 0505-052722	238.10	
Expense Report	6/7/2022	Richard Bazzell	Mileage 0504-051622	153.27	
Expense Report	6/7/2022	Amy Anderson	Mileage 0509-052622	170.18	
Expense Report	6/7/2022	Amy Anderson	Mileage 0509-052622	130.97	
Supplier Invoice	6/7/2022	Staples	INVOICE 3509888685	68.94	
Supplier Invoice	6/7/2022	FedEx	Invoice # 7-776-31352	11.92	
Supplier Invoice	6/7/2022	FedEx	Invoice # 7-776-31352	30.83	
Supplier Invoice	6/7/2022	FedEx	Invoice # 7-776-31352	10.14	
Supplier Invoice	6/7/2022	City of Bremerton	BKAT00679	443.08	
Supplier Invoice	6/7/2022	Steven Linsk	June 22	1,765.00	
Supplier Invoice	6/8/2022	United Business Machines Of Wa	Inv# 474132	355.22	
Supplier Invoice	6/8/2022	Staples	Inv 3509959294	55.70	
Supplier Invoice	6/8/2022	OLSOS Scrip	Invoice # I20625648	3,750.00	
Expense Report	6/9/2022	Victoria Lehto	Mileage 0502-052722, Supplies	162.57	

Source	Date	Supplier	Memo	Amount
Expense Report	6/9/2022	Victoria Lehto	Mileage 0502-052722, Supplies	22.35
Expense Report	6/9/2022	Ross Lytle	Mileage 0513-060222	90.09
Supplier Invoice	6/9/2022	OLSOS Scrip	Invoice # 19184782	1,770.00
Supplier Invoice	6/9/2022	Comcast	Account # 8498-36-002-0701975	116.88
Supplier Invoice	6/9/2022	Comcast	Account # 8498-36-002-0701975	116.87
Supplier Invoice	6/9/2022	Toyota Financial Services	Acct# 03 0322 CU 922-June 2022	460.71
Supplier Invoice	6/9/2022	Taylor Technologies, Inc.	Invoice # 457915	401.90
Supplier Invoice	6/9/2022	Leadership Kitsap Foundation	Ref# 1989789663-Tjemsland	3,000.00
Supplier Invoice	6/10/2022	Verizon Wireless	Invoice # 9908624342	7,104.89
Supplier Invoice	6/10/2022	Washington State Auditor's Office	Invoice #L14832	174.15
Supplier Invoice	6/10/2022	Dell Marketing L.P.	Invoice # 1059579991	256.12
Supplier Invoice	6/10/2022	Dell Marketing L.P.	Invoice # 1059579991	1,732.19
Supplier Invoice	6/11/2022	Staples	3510257816	291.79
Supplier Invoice	6/11/2022	Canon Financial Services, Inc.	Invoice # 28723135	1,043.07
Expense Report	6/14/2022	Hannah Vinyard	Mileage 0518-060622	137.65
Expense Report	6/14/2022	Barbara Steusloff	Mileage 0418-051922	40.37
Expense Report	6/14/2022	Kelsey Stedman	Mileage 0510-052722	1,456.06
Expense Report	6/14/2022	Dawn Morris	Mileage 0119-060722	52.42
Expense Report	6/14/2022	Dawn Morris	Mileage 0119-060722	13.10
Expense Report	6/14/2022	Siri Kushner	Mileage 0606-060822	105.52
Expense Report	6/14/2022	Siri Kushner	Mileage 0606-060822	120.51
Expense Report	6/14/2022	Yolanda Fong	Mileage 0606-060722	63.72
Expense Report	6/14/2022	Rudy Baum	Mileage 0503-052722	247.57
Supplier Invoice	6/14/2022	Record Properties LLC	July 2022	781.00
Supplier Invoice	6/14/2022	Masters, Spencer R.	July 2022	878.00
Supplier Invoice	6/14/2022	Kania, Sharon Faye	July 2022	458.00
Supplier Invoice	6/14/2022	Kitsap County	Jan, Feb, April 2022	5,007.38
Supplier Invoice	6/14/2022	FedEx	Invoice # 7-784-44010	22.87
Supplier Invoice	6/15/2022	The People'S Harm Reduction Alliance	0501-053122	5,911.59
Miscellaneous Payment	6/16/2022	Bill Boston	PIC voucher- rebate	229.32
Miscellaneous Payment	6/16/2022	BECKEY WILSON	PIC VOUCHER- REBATE	250.00
Supplier Invoice	6/17/2022	FedEx	7-790-80971 -7-769-22211	33.57
Expense Report	6/21/2022	John Kiess	TRAVEL 0605-060922	214.11
Expense Report	6/21/2022	John Kiess	TRAVEL 0605-060922	95.58
Supplier Invoice	6/21/2022	Washington Home Solutions	July 2022	786.00
Supplier Invoice	6/21/2022	Clements, James B.	July 2022	700.00
Ad Hoc Bank Transaction	6/24/2022		Returned Item - Check - Other - PH - R00208687 - 2022-06-24	295.00
Ad Hoc Bank Transaction	6/24/2022		Returned Item - Check - Other - PH - R00208688 - 2022-06-24	670.00
Cash Transmittal Journal	6/24/2022		Returned Item - PH - R00208688 - 2022-06-24	5.00
Cash Transmittal Journal	6/24/2022		Returned Item - PH - R00208687 - 2022-06-24	5.00
Expense Report	6/24/2022	Jan Wendt	Mileage 0330-051122, Supplies, Training	69.62
Expense Report	6/24/2022	Jan Wendt	Mileage 0330-051122, Supplies, Training	87.75
Expense Report	6/24/2022	Jan Wendt	Mileage 0330-051122, Supplies, Training	9.98
Expense Report	6/24/2022	Jan Wendt	Mileage 0330-051122, Supplies, Training	41.20
Expense Report	6/24/2022	Susan Van Ort	Mileage 0502-052622	204.75
Expense Report	6/24/2022	Lisa Warren	Mileage 0505-060122	78.45
Expense Report	6/24/2022	Nolan Simmons	Mileage 0601-061422	209.31
Expense Report	6/24/2022	Melissa O'Brien	Mileage 0525-060722	156.25
Expense Report	6/24/2022	Jodie Holdcroft	Mileage 0504-060822	243.95
Expense Report	6/24/2022	Paul Giuntoli	Mileage 0527-061122	192.47
Expense Report	6/24/2022	Harrison Forte	Mileage 0311-041222	157.66
Expense Report	6/24/2022	Kayla Crow	Mileage 0602-061622	94.77
Supplier Invoice	6/24/2022	Regents of the University of Colorado	AR-US310-20220531-WENDT, JAN	70.00
Supplier Invoice	6/24/2022	Olympic NW Property Management	July 2022	678.00
Supplier Invoice	6/24/2022	Collins Computing Inc	Invoice #P1094	2,577.12
Supplier Invoice	6/27/2022	Shred-It Usa 28883 Network Place	Account # 100164903	1,196.09
Expense Report	6/30/2022	Hannah Vinyard	MILEAGE 0613-062222	105.30
Expense Report	6/30/2022	Crystal Nuno	RS RENEWAL	50.00
Expense Report	6/30/2022	Kevin Nguyen	TRAVEL/MEAL	15.34
Expense Report	6/30/2022	Nathan Morrow	0606-061522, CONF 060822	288.99
Expense Report	6/30/2022	Nathan Morrow	0606-061522, CONF 060822	564.08
Expense Report	6/30/2022	Melissa Laird	WFOA ANNUAL CONF	450.00
Expense Report	6/30/2022	Kimberly Jones	Mileage 0603-062322, RS RENEWAL	115.25
Expense Report	6/30/2022	Kimberly Jones	Mileage 0603-062322, RS RENEWAL	50.00
Expense Report	6/30/2022	Talia Humphrey	Mileage 0601-061722	63.88
Expense Report	6/30/2022	Erin Burch	Mileage 0513-061722	42.47
Miscellaneous Payment	6/30/2022	KATHLEEN O'HEARN	PIC-VOUCHER/ REBATE	250.00
Expense Report	7/1/2022	Melina Knoop	Mileage 0201-061322, Neha Membership	245.70
Expense Report	7/1/2022	Melina Knoop	Mileage 0201-061322, Neha Membership	100.00
Expense Report	7/1/2022	Janet Wyatt	Mileage 0607-061422	22.05
Expense Report	7/1/2022	Christopher Winters	Mileage 062222	79.27
Expense Report	7/1/2022	Mindy Tonti	Mileage 0603-063022	250.50
Expense Report	7/1/2022	Jan Wendt	Mileage 0512-062822	177.84
Expense Report	7/1/2022	Nolan Simmons	Mileage 0623-062422	50.54
Expense Report	7/1/2022	Suzanne Plemmons	Mileage 0527-05302022	46.80
Expense Report	7/1/2022	Melissa O'Brien	Mileage 0608-061722	212.76
Expense Report	7/1/2022	Crystal Nuno	Mileage 0602-061422	221.13
Expense Report	7/1/2022	Alexandra Moore	Mileage 0525-070122	482.04
Expense Report	7/1/2022	Alexandra Moore	Mileage 0525-070122	211.88
Expense Report	7/1/2022	Anne Moen	Travel 0628-070122	26.91
Expense Report	7/1/2022	Anne Moen	Travel 0628-070122	374.25
Expense Report	7/1/2022	Anne Moen	Travel 0628-070122	28.75
Expense Report	7/1/2022	Karina Mazur	Mileage 0524-62522	46.80



Source	Date	Supplier	Memo	Amount
Expense Report	7/1/2022	Dayna Katula	Mileage 052522	26.91
Expense Report	7/1/2022	Dayna Katula	Mileage 052522	14.99
Expense Report	7/1/2022	Jodie Holdcroft	Mileage 0514-052022	111.15
Expense Report	7/1/2022	Yaneisy Griego	Mileage 050522-063022, Supplies	3.95
Expense Report	7/1/2022	Yaneisy Griego	Mileage 050522-063022, Supplies	46.80
Expense Report	7/1/2022	Paul Giuntoli	Mileage 0612-062222	73.13
Expense Report	7/1/2022	George Fine	Mileage 0520-062422	54.70
Expense Report	7/1/2022	Brian Burchett	Mileage 0429-063022	543.47
Expense Report	7/1/2022	Jami Armstrong	Mileage 060622	22.82
Expense Report	7/1/2022	Sam Ader	Mileage 0504-062822	290.75
Expense Report	7/1/2022	Rudy Baum	Mileage 0531-070122	390.78
Expense Report	7/1/2022	Rudy Baum	Mileage 0531-070122	48.63
Expense Report	7/1/2022	Christine Bronder	Mileage 0601-06302022	408.92
Expense Report	7/1/2022	Steven Brown	Mileage 0628-07012022	171.41
Expense Report	7/1/2022	Steven Brown	Mileage 0628-07012022	353.76
Expense Report	7/1/2022	Steven Brown	Mileage 0628-07012022	183.13
Expense Report	7/1/2022	Anne Burns	Mileage 0515-062922	108.28
Expense Report	7/1/2022	Anne Burns	Mileage 0515-062922	64.38
Expense Report	7/1/2022	Lindsey Camarena	Mileage 0516-062122, Supplies	30.42
Expense Report	7/1/2022	Lindsey Camarena	Mileage 0516-062122, Supplies	42.88
Expense Report	7/1/2022	Jessica Guidry	Rentals, Supplies 05/19-06/30/22	420.66
Expense Report	7/1/2022	Jessica Guidry	Rentals, Supplies 05/19-06/30/22	100.00
Expense Report	7/1/2022	Brandon Kindschy	Mileage 0504-051922, Postage	36.80
Expense Report	7/1/2022	Brandon Kindschy	Mileage 0504-051922, Postage	46.42
Expense Report	7/1/2022	Ross Lytle	Mileage 0603-062922	73.13
Expense Report	7/1/2022	Kaela Moontree	Mileage 0601-06302022	87.40
Expense Report	7/1/2022	Tameka Phelps	Mileage 0621-063022	90.79
Expense Report	7/1/2022	Alena Schroeder	Mileage 070122, Supplies	5.00
Expense Report	7/1/2022	Alena Schroeder	Mileage 070122, Supplies	118.58
Expense Report	7/1/2022	Tobbi Stewart	Mileage 0502-052722	190.13
Expense Report	7/1/2022	Laura Westervelt	Mileage 0601-062822, Travel 062822-063022	260.33
Expense Report	7/1/2022	Laura Westervelt	Mileage 0601-062822, Travel 062822-063022	127.28
Expense Report	7/1/2022	Lisa Warren	Mileage 0524-063022, no duplicates	156.02
Expense Report	7/1/2022	Mark Wickhamshire	Mileage 0616-063022	84.24
Expense Report	7/1/2022	Layken Winchester	Mileage 0531-071422	214.94
Expense Report	7/1/2022	Layken Winchester	Mileage 0531-071422	283.04
Expense Report	7/1/2022	Layken Winchester	Mileage 0531-071422	259.45
Expense Report	7/1/2022	Susan Van Ort	Mileage 0603-063022	243.95
Expense Report	7/1/2022	Nolan Simmons	Mileage 0625-071422	190.13
Expense Report	7/1/2022	Nolan Simmons	Mileage 0625-071422	340.00
Expense Report	7/1/2022	Nolan Simmons	Mileage 0625-071422	463.24
Expense Report	7/1/2022	Melissa O'Brien	Mileage 0621-070122, Training	241.78
Expense Report	7/1/2022	Melissa O'Brien	Mileage 0621-070122, Training	314.19
Expense Report	7/1/2022	Melissa O'Brien	Mileage 0621-070122, Training	247.49
Expense Report	7/1/2022	Rosalie Howarth	Mileage 0621-071422	97.23
Expense Report	7/1/2022	Rosalie Howarth	Mileage 0621-071422	148.88
Expense Report	7/1/2022	Paul Giuntoli	Mileage 0628-071222	182.52
Expense Report	7/1/2022	Paul Giuntoli	Mileage 0628-071222	213.45
Expense Report	7/1/2022	Paul Giuntoli	Mileage 0628-071222	270.00
Expense Report	7/1/2022	Harrison Forte	MILEAGE 0414-051022	178.48
Supplier Invoice	7/1/2022	Bremerton Government Center Association	072022 HD	32,201.54
Supplier Invoice	7/1/2022	Washington Poison Center	Invoice # S97	69.45
Supplier Invoice	7/1/2022	Washington Poison Center	Invoice # S97	69.45
Supplier Invoice	7/1/2022	Washington Poison Center	Invoice # S97	69.44
Supplier Invoice	7/1/2022	Kitsap Sun	0004564057-0004564046	540.77
Supplier Invoice	7/1/2022	FedEx	INVOICE # 7-798-21682	28.37
Supplier Invoice	7/1/2022	Collins Computing Inc	INVOICE # 064796	4,106.25
Supplier Invoice	7/1/2022	Ozark Underground Laboratory	220630WA38-220630WA39	150.00
Supplier Invoice	7/1/2022	Lingo	INVOICE # 32568479	27.66
Supplier Invoice	7/1/2022	Jefferson County	0401-04302022	2,642.42
Supplier Invoice	7/1/2022	United Business Machines Of Wa	Invoice 476011-475682	1,322.59
Supplier Invoice	7/1/2022	Comcast	Invoice # 149871271	501.51
Supplier Invoice	7/1/2022	City of Bremerton	BKAT000685	443.08
Supplier Invoice	7/1/2022	Acranet Cbs Branch	Invoice # 20750	40.41
Supplier Invoice	7/1/2022	Citiesdigital	Invoice 54861	3,139.53
Supplier Invoice	7/1/2022	Citiesdigital	Invoice 54861	508.38
Supplier Invoice	7/1/2022	US Bank National Association	4246-445-5568-8591-June	2,770.21
Supplier Invoice	7/1/2022	US Bank National Association	(June 2022)- 4246-0445-5568-8591	11,641.55
Supplier Invoice	7/1/2022	US Bank National Association	4246-0445-5568-8591-June 2022 invoice	12,202.67
Supplier Invoice	7/1/2022	Comcast	8498-36-003-1644737 (Jun 2022)	437.69
Supplier Invoice	7/1/2022	Comcast	8498-36-002-1685177- (Jun2022)	234.05
Supplier Invoice	7/1/2022	Staples	Invoice # 3510723644	70.41
Supplier Invoice	7/1/2022	Telelanguage Inc	Invoice # T7210	215.28
Supplier Invoice	7/1/2022	Collins Computing Inc	INVOICE # 064881	900.00
Supplier Invoice	7/1/2022	Kitsap County	July 2022	2,978.95
Supplier Invoice	7/1/2022	FedEx	Inv# 7-806-55510	68.65
Supplier Invoice	7/1/2022	Loomis	Invoice # 13044380	582.00
Supplier Invoice	7/1/2022	Ozark Underground Laboratory	Invoice # 220630WA39	50.00
Supplier Invoice	7/1/2022	Jefferson County	Jan-May 2022	6,146.30
Supplier Invoice	7/1/2022	Iron Mountain	Invoice # 220501	177.47
Supplier Invoice	7/1/2022	Kitsap Sun	Acct 288809	3.89
Supplier Invoice	7/1/2022	Kitsap Sun	Acct 288809	3.89
Supplier Invoice	7/1/2022	Stericycle Inc	Invoice # 3006081817	642.23

Source	Date	Supplier	Memo	Amount
Supplier Invoice	7/1/2022	Iron Mountain	Invoice # 202564147	213.89
Supplier Invoice	7/2/2022	Staples	Invoice# 3512128391	195.66
Supplier Invoice	7/2/2022	Microsoft Corporation	INVOICE # E0600JB0MB	4,055.11
Supplier Invoice	7/2/2022	Laboratory Corporation of America	Invoice # 73470801-Acct# 46859120	189.00
Ad Hoc Bank Transaction	7/5/2022		Withdrawal - Credit Card - PH - R00208923 - 2022-07-05	8,980.75
Ad Hoc Bank Transaction	7/5/2022		Withdrawal - Credit Card - PH - R00208926 - 2022-07-05	57.25
Ad Hoc Bank Transaction	7/6/2022		Withdrawal - Credit Card - PH - R00208972 - 2022-07-06	1,713.09
Supplier Invoice	7/6/2022	Teletlanguage Inc	Invoice TL141415	912.45
Supplier Invoice	7/6/2022	Teletlanguage Inc	Invoice TL141415	402.60
Expense Report	7/7/2022	Amy Anderson	Mileage 0603-06302022	57.45
Expense Report	7/7/2022	Zachary Ahlin	Mileage 0517-06282022	299.52
Expense Report	7/7/2022	Nancy Acosta	Supplies 122821-04252022	239.68
Expense Report	7/7/2022	Nancy Acosta	Supplies 122821-04252022	100.00
Miscellaneous Payment	7/7/2022	PATRICIA B. SCHMIDT	PIC REBATE- VOUCHER	250.00
Miscellaneous Payment	7/7/2022	DOUGLAS DOW	PIC VOUCHER REBATE	250.00
Miscellaneous Payment	7/7/2022	ANDRES E. ESTRIBOR JR	PIC VOUCHER-REBATE	250.00
Supplier Invoice	7/8/2022	Wex Bank	Inv# 82276797	508.31
Supplier Invoice	7/8/2022	Toyota Financial Services	ACCT# 03 0322 CU922 (JULY 22)	483.75
Supplier Invoice	7/8/2022	Comcast	8498-36-002-0701975 (July 22)	234.06
Supplier Invoice	7/10/2022	Verizon Wireless	Invoice # 9910937704	7,133.40
Supplier Invoice	7/11/2022	Leadership Kitsap Foundation	Invoice # 22071134- VAN ORT, SUSAN	3,000.00
Supplier Invoice	7/13/2022	Washington State Auditor's Office	Invoice # L149380	986.85
Supplier Invoice	7/13/2022	Canon Financial Services, Inc.	Invoice # 28875535	1,043.07
Expense Report	7/14/2022	Elizabeth Davis	Mileage 0528-062822, Training 0510-0512	83.19
Expense Report	7/14/2022	Elizabeth Davis	Mileage 0528-062822, Training 0510-0512	85.32
Expense Report	7/14/2022	Hannah Vinyard	Mileage 0707-070822	52.63
Supplier Invoice	7/14/2022	State of WA Dept of Licensing	July 2022	26.00
Supplier Invoice	7/14/2022	Steven Linsk	August 2022	1,665.00
Supplier Invoice	7/15/2022	Teletlanguage Inc	Invoice # T7356	90.00
Supplier Invoice	7/15/2022	Teletlanguage Inc	Invoice # T7356	101.04
Supplier Invoice	7/15/2022	FedEx	Invoice # 7-820-58543	16.95
Supplier Invoice	7/18/2022	WA State Dept of Revenue	Acct# 601-139-034- 2nd Qtr '22 Use Sales Tax	55.11
Supplier Invoice	7/19/2022	Lingo	INVOICE # 32643006	24.32
Supplier Invoice	7/20/2022	Song, Chun Moo	AUGUST 2022	660.00
Supplier Invoice	7/20/2022	Washington Home Solutions	AUGUST 2022	786.00
Supplier Invoice	7/20/2022	Record Properties LLC	AUGUST 2022	781.00
Supplier Invoice	7/20/2022	Olympic NW Property Management	AUGUST 2022	672.00
Supplier Invoice	7/20/2022	Masters, Spencer R.	AUGUST 2022	878.00
Supplier Invoice	7/20/2022	Kania, Sharon Faye	AUGUST 2022	458.00
Supplier Invoice	7/20/2022	Clements, James B.	AUGUST 2022	700.00
Miscellaneous Payment	7/21/2022	Roland and Jill Arper	PIC REBATE-VOUCHER	250.00
Supplier Invoice	7/28/2022	Eliza Brame Spessard	August 2022	300.00
Supplier Invoice	7/28/2022	Jefferson County	MAY 2022	3,625.12
				<u>363,259.00</u>

**KITSAP PUBLIC HEALTH DISTRICT**

345 6th Street, Suite 300

Bremerton, WA 98337

Date: 6/21/2022  
 To: Beverly Abney / Accounts Payable  
 From: Denise Turner / Payroll  
 Re: PAYROLL BENEFITS WARRANT REQUEST - JUNE 2022 (GL DATE 6/24/22)

Code	Amount	Vendor #	Vendor/Plan Name	Address
5249	\$ 2,517.07	5628	AFLAC	1932 Wynnton Rd
5249.02	\$ 4,724.68	189181	Employment Security Dept. (PFML)	PO Box 34467
5249	\$ 303.33	383135	Health Equity (HSA)	15 West Scenic Pt Dr
5249	\$ 8,741.35	331850	HRA VEBA Trust	PO Box 807
5249	\$ 6,445.00	257740	NACO/Nationwide (Def Comp)	PO Box 183154-3154
5249	\$ 567.00	394347	Peak1 Admin (Parking)	608 Northwest Blvd #200
5249	\$ 3,491.76	6811	Prof & Tech Engineers Local 17 (Union)	2900 Eastlake Ave E #300
5249	\$ -	6811	Prof & Tech Engineers Local 17 (Union/PAC)	2900 Eastlake Ave E #300
5249	\$ 275.00	418816	VOYA (Def Comp)	PO Box 3015
5249.04	\$ 4,724.68	6779	WA ST Dept. of Labor & Industries	PO Box 34022
5249	\$ 14,204.44	25268	WA ST Dept. of Retirement (Def Comp)	PO Box 9018
5249	\$ 112,924.83	376565	WA Health Care Authority (Medical)	PO Box 84265
5249	\$ 5,665.28	394075	WCIF/WA Counties Ins Fund (Life)	PO Box 6
5249	\$ 10,568.06	368370	WHIT/Western Health Ins Trust (Dental)	PO Box 6
	<b>\$ 175,152.48</b>		<b>GRAND TOTAL</b>	

Kitsap Public Health District - Monthly (Regular) (Pay Group Detail)  
06/01/2022 - 06/30/2022 (Monthly) (Period)

Employee	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Abazi (427227) Ornella	173.33	5,425.00			4,065.23
Abney (4563) Beverly	173.33	5,355.00			3,616.64
Acosta (278956) Nancy	173.33	9,221.00			5,106.71
Ader (413193) Sam	173.33	5,674.00			3,834.01
Ahlin (434420) Zachary	165.33	4,453.48			3,346.55
Anderson (419470) Amy	176.58	6,848.35			4,464.84
Archer (434384) James	155.83	3,601.57			2,891.70
Arias (433900) Jordan	173.33	5,451.00			3,973.48
Armstrong (434291) Jami	173.33	5,555.00			4,004.37
Atisme-Bevins (433909) Kandice	173.33	7,226.00			5,257.34
Banigan (215189) Leslie	177.58	7,551.88			5,436.33
Baum (434397) Rudy	173.33	5,147.00			3,877.74
Bazzell (328436) Richard	173.33	7,284.00			5,102.60
Bell (419805) Gus	109.33	4,664.76			3,302.51
Berger (407902) Angeline	173.33	5,191.00			3,690.09
Bierman (404611) Dana	156.00	7,528.00			5,668.63
Bolstad (434072) Holly	42.61	1,666.90			1,473.30
Borja (426250) Windie	173.33	5,571.00			4,135.65
Boysen-Knapp (2058) Karen	156.00	5,995.00			3,931.85
Bronder (434436) Christine	169.83	4,574.71			3,492.53
Brown (271677) Steven	173.33	9,221.00			5,209.01
Burch (434274) Erin	142.26	5,244.16			3,995.39
Burchett (409212) Brian	173.33	4,902.00			3,629.08
Burke (434463) Lenore	173.33	3,996.00			2,803.44
Burns (434416) Anne	173.33	7,043.00			5,037.17
Byrd (434085) Stephanie	173.33	3,996.00			3,245.78
Camarena (434136) Lindsey	173.33	7,617.00			5,662.96
Chang (411387) Margo	174.08	4,480.90			3,214.85
Ciulla (400655) Laura	86.67	3,779.00			1,991.52
Collins (434101) Lori	173.33	6,379.00			4,677.78
Crow (433648) Kayla	173.33	4,669.00			3,503.61
Davis (433997) Elizabeth	173.33	7,966.00			5,554.32
Dowless (340919) Kelly	173.33	7,306.00			5,287.21
Duren (430735) Ashley	112.00	3,418.24			2,405.87
Evans (4565) Eric	173.33	10,674.00			2,787.71
Fine (421693) George	86.67	2,187.00			1,699.57
Fisk (321284) April	173.33	8,055.00			4,951.43
Fong (356883) Yolanda	173.33	11,208.00			7,493.03
Ford (434296) Callie	173.33	3,625.00			2,774.20
Forte (434150) Harrison	173.33	5,404.00			3,687.59
Giuntoli (337331) Paul	173.33	7,684.00			4,703.64
Gonzalez (401905) Anna	138.66	6,243.00			4,402.42
Grellner (1264) Keith	173.33	13,951.00			9,750.83
Gress (421427) Nicole	173.33	4,604.00			3,501.85
Griego (410072) Yaneisy	156.00	4,409.00			3,377.27
Grumbly (434316) Meghan	173.33	4,464.00			3,595.78
Guerrero (434054) Jill	104.00	3,452.00			2,787.22
Guidry (355732) Jessica	173.33	9,221.00			6,546.79
Guzman (356336) Damarys	173.33	4,954.00			3,519.23
Hadly (434294) Gabrielle	173.33	8,782.00			6,042.40
Henley (434028) Sarah	173.33	6,010.00			4,520.84
Holdcroft (270783) Jodie	173.33	7,284.00			4,214.88
Holdcroft (4579) Grant	173.33	9,221.00			5,501.68
Holt (2726) Karen	173.33	9,682.00			6,274.87
Howard Lindquist (434057) Anne	138.66	4,340.00			3,468.71
Howarth (434500) Rosalie	112.00	3,167.36			2,519.29
Hughes (434256) Jakob	173.33	4,902.00			3,670.53
Humphrey (434383) Talia	173.33	4,687.00			3,633.65
Hunter (409213) Kari	173.33	8,982.00			5,816.32
Inouye (434255) Wendy	173.33	8,055.00			5,532.94
Jameson (295036) Betty	106.15	2,698.33			2,259.90
Jenkins (434053) Andrea	173.33	3,996.00			3,056.98
Johanson (400651) Krista	173.33	4,857.00			3,662.09
Jones (358933) Kimberly	173.33	9,221.00			6,235.47
Katula (393427) Dayna	173.33	7,966.00			4,705.97
Kench (245476) Donald	173.33	4,285.00			2,700.18

Employee	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kiess (250913) John	173.33	11,208.00			8,172.93
Kindschy (421430) Brandon	173.33	5,958.00			4,259.89
Kinnear (434099) Sarah	173.33	5,480.00			4,060.50
Knoop (16125) Melina	173.33	7,284.00			4,982.26
Kruse (243184) Charles	173.33	7,885.00			5,161.91
Kushner (327580) Siri	173.33	10,674.00			6,802.51
Laird (416539) Melissa	173.33	10,166.00			6,408.07
Lehto (434317) Victoria	173.33	4,669.00			3,599.63
Lytle (285038) Ross	173.33	7,284.00			4,891.81
Madden (434318) Shannon	173.33	3,996.00			3,067.37
Mazur (388104) Karina	173.33	7,808.00			5,107.26
McMillan (434052) Michelle	173.33	5,191.00			3,760.54
Moen (279971) Anne	173.33	6,344.00			4,379.75
Moontree (406607) Kaela	173.33	5,625.00			4,021.96
Moore (421227) Megan	156.00	5,995.00			4,155.09
Moore (433995) Michael	173.33	5,269.00			4,046.21
Moore (434254) Alexandra	173.33	4,669.00			3,545.73
Morris (312378) Dawn	173.33	6,554.00			4,601.25
Morrow (433895) Nathan	173.33	16,464.00			9,951.73
Nguyen (295033) Loan	173.33	5,100.00			3,696.63
Nguyen (434026) Kevin	173.33	4,464.00			3,071.74
Noble (3128) Gregoria	173.33	5,404.00			3,533.80
North (22459) Edwin	173.33	10,166.00			384.66
Nuno (405301) Crystal	173.33	6,897.00			3,727.17
O'Brien (433907) Melissa	173.33	4,447.00			3,451.30
Onarheim (426938) Carin	173.33	5,071.00			3,679.97
Pandino (419118) Linda	173.33	4,857.00			3,673.19
Pearson (434051) Maricela	47.69	1,080.18			917.70
Perales (434396) Sydney	173.33	4,464.00			3,502.57
Perry (306605) Rachel	173.33	4,406.00			3,236.30
Phelps (434295) Tameka	173.33	5,795.00			4,333.53
Plemmons (433994) Suzanne	71.75	3,824.28			2,845.97
Power (434293) Allison	173.33	6,958.00			4,944.22
Preston (434195) Anne-Lisa	162.33	5,929.63			4,423.29
Quist-Therson (419860) Nii	176.33	8,353.37			6,064.14
Rassa (433650) Deborah	201.83	5,868.64			4,187.57
Rhea (324654) Susan	173.33	4,406.00			3,347.94
Ridge (267073) Betti	173.33	7,446.00			4,884.41
Rork (404613) Ian	173.33	5,958.00			4,406.88
Schroeder (434395) Alena	173.33	4,464.00			3,411.19
Shuhler (425553) Yana	173.33	3,996.00			2,887.04
Simmons (434365) Nolan	173.33	4,669.00			3,595.93
Smith (361388) Terri	173.33	8,142.00			5,688.95
Sooter (427776) Thaddeus	173.33	8,055.00			5,761.39
Stedman (347366) Kelsey	173.33	9,221.00			6,102.16
Steusloff (429204) Barbara	173.33	4,669.00			3,543.75
Stewart (423168) Tobbi	173.33	5,958.00			4,357.11
Tiemeyer (433908) Alexandra	173.33	7,343.00			5,095.53
Tjemsland (433192) Amanda	173.33	6,627.00			4,638.33
Tonti (434149) Mindy	173.33	4,251.00			3,396.25
Tubberville (434319) Tatiana	72.00	1,847.52			1,621.23
Turner (1682) Denise	173.33	5,355.00			3,226.16
Van Ort (392243) Susan	173.33	7,284.00			4,969.03
Vinyard (434364) Hannah	173.33	4,447.00			3,398.71
Wagner (426251) Mary	121.34	2,797.00			2,021.30
Warren (434273) Lisa	173.33	7,043.00			5,743.66
Wellborn (14545) Brian	141.50	3,498.28			2,237.08
Wendt (397255) Jan	173.33	7,395.00			5,514.21
Westervelt (434382) Laura	173.33	5,674.00			4,125.70
Whitford (434292) Tiffany	173.33	3,996.00			2,941.43
Wickhamshire (434070) Mark	86.67	1,984.00			1,594.54
Winchester (431493) Layken	173.33	4,902.00			3,402.15
Winters (426939) Christopher	173.33	5,425.00			4,024.79
Wyatt (434415) Janet	156.83	6,691.11			4,471.14
	21,220.18	787,424.65	0.00	0.00	541,343.49



# Kitsap County Treasurer's Office

## Cash Transmittal

### Withdrawal Receipt #R00208463

Approved: 6/15/2022

GL Date: 6/15/2022

Total Amount: \$130,484.67

#### Request Details

<b>Request ID</b>	208469
<b>Type</b>	Withdrawal
<b>Owner</b>	Beverly Abney
<b>Organization</b>	Kitsap Public Health District
<b>Approved By</b>	Debbie Waterbury
<b>Comments</b>	

#### ACH/EFT Transaction

Purpose	Date	Reference	Payee	Description	Amount	Memo
ACH/EFT	06/15/2022	95969	Wa State Dept of Retirement Systems	May 2022- PERS	\$130,484.67	PERS Payment

#### Line Items

Line	Amount	Memo	Program	Account
1	\$130,484.67	PERS	95969 - Kitsap Public Health District	2315:Employee Benefits Payable

Name	Deduction	Code	Lookup	Group	Plan	Amount
		W_FW Total				87,919.12
					Federal Total	87,919.12
		W_MED Total				11,206.86
		W_MEDER Total				11,206.86
					Medicare Total	22,413.72
		W_OAS Total				47,919.09
		W_OASER Total				47,919.09
					SS Total	95,838.18
					Grand Total	206,171.02

**KITSAP PUBLIC HEALTH DISTRICT**

345 6th Street, Suite 300

Bremerton, WA 98337

Date: 7/21/2022  
 To: Beverly Abney / Accounts Payable  
 From: Denise Turner / Payroll  
 Re: PAYROLL BENEFITS WARRANT REQUEST - JULY 2022 (GL DATE 7/28/22)

Code	Amount	Vendor #	Vendor/Plan Name	Address
5249	\$ 2,517.07	5628	AFLAC	1932 Wynnton Rd
5249.02	\$ 4,731.51	189181	Employment Security Dept. (PFML)	PO Box 34467
5249	\$ 303.33	383135	Health Equity (HSA)	15 West Scenic Pt Dr
5249	\$ 8,567.15	331850	HRA VEBA Trust	PO Box 807
5249	\$ 5,495.00	257740	NACO/Nationwide (Def Comp)	PO Box 183154-3154
5249	\$ 517.00	394347	Peak1 Admin (Parking)	608 Northwest Blvd #200
5249	\$ 3,547.25	6811	Prof & Tech Engineers Local 17 (Union)	2900 Eastlake Ave E #300
5249	\$ -	6811	Prof & Tech Engineers Local 17 (Union/PAC)	2900 Eastlake Ave E #300
5249	\$ 275.00	418816	VOYA (Def Comp)	PO Box 3015
5249.04	\$ 4,807.53	6779	WA ST Dept. of Labor & Industries	PO Box 34022
5249	\$ 14,174.44	25268	WA ST Dept. of Retirement (Def Comp)	PO Box 9018
5249	\$ 110,715.17	376565	WA Health Care Authority (Medical)	PO Box 84265
5249	\$ 5,594.26	394075	WCIF/WA Counties Ins Fund (Life)	PO Box 6
5249	\$ 10,231.30	368370	WHIT/Western Health Ins Trust (Dental)	PO Box 6
	<b>\$ 171,476.01</b>		<b>GRAND TOTAL</b>	



Kitsap Public Health District - Monthly (Regular) (Pay Group Detail)  
07/01/2022 - 07/31/2022 (Monthly) (Period)

Employee	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Abazi (427227) Ornela	173.33	5,575.00			4,162.67
Abney (4563) Beverly	173.33	5,355.00			3,616.63
Acosta (278956) Nancy	173.33	9,221.00			5,652.70
Ader (413193) Sam	173.33	5,674.00			3,834.01
Ahlin (434420) Zachary	145.33	3,914.68			2,952.82
Anderson (419470) Amy	173.33	6,661.00			4,325.61
Archer (434384) James	173.33	4,006.00			3,195.15
Arias (433900) Jordan	173.33	5,451.00			3,973.48
Armstrong (434291) Jami	173.33	5,555.00			4,004.38
Atisme-Bevins (433909) Kandice	173.33	7,226.00			5,257.36
Banigan (215189) Leslie	173.33	7,284.00			5,237.26
Baum (434397) Rudy	173.33	5,147.00			3,817.52
Bazzell (328436) Richard	173.33	7,284.00			5,102.60
Bell (419805) Gus	173.33	7,545.00			5,150.03
Berger (407902) Angeline	173.33	5,191.00			3,690.10
Bierman (404611) Dana	156.00	7,708.00			5,800.56
Borja (426250) Windie	173.33	5,571.00			4,135.66
Boysen-Knapp (2058) Karen	156.00	5,995.00			3,931.83
Bronder (434436) Christine	167.33	4,507.36			3,443.04
Brown (271677) Steven	173.33	9,221.00			5,209.01
Burch (434274) Erin	73.17	2,697.05			2,296.68
Burchett (409212) Brian	173.33	5,147.00			3,786.10
Burke (434463) Lenore	173.33	3,996.00			2,885.41
Burns (434416) Anne	173.33	7,043.00			5,037.17
Byrd (434085) Stephanie	173.33	3,996.00			3,245.78
Camarena (434136) Lindsey	174.08	7,966.43			5,889.89
Camarena (434536) Daniel	120.00	3,633.60			2,235.75
Chang (411387) Margo	173.33	4,452.00			3,192.83
Ciulla (400655) Laura	86.67	3,779.00			1,991.53
Collins (434101) Lori	173.33	6,379.00			4,677.77
Crow (433648) Kayla	173.33	4,669.00			3,503.63
Davis (433997) Elizabeth	173.33	7,966.00			5,554.33
Dowless (340919) Kelly	173.33	7,306.00			5,287.21
Duren (430735) Ashley	173.33	5,290.00			3,961.58
Evans (4565) Eric	173.33	10,674.00			2,787.71
Fine (421693) George	86.67	2,187.00			1,699.57
Fisk (321284) April	173.33	8,055.00			4,951.43
Fong (356883) Yolanda	173.33	11,208.00			7,493.02
Ford (434296) Callie	173.33	3,625.00			2,774.21
Forte (434150) Harrison	173.33	5,404.00			3,687.60
Giuntoli (337331) Paul	173.33	7,284.00			4,443.84
Gonzalez (401905) Anna	138.66	6,243.00			4,402.43
Grellner (1264) Keith	173.33	13,351.00			9,361.13
Gress (421427) Nicole	173.33	4,604.00			3,501.84
Griego (410072) Yaneisy	156.00	4,409.00			3,377.29
Grumbly (434316) Meghan	173.33	4,464.00			3,595.76
Guerrero (434054) Jill	104.00	3,452.00			2,787.20
Guidry (355732) Jessica	173.33	9,221.00			6,546.80
Guzman (356336) Damarys	173.33	4,954.00			3,519.22
Hadly (434294) Gabrielle	173.33	8,782.00			6,042.39
Henley (434028) Sarah	173.33	6,010.00			4,520.85
Holdcroft (270783) Jodie	173.33	7,284.00			4,214.88
Holdcroft (4579) Grant	173.33	9,221.00			5,501.66
Holt (2726) Karen	173.33	10,282.00			6,699.74
Howard Lindquist (434057) Anne	138.66	4,340.00			3,468.71
Howarth (434500) Rosalie	181.33	5,128.24			4,055.84
Hughes (434256) Jakob	173.33	4,902.00			3,677.64
Humphrey (434383) Talia	173.33	4,687.00			3,633.64
Hunter (409213) Kari	173.33	8,782.00			5,699.89
Inouye (434255) Wendy	173.33	8,055.00			5,532.93
Jenkins (434053) Andrea	173.33	3,996.00			3,056.99
Johanson (400651) Krista	173.33	4,857.00			3,662.08
Jones (358933) Kimberly	173.33	9,221.00			6,235.48
Katula (393427) Dayna	173.33	8,166.00			4,835.86

Employee	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kench (245476) Donald	173.33	4,785.00			3,071.74
Kiess (250913) John	173.33	11,208.00			8,172.94
Kindschy (421430) Brandon	173.33	5,958.00			4,259.89
Kinnear (434099) Sarah	173.33	5,480.00			4,060.51
Knoop (16125) Melina	173.33	7,284.00			4,982.26
Kruse (243184) Charles	173.33	7,385.00			4,837.18
Kushner (327580) Siri	173.33	10,674.00			6,802.52
Laird (416539) Melissa	173.33	10,366.00			6,537.99
Lehto (434317) Victoria	173.33	4,669.00			3,599.63
Lytle (285038) Ross	173.33	7,284.00			4,891.79
Madden (434318) Shannon	173.33	3,996.00			3,067.39
Mazur (388104) Karina	173.33	7,808.00			5,107.27
McMillan (434052) Michelle	173.33	5,191.00			3,760.55
Moen (279971) Anne	174.33	6,718.65			4,623.08
Moontree (406607) Kaela	173.33	5,425.00			3,893.84
Moore (421227) Megan	156.00	5,995.00			4,155.08
Moore (433995) Michael	154.03	4,844.31			3,804.11
Moore (434254) Alexandra	173.33	4,669.00			3,545.73
Morris (312378) Dawn	173.33	6,554.00			4,601.27
Morrow (433895) Nathan	173.33	16,464.00			9,951.72
Nguyen (295033) Loan	173.33	5,100.00			3,696.63
Nguyen (434026) Kevin	173.33	4,464.00			3,071.74
Noble (3128) Gregoria	173.33	5,404.00			3,533.80
North (22459) Edwin	173.33	10,166.00			384.67
Nuno (405301) Crystal	173.33	6,897.00			3,727.15
O'Brien (433907) Melissa	173.33	4,447.00			3,451.31
Onarheim (426938) Carin	173.33	4,921.00			3,582.57
Pandino (419118) Linda	173.33	4,857.00			3,673.21
Perales (434396) Sydney	173.33	5,018.00			3,900.23
Perry (306605) Rachel	173.33	4,406.00			3,236.32
Phelps (434295) Tameka	173.33	5,795.00			4,333.53
Plemmons (433994) Suzanne	72.50	3,864.25			2,877.85
Power (434293) Allison	173.33	6,958.00			4,944.23
Preston (434195) Anne-Lisa	173.33	6,311.00			4,671.00
Quist-Therson (419860) Nii	177.83	8,459.05			6,142.67
Rassa (433650) Deborah	173.33	4,868.00			3,465.16
Rhea (324654) Susan	173.33	4,406.00			3,347.95
Ridge (267073) Betti	173.33	7,446.00			4,884.39
Rork (404613) Ian	173.33	5,958.00			4,406.89
Schroeder (434395) Alena	173.33	4,464.00			3,411.20
Shuhler (425553) Yana	173.33	3,996.00			2,887.03
Simmons (434365) Nolan	173.33	4,669.00			3,595.93
Smith (361388) Terri	173.33	8,142.00			5,688.96
Sooter (427776) Thaddeus	173.33	8,055.00			5,761.39
Stedman (347366) Kelsey	173.33	9,221.00			6,102.16
Steusloff (429204) Barbara	173.33	4,669.00			3,543.75
Stewart (423168) Tobbi	173.33	5,958.00			4,357.11
Tiemeyer (433908) Alexandra	173.33	7,043.00			4,921.42
Tjemslund (433192) Amanda	173.33	6,627.00			4,638.33
Tonti (434149) Mindy	173.33	4,251.00			3,396.25
Turner (1682) Denise	176.58	5,505.59			3,458.08
Van Ort (392243) Susan	174.83	7,378.55			5,030.44
Vinyard (434364) Hannah	173.33	4,447.00			3,398.72
Wagner (426251) Mary	121.34	2,797.00			2,021.29
Warren (434273) Lisa	173.33	7,043.00			5,743.67
Wellborn (14545) Brian	177.00	4,844.95			3,237.87
Wendt (397255) Jan	173.33	7,395.00			5,514.19
Westervelt (434382) Laura	173.33	5,674.00			4,125.70
Whitford (434292) Tiffany	173.33	3,996.00			2,941.44
Wickhamshire (434070) Mark	86.67	1,984.00			1,594.55
Winchester (431493) Layken	173.33	4,902.00			3,402.15
Winters (426939) Christopher	173.33	5,425.00			4,024.80
Wyatt (434415) Janet	148.08	6,317.83			4,230.61
	21,182.75	788,568.54	0.00	0.00	541,890.54



# Kitsap County Treasurer's Office

## Cash Transmittal

### Withdrawal Receipt #R00209208

Approved: 7/14/2022

GL Date: 7/14/2022

Total Amount: \$130,059.71

#### Request Details

<b>Request ID</b>	209172
<b>Type</b>	Withdrawal
<b>Owner</b>	Beverly Abney
<b>Organization</b>	Kitsap Public Health District
<b>Approved By</b>	Debbie Waterbury
<b>Comments</b>	

#### ACH/EFT Transaction

Purpose	Date	Reference	Payee	Description	Amount	Memo
ACH/EFT	07/14/2022	95969	Wa State Dept of Retirement Systems	June 2022 PERS	\$130,059.71	PERS Payment

#### Line Items

Line	Amount	Memo	Program	Account
1	\$130,059.71	PERS	95969 - Kitsap Public Health District	2315:Employee Benefits Payable

Name	Deduction	Deduction Code	Lookup	Group	Plan	Amount
		W_FW Total				89,343.45
		W_MED Total			Federal Total	89,343.45
		W_MEDER Total				11,228.71
						11,228.71
		W_OAS Total			Medicare Total	22,457.42
		W_OASER Total				48,012.55
						48,012.55
					SS Total	96,025.10
					Grand Total	207,825.97