


KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
<b>2118 Amendment 1 (2301)</b>	<b>KC4648-1</b>	<b>Washington State Health Care Authority</b> <i>Medicaid Administrative Claiming (MAC)</i>	Amendment	01/01/2021-12/31/2025	<b>\$0</b>	<b>\$0</b>
<b>Description:</b> This amendment extends the term of the agreement through 2025 and removes references to federal funding.						
<b>2203 Amendment 9 (2299)</b>	<b>CLH31014 Amendment 9</b>	<b>WA State Dept. of Health</b> <i>Consolidated Contract</i>	Amendment	01/01/2022-12/31/2024	<b>\$308,313</b>	<b>\$0</b>
<b>Description:</b> Adds statements of work for Healthcare Associated Infections & Antimicrobial Resistance (HAI & AR). Amends statements of work for DCHS-ELC COVID-19 Response, Executive Office of Resiliency and Health Security-PHEP, Office of immunization Regional Representatives, Supplemental Nutrition Assistance Program-Education and Youth Cannabis & Commercial Tobacco Prevention Program and adds an additional \$308,313 in funding for a revised maximum consideration of \$11,891,139.						
<b>2300</b>	<b>KC-547-22</b>	<b>Kitsap County</b> <i>Clean Water Kitsap</i>	Interlocal Agreement	01/01/2023-12/31/2023	<b>\$1,378,000</b>	<b>\$0</b>
<b>Description:</b> Provides a mechanism for implementation of programs within the Clean Water Kitsap (CWK) partnership to coordinate stormwater management programs and services to achieve a comprehensive approach to surface water management.						
<b>2306</b>	<b>N-22-013</b>	<b>Jefferson County Public Health</b> <i>Nurse Family Partnership Supervisor</i>	Contract for Services	01/01/2023-12/31/2023	<b>\$75,000</b>	<b>\$0</b>
<b>Description:</b> The District will provide Public Health Nurse services for Nurse Family Partnership (NFP) Supervisor Role to Jefferson County to oversee the NFP home visiting program.						

	<b>CONTRACT AMENDMENT</b>	HCA Contract No.: K4648 Amendment No.: 01
<b>THIS AMENDMENT TO THE CONTRACT</b> is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.		
<b>CONTRACTOR NAME</b> Kitsap Public Health District	<b>CONTRACTOR doing business as (DBA)</b>	
<b>CONTRACTOR ADDRESS</b> 345 6th Street, Ste #300 Bremerton, WA 98337	<b>WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)</b>	

WHEREAS, HCA and Contractor previously entered into a Contract to support Medicaid related outreach and linkage activities performed by Local Health Jurisdictions to certain Washington State Residents, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 7 to extend the term and add/remove language;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3, Period of Performance, is amended to read:

### **3. PERIOD OF PERFORMANCE**

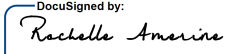
Subject to its other provisions, the period of performance of this Contract will commence on January 1, 2021, and be completed on December 31, 2025, unless terminated sooner or extended upon written agreement between the parties.

This Contract may be extended through December 31, 2026, at HCA's sole discretion. No change in terms and conditions will be permitted during these extensions unless specifically agreed to in writing.

2. Attachment 4, Federal Funding Accountability and Transparency Act Data Collection Form, is removed from the Contract.
3. Subsection 18.8 is removed from Section 18, Governance, and all remaining subsections within that Section are renumbered accordingly.
4. Section 26, Federal Funding Accountability & Transparency Act (FFATA), is removed from the Contract and all subsequent sections are renumbered accordingly.
5. This Amendment will be effective as of the last date of signature shown below ("Effective Date").
6. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

7. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE Keith Grellner Administrator	DATE SIGNED
HCA SIGNATURE 	PRINTED NAME AND TITLE Rachelle Amerine Contracts Administrator	DATE SIGNED 11/11/2022

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

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 9**

**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:  
Healthcare Associated Infections & Antimicrobial Resistance (HAI & AR) - Effective September 1, 2022
  - ☒ Amends Statements of Work for the following programs:  
DCHS-ELC COVID-19 Response - Effective January 1, 2022  
Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022  
Office of Immunization Regional Representatives - 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-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:
  - ☒ Increase of **\$308,313** for a revised maximum consideration of **\$11,891,139**.
  - ☐ 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



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	LHJ Funding Period	Chart of Accounts Funding Period	Chart of Accounts Funding Period			
Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date
<b>FFY23 IAR SNAP Ed Prog Mgnt-Region 5</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>10.561</b>	<b>333.10.56</b>	<b>10/01/22</b>	<b>09/30/23</b>	<b>10/01/22</b>	<b>09/30/23</b>	<b>\$115,813</b>	<b>\$115,813</b>	<b>\$213,829</b>
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	(\$19,204)	\$98,016	
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
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	\$495,235
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ 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	
FFY22 Overdose Data to Action Prev	NGA Not Received	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000	\$50,000	\$69,907
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	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424
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		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$2,500	\$4,459
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	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
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
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		

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	LHJ Funding Period	Chart of Accounts	Chart of Accounts			
					Start Date	End Date	Start Date	End Date			
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, <b>9</b>	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	(\$199,494)	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, <b>9</b>	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	\$2,919,838		
<b>FFY21 SHARP HAI ELC</b>	<b>NGA Not Received</b>	<b>Amd 9</b>	<b>93.323</b>	<b>333.93.32</b>	<b>09/01/22</b>	<b>07/31/24</b>	<b>08/01/21</b>	<b>07/31/24</b>	<b>\$192,500</b>	<b>\$192,500</b>	<b>\$192,500</b>
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, <b>9</b>	93.387	333.93.38	04/29/22	04/28/23	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	
FFY22 Phys Actvty & Nutrition Prog	NGA Not Received	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000	\$80,000	\$147,000
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000	
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		
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854	\$159,854	\$294,435
FFY22 MCHBG LHJ Contracts	B04MC45251	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 LHJ Contracts	B04MC45251	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
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$20,000
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, <b>9</b>	N/A	334.04.93	07/01/22	06/30/23	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 7, <b>9</b>	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	\$194,000
SFY23 Tobacco Prevention Proviso		Amd 5, <b>9</b>	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		
SFY23 Youth Tobacco Vapor Products		Amd 5, <b>9</b>	N/A	334.04.93	07/01/22	06/30/23	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

**EXHIBIT B-9  
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		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period 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
<b>TOTAL</b>									<b>\$11,891,139</b>	<b>\$11,891,139</b>	
<b>Total consideration:</b>	<b>\$11,582,826</b>									<b>GRAND TOTAL</b>	<b>\$11,891,139</b>
	<b>\$308,313</b>										
<b>GRAND TOTAL</b>	<b>\$11,891,139</b>									<b>Total Fed</b>	<b>\$6,276,732</b>
										<b>Total State</b>	<b>\$5,614,407</b>

\*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:** 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)** 3

**Period of Performance:** January 1, 2022 through July 31, 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 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:** Extend Period of Performance and ELC EDE LHJ Funding End Date from 12/31/22 to 07/31/23.

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
				Start Date	End Date		None	
FFY19 ELC COVID ED ALLOCATION	1897129G	93.323	333.93.32	01/01/22	10/18/22	155,419	0	155,419
FFY20 ELC EDE LHJ ALLOCATION	1897120E	93.323	333.93.32	01/01/22	07/31/23	2,720,344	0	2,720,344
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>2,875,763</b>	<b>0</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:
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>\$155,419 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p> <p>\$2,720,344 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 LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.</p> <p>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.</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 LHJ 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		

**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 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](https://www.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:** Revision      **Revision # (for this SOW)** 1

**Period of Performance:** July 1, 2022 through June 30, 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 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:** The purpose of this revision is to update the name of our Office, add, revise, and delete activities and deliverables.

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
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22 06/30/23	295,345	0	295,345
FFY21 PHEP BP3 LHJ Funding	31102380	93.069	333.93.06	07/01/22 06/30/23	4,176	0	4,176
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>299,521</b>	<b>0</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/ <del>EPRR</del> <i>Executive Office of Resiliency and Health Security (ORHS)</i> 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> </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 Systems</li> <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 <del>EPRR</del> <b>ORHS</b> required for training topics other than those listed above.</li> </ul> <p>Note: Prior approval from DOH/<del>EPRR</del> <b>ORHS</b> is required for any out-of-state travel.</p>			
<b>7</b>  <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>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<b>8</b>  <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>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
	<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> <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>	LHJ performance measure data (PM 2)	June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: DOH will provide additional guidance about submitting performance measure data.			
<b>11</b> <b>All LHJs</b>	<p>Domain 2 Incident Management</p> <p>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</p> <p>Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p><del>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.</del></p> <p><i>Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</i></p> <p>Notes:</p> <ul style="list-style-type: none"> <li><i>Prior approval from DOH is required for any out-of-state travel.</i></li> <li><del>DOH will work with regions and LHJs to customize and schedule training(s).</del></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><del>For Seattle King County and Tacoma Pierce County, the LHJ is the region</del></li> </ul>	Mid- and end-of-year reports on templates provided by DOH, <i>including title, date(s), sponsor of the training or conference, and brief summary of what you learned.</i>	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>Participation in the optional trainings listed in #6 and the communication drill (#22) <b>does not</b> meet the requirement for this activity.</li> </ul>			
<b>13</b> <b>RERCs for their PHEP region</b> <b>All LHJs</b>	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise  Participate in quarterly DOH Training & Exercise Call (unless cancelled). Call topics may include, but not limited to: <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> <i>Note: For Seattle-King County and Tacoma-Pierce County, the LHI is the PHEP region.</i>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	
<b>14</b> <b>LERCs</b> <b>All LHJs</b>	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise  14.1 Review LHI public health preparedness and response capabilities and identify gaps, priorities, and training needs.  <del>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</del> <del>14.2 Complete Integrated Preparedness Planning Workshop (IPPW) Worksheets.</del>  14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.	<del>14.2 Input to RERCs</del> <del>14.2 IPPW Worksheets</del>  Mid-year report on template provided by DOH  14.3 Participation in IPPW.  <del>End-of-year report on template provided by DOH.</del>	<del>14.2 As requested by RERCs.</del> <del>14.2 December 31, 2022</del>  December 31, 2022  14.3 As requested by DOH.  <del>June 30, 2023</del>	
<b>15</b> <b>RERCs with their PHEP region</b>	<del>Domain 2 Incident Management</del> <del>Capability 3 Emergency Operations Coordination—Training &amp; Exercise</del>  <del>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health</del>	<del>Mid-year report on template provided by DOH.</del>  <del>15.2 Completed Integrated Preparedness Planning Workshop Guide.</del>	<del>December 31, 2022</del>  <del>15.3 As requested by DOH.</del>	



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<del>except Seattle-King and Tacoma-Pierce</del>	<del>preparedness and response capabilities and identify gaps, priorities, and training needs.</del>  <del>15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</del>  <del>15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</del>	<del>15.3 Participation in IPPW.</del>		
<del>16 Seattle-King and Tacoma-Pierce</del>	<del>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training &amp; Exercise</del>  <del>16.1 Review LHH preparedness and response capabilities and identify gaps, priorities, and training needs.</del>  <del>16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</del> <del>16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</del>	<del>Mid-year report on template provided by DOH.</del>  <del>16.2 Completed Integrated Preparedness Planning Workshop Guide.</del>  <del>16.3 Participation in IPPW.</del>	<del>December 31, 2022</del>  <del>16.3 As requested by DOH.</del>	
<del>17</del> <b>15 RERCs for their LHH</b>	Domain 2 Incident Management Capability 3 Emergency Operations Coordination  Participate in one or more exercises or real-world incidents testing each of the following: <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> </ul> </li> </ul>	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
	<ul style="list-style-type: none"> <li>Emergency Operations Center (EOC) or Incident Command System (ICS) activation</li> </ul> <p>Note: The communication drill (Activity <del>22</del> 20) does not meet the requirement for participation in an exercise or real world event.</p>			
<del>18</del> 16 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p><del>18.1</del> 16.1 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><del>18.2</del> 16.2 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	
<del>19</del> 17 All LHJs	<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>	December 31, 2022 June 30, 2023	
<del>20</del> 18 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<i>except</i> <b>Seattle-King</b>	<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> <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 <del>19</del> 17).</li> </ul>			
<del>21</del> <b>19</b> <b>Seattle-King</b>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p><del>21.1</del> <b>19.1</b> Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.</p> <p><del>21.2</del> <b>19.2</b> 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>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
	<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 #<del>19</del> 18).</li> </ul>			
<del>22</del> <del>20</del> <b>All LHJs</b>	<p>Domain 3 Information Management            Capability 4 Emergency Public Information and Warning - Communication</p> <p><del>22-1</del> 20.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).</p> <p><del>22-2</del> 20.2 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><del>22-3</del> 20.3 Conduct a hot wash evaluating LHJ participation in the drill (<del>22-2</del> 20.2).</p> <p><del>22-4</del> 20.4 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 <del>22-2</del> 20.2, <del>22-3</del> 20.3, and <del>22-4</del> 20.4.</li> </ul>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>If you use a real-world event to meet <del>22-2</del> 20.2, <del>22-3</del> 20.3, and <del>22-4</del> 20.4, submit hotwash or AAR with report.</p> <p>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.</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>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>			
<del>23</del> <del>21</del> <b>All LHJs</b>	Domain 3 Information Management Capability 4 Emergency Public Information and Warning  Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.  Notes: <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	
<del>24</del> <del>22</del> <b>All LHJs</b>	Domain 3 Information Management Capability 6 Information Sharing  <del>24.1</del> <del>22.1</del> Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.  <del>24.2</del> <del>22.2</del> Participate in DOH-led notification drills.  <del>24.3</del> <del>22.3</del> Conduct at least one LHJ drill using LHJ-preferred staff notification system.  Notes: <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	
<del>25</del> <del>23</del> <b>RERCs for their PHEP region</b>	Domain 3 Information Management Capability 6 Information Sharing  <del>25.1</del> <del>23.1</del> Participate in quarterly DOH-led WASECURES Users Group.	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
	<del>25.2</del> 23.2 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> )			
<del>26</del> 24 All LHJs	<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	
<del>27</del> 25 All LHJs RERCs additional activity Note for CRI LHJs	<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 #<del>28</del> 26).</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</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>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan.</p> <ul style="list-style-type: none"> <li>LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #<del>28</del> 26).</li> <li>CRI LHJs – See also CRI activity #4.</li> </ul>			
<del>28</del> 26  All LHJs	<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	
<del>27</del> All LHJs	<p><i>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</i></p> <p><i>Begin to update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.</i></p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li><i>This update doesn't need to be completed until the next contract period (6/30/24).</i></li> <li><i>This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.</i></li> </ul>	<p><i>Mid- and end-of-year reports on templates provided by DOH, including progress on updating plan (meetings, draft, etc.).</i></p>	<p><i>December 31, 2022 June 30, 2023</i></p>	
<del>29</del> 28 RERCs for their LHJs	<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>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>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Notes: <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>			
<del>30</del> 29 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation <del>Domain Capability</del> 14 Responder Safety and Health  Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	Mid- and end-of-year reports on templates provided by DOH.  Plan available upon request.	December 31, 2022 June 30, 2023	
<del>31</del> 30 All LHJs	Domain 5 Surge Management Capability 10 Medical Surge  Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance: <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> During each reporting period (see notes below), participate in <b>one or more</b> of the following activities: <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> <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> </ul>	Briefly describe engagement in 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
	<ul style="list-style-type: none"> <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>			
<del>32</del> 31 All LHJs	<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> <li>DOH will provide additional guidance about submitting performance measure data.</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
<del>33</del> 32  RERCs for their LHH	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	
<del>34</del> 33  RERCs for their LHH	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 LHH:				
LHH 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 LHHs.	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	
LHH 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	
LHH 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	
LHH Request Kitsap 3	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 LHH websites.	Mid- and end-of-year reports on templates provided by DOH.  Website screenshots available upon request.	December 31, 2022 June 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.			
<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 1</b>	<i>1.1 Maintain and update policies and procedures to recruit, train, mobilize and deploy volunteers registered by the local health jurisdiction to support health and medical response operations.  1.2 Identify the priority capabilities volunteers will support, and how volunteers are trained.  1.3 Support COVID-19 volunteer response.</i>	<i>Mid- and end-of-year reports on templates provided by DOH.</i>	<i>December 31, 2022 June 30, 2023</i>	
<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	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<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 local jurisdiction to support health and medical response operations.  1.3 Identify target mission sets for development within the MRC unit.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2022 June 30, 2023	

**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~~ *Executive Office of Resiliency and Health Security* 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&tv=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:** Healthcare-Associated Infections & Antimicrobial Resistance (HAI&AR) - 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 July 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 (SOW) is to provide funding to Kitsap Public Health District (KPHD) to expand healthcare-associated infections & antimicrobial resistance (HAI&AR) resources and activities through the implementation of a new HAI&AR program. KPHD will hire and train a full-time public health nurse (PHN) to oversee the new HAI&AR program, and support local health jurisdictional and local healthcare facility HAI&AR activities.

**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
FFY21 SHARP HAI ELC	1831321R	93.323	333.93.32	09/01/22 07/31/24	0	192,500	192,500
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
<b>TOTALS</b>					<b>0</b>	<b>192,500</b>	<b>192,500</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Implement a HAI&AR program through the hiring of a 0.7 FTE Public Health nurse (PHN) to develop and implement a HAI&AR program for KPHD.	Written communication to the DOH HAI&AR LHJ Coordinator on the progress of hiring a PHN	9/1/22 – Hire of PHN	Payment for all tasks will be reimbursed for actual expenses up to the maximum available within the funding periods for each source described in the funding table above
3	Provide necessary training and certifications for new staff as needed to support HAI&AR program activities	Report trainings/certifications completed in quarterly email check-in	9/1/22 - 7/31/24	
4.	Provide necessary infrastructure and equipment to employ the PHN and support related activities at KPHD including: <ul style="list-style-type: none"> <li>Computers and data linkages</li> <li>Office equipment</li> <li>Program supplies</li> <li>Workspace</li> </ul>	Provide documentation of the presence of an infrastructure in first quarterly report email (template provided by DOH)	By the start date of hiring PHN	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Go Bag (gowns, masks, eye protection, N-95s, hand sanitizer, trash bags, travel bag to store supplies)</li> <li>Transportation cost for conducting site visits and attending in-person training sessions.</li> <li>Translation and interpretation services</li> </ul>			
5.	Ensure that the hired PHN can attend periodic relevant training and/or meetings with the DOH HAI&AR Program <ul style="list-style-type: none"> <li>Trainings and/or meetings will occur at least four (4) times</li> </ul>	Report attendance of relevant DOH HAI&AR program activities attended in quarterly email check-in	As trainings and/or meetings are provided by the DOH HAI&AR Program.	
6.	The KPHD PHN will help develop and share HAI&AR tools/resources for healthcare facilities and act as a reviewer for other statewide tools developed by the DOH HAI&AR Program.	Report tools/resources that have been created and shared in quarterly email check-in	Quarterly and as needed during the funding period	
7.	The PHN will initiate partnership development through outreach and identification of the local healthcare network: <ul style="list-style-type: none"> <li>PHN will host quarterly meetings with local healthcare facilities.</li> <li>Build knowledge related to local issues and data availability regarding antibiotic-resistant organisms and other pathogens of concern</li> </ul>	Share findings and new partnerships with DOH HAI&AR LHJ Coordinator in quarterly email check-in	Quarterly and as needed during the funding period	
8.	The PHN will develop and implement, in coordination with local partners including the Olympic College nursing program, an internal and external HAI&AR training plan	Report internal and external training plans, work with local partners, and the Olympic College nursing program in quarterly email check-in	Quarterly and as needed during the funding period	
9.	Other LHJs and healthcare staff will benefit from learning about HAI&AR implementation experiences. To ensure knowledge and experiences are shared, the KPHD PHN will participate in the webinar outreach led by the DOH HAI&AR Program.  Participation is defined as webinar attendance, presentation, and availability to answer general questions about COVID-19 activities.	Participation in at least one (1) webinar hosted by DOH	7/31/2024	

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**Program Specific Requirements**

This section is for program specific information not included elsewhere. In SOWs where more than one project is listed, each requirement must be identified by MI Code.

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

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

**Monitoring Visits (i.e., frequency, type, etc.):** 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 sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

**Billing Requirements:** A19-1A invoices are required to be submitted at least quarterly.

**Special Instructions:** Quarterly reporting will be due as follows:

- December 31, 2022
- March 31, 2023
- June 30, 2023
- September 30, 2023
- December 31, 2023
- March 31, 2024
- June 30, 2024

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

**Period of Performance:** July 1, 2022 through June 30, 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 (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:** Modify Task 2.

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
FFY23 VFC IQIP	74310224	93.268	333.93.26	07/01/22	06/30/23	27,588	0	27,588
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>27,588</b>	<b>0</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	<p><del>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.</del></p> <p>Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.</p>	<p><del>Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Childhood Vaccine Program.</del></p> <p>Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.</p>	<p><del>Within ten (10) days of provider disenrollment</del></p> <p>Within ten (10) days of vaccine transfer or removal</p>	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</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>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>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	each Site Visit follow-up action must be appropriately entered into PEAR.	d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.	d) Within five (5) business days of receiving the document(s) follow-up action was completed.	
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](#) 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)** 3

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

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

**Revision Purpose:** The purpose of this revision is to add FFY23 IAR SNAP Ed Program Management funds, remove completed deliverable due dates for FFY22 and add deliverable due dates for the FFY23 funding period.

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 IAR SNAP ED PROG MGNT-REGION 5	76701939	10.561	333.10.56	01/01/22	09/30/22	98,016	0	98,016
FFY23 IAR SNAP ED PROG MGNT-REGION 5	76701949	10.561	333.10.56	10/01/22	09/30/23	0	115,813	115,813
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>98,016</b>	<b>115,813</b>	<b>213,829</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	<ol style="list-style-type: none"> <li>Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences.</li> <li>On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan.</li> <li>Project plan supports at least one State SNAP-Ed goal as selected by Subrecipient.</li> <li>Demonstrates progress towards project objective(s), and additional project goal(s) determined by Subrecipient are demonstrated and reported.</li> </ol>	<p><b>For the Period:</b>  <del>01/01/22 to 09/30/23</del>  <del>10/01/23 to 12/31/24 TBD</del></p> <p><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.</p>	Reimbursement upon on-time receipt and approval of acceptable deliverables/outcomes for the funding period will not exceed <del>\$98,016</del> <b>\$213,829. Kitsap Public Health</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	plan approved by Department of Health (DOH).	<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>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> <p>Satisfactory progress of the Subrecipient's Project includes progress shown in the</p>	<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> <li>Strategy as feasible for working with one or more CSOs implemented and demonstrated to increase</li> </ol>	<p><del>For the Period:</del> <del>01/01/22 to 09/30/23</del> <del>10/01/23 to 12/31/24 TBD</del></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>	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>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>	<p>knowledge, awareness, or participation of SNAP-Ed eligible audience.</p> <ol style="list-style-type: none"> <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>	
2.0	<p><b>Evaluation Data and Reports</b></p> <p>For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the</p>	<p>On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including:</p>	<p><del>For the Period:</del>  <del>01/01/22 to 09/30/23</del>  <del>10/01/23 to 12/31/24 TBD</del></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>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>	<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></p> <p>Documentation showing completion of progress report and submission to DOH on or before the required due dates, or by approved extension date.</p> <p>Completion of required evaluation data in progress reports and PEARS electronically, or using approved reporting method/form, on or before the required due dates, or by approved extension date.</p> <p><b>Direct education strategies only:</b></p>	<p><b>Quarterly 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/<del>22</del> 23. 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 <del>4/11/22</del> 1/17/23</li> <li>• 2nd Progress report due <del>4/12/22</del> 4/14/23</li> <li>• 3rd Progress report due <del>7/12/22</del> 7/17/23</li> <li>• Final Progress report due 9/15/<del>22</del> 23 or follow close-out procedures.</li> <li>• FFY <del>23</del>-24 TBD</li> </ul> <p><b>PEARS:</b> Project evaluation and reporting required between 10/1/<del>24</del>-22 to 9/15/<del>22</del> 23.</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/<del>22</del> 23.</li> <li>• <del>Jan 2022 by 2/26/22</del></li> <li>• <del>Feb 2022 by 3/31/22</del></li> </ul>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>	<ul style="list-style-type: none"> <li><del>Mar 2022 by 4/30/22</del></li> <li><del>Apr 2022 by 5/31/22</del></li> <li><del>May 2022 by 6/30/22</del></li> <li><del>Jun 2022 by 7/30/22</del></li> <li><del>Jul 2022 by 8/31/22</del></li> <li><del>Aug 2022 by 9/15/22</del></li> <li>Jan 2023 by 2/28/23</li> <li>Feb 2023 by 3/31/23</li> <li>Mar 2023 by 4/28/22</li> <li>Apr 2023 by 5/31/23</li> <li>May 2023 by 6/30/23</li> <li>Jun 2023 by 7/31/23</li> <li>Jul 2023 by 8/31/23</li> <li>Aug 2023 by 9/15/23</li> <li>Final data entry for all activities not already reported, due by 9/15/22 23, or follow close-out schedule.</li> <li>FFY 23-24 TBD</li> </ul> <p>SNAP-Ed Direct education conducted between 01/01/22 and 9/15/22 23. FFY 23-24 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 23, 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> </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> <del>01/01/22 to 09/30/23</del> <del>10/01/23 to 12/31/24 TBD</del>  <b>Due:</b> 01/01/22 23 for all SNAP-Ed funded staff. FFY 23-24 TBD. New	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <li>Who attended</li> <li>Date completed</li> </ul>		hires to complete within 30 days of hire.	
3.1	<p><b>Other Required Training and Meetings</b> The following trainings or meetings are required for all Subrecipients when provided by DOH or WA SNAP-Ed for the staff listed. Unless more staff attendance is required, minimum of one (1) staff person required to attend to satisfy requirements. Multiple staff may attend if costs for attendance are covered in Subrecipient's annual budget.</p> <ul style="list-style-type: none"> <li><b>Fiscal training</b> – fiscal agent <u>or</u> project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program.</li> <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 or 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> </ul>	<p>On-time completion of all required trainings by required SNAP-Ed staff.</p> <p>Attendance of required or appropriate staff person(s) at all required meetings.</p> <p>Demonstration of satisfactory understanding of the information and concepts included in required trainings.</p> <p><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 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></p>	<p><del>For the Period:</del> <del>01/01/22 to 09/30/23</del> <del>10/01/23 to 12/31/24 TBD</del></p> <p><b>Fiscal:</b> Annually, and no later than March 31, 2022 <del>23</del>. FFY<del>23</del>-24 TBD.</p> <p><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 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><del>Annual State Forum:</del> Annually, when provided, and no later than 9/30/<del>22</del> <del>23</del>. FFY<del>23</del>-24 TBD</p> <p><b>Coordinator meetings:</b> Completed on dates scheduled by DOH, when provided.</p>	See payment information as referenced in task number 1.0



Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> <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>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><b>Regional meetings:</b> Completed on dates scheduled by DOH, when provided.</p> <p><b>SNAP-Ed systems approaches training online:</b> All SNAP-Ed funded staff with programmatic responsibilities will complete at least once. <del>Current staff who have not taken this training will complete by September 30, 2022.</del> New hires (defined as May 1, 2022 forward) to take within 6 months of start date.</p>	
4.0	<p><b>SNAP-Ed Inventory</b> 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>	<p>On-time updates to SNAP-Ed inventory list.</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><del>For the Period:</del> <del>01/01/22 to 09/30/23</del> <del>10/01/23 to 12/31/24 TBD</del></p> <p><b>Due:</b> Inventory list is required to be updated at minimum annually and no later than 9/15/<del>22</del> 23. FFY<del>23</del> 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>	See payment information as 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</p>	<p><del>For the Period:</del> <del>01/01/22 to 09/30/23</del> <del>10/01/23 to 12/31/24 TBD</del></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) <del>o January: 2/28/22</del> <del>o February: 3/30/22</del></p>	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<p>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><del>March: 4/30/22</del>  <del>April: 5/30/22</del>  <del>May: 6/30/22</del>  <del>June: 7/30/22</del>  <del>July: 8/30/22</del>  <del>August: 9/30/22</del></p> <p>• January: 2/28/23  • February: 3/31/23  • March: 4/28/23  • April: 5/31/23  • May: 6/30/23  • June: 7/31/23  • July: 8/31/23  • August: 9/29/23</p> <p><b>Final invoice is due</b> November 30th, 20<del>22</del> 23, or follow close-out schedule. FFY<del>23</del> 24 TBD.</p> <p><b>Or</b></p> <p><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>	

**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>\$98,016</del> \$213,829

**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)** 2

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" 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 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:** The purpose of this revision is to extend the period of performance from December 31, 2022 to June 30, 2023 and change the LHJ Funding Period to reflect an end date of 06/30/23 for funding that has started on 07/01/22 and an end date of 04/28/23 for funding that has started on 04/29/22.

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
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	06/30/23	38,402	0	38,402
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	04/28/23	24,482	0	24,482
SFY23 TOBACCO PREVENTION PROVISIO	77410823	N/A	334.04.93	07/01/22	06/30/23	194,000	0	194,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	06/30/23	247,509	0	247,509
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>504,393</b>	<b>0</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>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.</p> <p>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.</p> <p>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.</p>	October 31, 2022	<p>Funding Utilized: SFY23 Tobacco Prevention</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. 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>

**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. Synar Coverage Study	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.

**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.



**CONTRACT NO. KC-547-22  
INTERLOCAL AGREEMENT**

**BETWEEN KITSAP COUNTY AND  
KITSAP PUBLIC HEALTH DISTRICT**

**I. PREAMBLE**

This Interlocal Agreement (AGREEMENT) is by and between Kitsap County (COUNTY), a political subdivision, whose principal offices are located at 614 Division Street, Port Orchard, Washington 98366 and Kitsap Public Health District (DISTRICT), whose principal offices are at 345 6th Street, Suite 300, Bremerton, Washington 98337.

**II. RECITALS**

Kitsap County Board of Commissioners enacted Chapter 12.36 of the Kitsap County Code (KCC) for the purpose of establishing a comprehensive approach to stormwater management pursuant to Chapter 36.89 RCW. Chapter 12.36 KCC, called the County's "Stormwater Management Program," authorizes the coordination of stormwater management programs and services through interlocal or other operating agreements with other departments, governmental entities or special districts in order to achieve a comprehensive approach to surface water management.

A multi-agency partnership, called Clean Water Kitsap, operates through interlocal agreements between Kitsap County Public Works Department, Kitsap Public Health District, Kitsap Conservation District, Washington State University Extension Program, and Kitsap Public Utility District. Each member has identified areas of responsibility, program elements, and budgets consistent with Chapter 12.36 KCC for the purpose of coordinating program implementation and administration.

COUNTY and DISTRICT now desire to enter into an AGREEMENT to provide funding, collected by Kitsap County through Chapter 12.40 KCC, to assist in the implementation of DISTRICT programs through Clean Water Kitsap. Mutual benefits will accrue to the parties hereto and the people that each serves in the cooperative implementation of Clean Water Kitsap. The Interlocal Cooperation Act, Chapter 39.34 RCW, further authorizes the parties hereto to enter into this AGREEMENT.

This AGREEMENT consists of the following documents:

1. Interlocal Agreement
2. Kitsap Public Health District 2023 Scope of Work and Budget

**ACCORDINGLY, THE PARTIES AGREE AS FOLLOWS:**

**III. AGREEMENT**

**1. Purpose**

The purpose of the AGREEMENT will provide a mechanism for implementation of programs within the Clean Water Kitsap (CWK) partnership.

**2. Funding**

Funding for services provided shall be obtained from revenues derived from service charges authorized under Chapter 12.36 KCC and assessed annually on parcels of real property in unincorporated Kitsap County. The COUNTY and the DISTRICT shall endeavor to seek and obtain, whenever possible, grants or other external funding sources to minimize the financial burden to the citizens of unincorporated Kitsap County.

**3. Scope of Work**

DISTRICT shall perform such duties and services as are listed on Attachment A, attached hereto and incorporated herein by reference. Said services shall be performed in accordance with the approved Scope of Work and Budget specified in Attachment A and as provided for in AGREEMENT. All services funded under this AGREEMENT shall be provided exclusively within the boundaries of unincorporated Kitsap County.

**4. Kitsap County Representative**

The Director of Public Works, or his/her designee, shall represent the Department of Public Works and the COUNTY in all matters pertaining to the services to be rendered under this AGREEMENT. All requirements of COUNTY pertaining to the services and materials to be rendered under this AGREEMENT shall be coordinated through said County representative. Pursuant to RCW 39.34.030(4)(a) the representative shall act as an administrator.

**5. Kitsap Public Health District Representative**

The Director of Environmental Health for DISTRICT, or his/her designee, shall represent the DISTRICT in all matters pertaining to the services and materials to be rendered under this AGREEMENT. All requirements of DISTRICT pertaining to the services or materials to be rendered under this AGREEMENT shall be coordinated through said District representative. Pursuant to RCW 39.34.030(4)(a) the representative shall act as an administrator.

## **6. Program Reporting**

DISTRICT shall produce a mid-year progress update and a year-end report summarizing the work performed and evaluating the performance and results of the work performed pertaining to this AGREEMENT.

Progress update shall include, but not be limited to, the following information:

- a. An update of the work performed during the period and progress made to date, including performance indicators that reflect effectiveness of the program elements as set forth in ATTACHMENT A – Scope of Work and Budget.
- b. Status of the project schedule.
- c. Description of any adverse conditions that have affected the program objectives and/or time schedules, and actions taken to resolve these issues.

Progress update and report shall be submitted as follows:

- Semi-annual update report (January 1 to June 30) due July 31, 2023
- Annual Year-end report (January 1 to December 31) due January 31, 2024

The Year End Report shall contain a summary of major accomplishments realized during the year. The report will be written in such a manner so as to allow a summary paragraph to be excerpted from the report and incorporated into the CWK Annual Executive Summary Report. DISTRICT shall also be responsible for submitting additional information to be included in the Annual Executive Summary Report. This information shall include, but not be limited to, photographs, slides, and any other graphics that would enhance the content and/or appearance of the Annual Executive Summary Report.

## **7. Performance Analysis**

COUNTY Representative shall complete a semi-annual performance analysis evaluating the services provided under the AGREEMENT for effectiveness and compliance with the program elements set forth in Chapter 12.36 KCC and shall report to the CWK partnership.

## **8. CWK Partnership Committee**

DISTRICT shall participate on the existing CWK Partnership Committee.

DISTRICT representative shall represent the DISTRICT on the CWK Partnership Committee. The Director of Public Works and the Stormwater Division Water Quality Manager shall represent the COUNTY on the CWK Partnership Committee. A representative of the Washington State University Extension Program shall represent that agency on the CWK Partnership Committee. A representative of the Kitsap Conservation District shall represent that agency on the CWK Partnership Committee. A representative of the Kitsap Public Utility District shall represent that agency on the CWK Partnership Committee.



The CWK Partnership Committee shall hold quarterly meetings which shall focus on the following:

- a. Evaluating program performance to ensure that the program funding is used in the most effective manner.
- b. Ensuring that the CWK programs address water quality issues of most concern to the public.
- c. Providing a means to coordinate water quality programs among agencies to capitalize on each other's efforts and avoid duplication of activities.
- d. Providing a direct and effective means of communication among CWK agencies.
- e. Making recommendations for program revisions to the Director of Public Works and the Kitsap County Board of Commissioners.

#### **9. Reimbursement**

COUNTY shall reimburse DISTRICT only for actual incurred costs upon presentation of a properly executed invoice in a form approved by COUNTY. Costs shall be charged, and funds reimbursed based upon appropriate program elements and cost categories as defined in Attachment A. The sum of DISTRICT'S reimbursement requests during the duration of this Agreement shall not exceed **\$1,378,000.00** the budget for all program elements combined as identified in Attachment A.

The Kitsap County Board of Commissioners must approve any payment request by DISTRICT exceeding this maximum reimbursement amount in advance of the payment. DISTRICT may exceed line item amounts within individual program element budgets but shall not exceed the total budget for each individual program element without the approval of the Director of Public Works.

Reimbursement requests shall not be made more frequently than once a month. COUNTY reserves the right to withhold payments pending timely delivery of progress reports or documents as may be required under this AGREEMENT. COUNTY shall reimburse DISTRICT within 30 days of receipt of a properly executed District invoice.

#### **10. Documentation of Costs and Maintenance of Records**

DISTRICT shall maintain all books, documents, receipts, invoices and records including payroll records necessary to sufficiently and properly reflect the expenditure of COUNTY funds. The accounting records must provide for a separate recording and reporting of all CWK program receipts and expenditures.

Financial records pertaining to matters authorized by this AGREEMENT are subject to inspection and audit by representatives of COUNTY or the State Auditor upon request. Financial records shall be preserved and made available to COUNTY and its agents for a period of six (6) years after the end of this AGREEMENT or, in the event of an audit, records shall be kept until the audit is completely resolved.

## **11. Property**

Title to property purchased by DISTRICT, the cost of which DISTRICT has been reimbursed as a direct item of cost under this AGREEMENT, shall pass to and vest to DISTRICT. Property purchased with funds delivered pursuant to this AGREEMENT may be used only for the performance of this AGREEMENT and shall be purchased in accordance with applicable state law and COUNTY purchasing policies.

## **12. Assignment**

DISTRICT shall not assign or subcontract any portion of the services provided within the terms of this AGREEMENT without obtaining prior written approval of COUNTY. All terms and conditions of the AGREEMENT shall apply to any approved subcontract or assignment related to this AGREEMENT.

## **13. Nondiscrimination**

DISTRICT and COUNTY agree to comply with all applicable local, state, and/or federal laws and ordinances, and agree that they shall not discriminate in their employment practices or delivery of services or other activities on the grounds of race, color, religion, national origin, age, sex, marital status, veteran status, sexual orientation, or the presence of any sensory, mental or physical handicap. DISTRICT and KITSAP COUNTY shall ensure that any subcontractor shall fully comply with this paragraph.

## **14. Compliance with Laws**

DISTRICT shall comply with all federal, state, and local laws, statutes, ordinances, rules, and regulations applicable to the performance of this AGREEMENT. DISTRICT agrees to comply with all the provisions of the Americans with Disabilities Act and all regulations interpreting or enforcing such act.

## **15. Indemnity**

It is understood and agreed that this AGREEMENT is solely for the benefit of the parties hereto and gives no right to any other party. No joint venture or partnership is formed as a result of this AGREEMENT. Each party hereto agrees to be responsible and assumes liability for its own negligent acts or omissions, and those of its officers, agents, and employees to the fullest extent required by law, and agrees to save, indemnify, defend, and hold the other party harmless from any such liability. In the case of negligence of both the COUNTY and DISTRICT, any damages allowed shall be levied in proportion to the percentage of negligence attributable to each party, and each party shall have the right to seek contribution from the other party in proportion to the percentage of negligence attributable to the other party.

This indemnification clause shall also apply to any and all causes of action arising out of the performance of work activities under this AGREEMENT. Each contract for services or activities utilizing funds provided in whole or in part by this AGREEMENT shall include a



provision that KITSAP COUNTY is not liable for damages or claims from damages arising from any subcontractor's performance or activities under the terms of the contracts.

For the purposes of this indemnification, the parties specifically and expressly waive any immunity granted under the Washington Industrial Insurance Act, Title 51 RCW. This waiver has been mutually negotiated and agreed to by the parties. The provision of this section shall survive the expiration or termination of the Agreement.

#### **16. Insurance**

The DISTRICT certifies that it is part of a liability insurance pool or maintains appropriate liability insurance policies and agrees to pay for all losses for which DISTRICT is found liable.

Insurance carried by the DISTRICT shall be primary insurance with respect to any insurance or self-insurance programs maintained by the COUNTY and shall not contribute with it.

The policy shall provide, and the certificate shall reflect the insurance afforded applies separately to each insured against which a claim is made, or a suit is brought except with respect to the limits of the insurer's liability.

Upon request of the County, the DISTRICT shall furnish proof of liability insurance including policy limits.

The DISTRICT agrees to comply with all State requirements related to Workers Compensation Insurance.

#### **17. Amendments to Agreement**

The parties hereby further agree that this AGREEMENT cannot be amended or modified without the written concurrence of both parties.

#### **18. Modification for Funding Reasons**

COUNTY may negotiate modification of the AGREEMENT at any time if funding is reduced or limited in any way after the effective date of this agreement.

#### **19. Termination**

Either party to this AGREEMENT may elect to terminate this AGREEMENT for any reason by delivering a thirty (30) day written notice of intent to terminate to the other party. In the event of such termination, DISTRICT shall be compensated for the actual costs incurred prior to the time of notification of contract termination.

#### **20. Duration of Agreement**

This Agreement is in effect from the January 1, 2023 through December 31, 2023.

**21. Filing**

This AGREEMENT shall be filed with the County Auditor following execution by all parties.

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

**KITSAP PUBLIC HEALTH DISTRICT**

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

\_\_\_\_\_  
**KEITH GRELLNER, ADMINISTRATOR**

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

\_\_\_\_\_  
**CHARLOTTE GARRIDO, COMMISSIONER**

\_\_\_\_\_  
**ROBERT GELDER, COMMISSIONER**

**ATTEST:**

\_\_\_\_\_  
**DANA DANIELS, CLERK OF THE BOARD**

***Approved as to form by the Kitsap  
County Prosecuting Attorney's Office***

## ATTACHMENT A SCOPE OF WORK AND BUDGET

Total Budget: \$1,378,000			
Tasks	Activities	Performance Criteria	Target
Program Element: Pollution Identification and Correction Program			
Goal 1: Protect Public Health and the Environment from Fecal Pollution of Surface Waters			
Identify and correct FC and/or EC pollution sources in high priority surface waters.	Develop and implement the 2024 PIC priority workplan.	Priority workplan memo delivered to KCPW	11/30/2023
	Conduct PIC surveys according to current PIC Protocols through DPR response, priority work areas, and Property Conveyance follow-ups.	Number of PIC property inspections	325
		% of properties with identified fecal pollution sources found during inspections	NA
		% of identified fecal pollutions sources found that have been corrected	NA
	Conduct Shoreline Monitoring in accordance with the Shoreline Monitoring Plan and Health District protocols.	Complete shoreline survey work in accordance with the Shoreline Monitoring Plan.	Shoreline surveys completed
Investigate public sewage complaints in a timely and efficient fashion.	Identify bacterial hotspots for shoreline discharges	Number of new hotspots confirmed this year	NA
	Investigate all newly identified shoreline "hot spots" within 12 months in accordance with Health District protocols.	% of new hotspots investigated within 12 months	100%
	Respond to public sewage complaints within <b>5 days</b> of receipt. Track and manage sewage complaints, and identify and correct failing OSS.	Number of complaints	NA
		Percent of complaints responded to within 5 days	90%
	Investigate OSS deficient pump reports (DPR) from certified septic pumpers in a timely and efficient fashion.	Respond to selected DPRs within <b>7 days</b> of assignment. Track and manage DPR response, and identify and correct failing OSS.	Number of failures found during complaint inspection
Number of reports responded to with field inspections			NA
Percent of reports responded to within 7 days			90%
Number of failures found			NA



Tasks	Activities	Performance Criteria	Target
Investigate agricultural complaints in a timely and efficient fashion.	Respond to public agricultural complaints within <b>5 days</b> of receipt. Track and manage agricultural complaints. Identify and correct agricultural sources.	Number of complaints	NA
		Percent of complaints responded to within 5 days	90%
		Number of sources found	NA
		Number of sources corrected	NA
Investigate IDDE complaints in a timely and efficient fashion.	Coordinate with the Kitsap Conservation District on correcting FC pollution caused by livestock waste, pursuant to existing interlocal agreement.	Number of referrals to KCD for technical assistance	NA
	Coordinate with Kitsap County Public Works on the correction of FC sources discharging to (or from) the county's stormwater system. Conduct work in compliance with "KPHD/KCPW stormwater Illicit Discharge Detection and Elimination (IDDE) Protocol."	Number of referrals	NA
Investigate citizen complaints related to water quality concerns in a timely and efficient fashion.	Respond to public water quality complaints within <b>5 days</b> of receipt. Track and manage water quality complaints. Identify and correct pollution sources.	Number of complaints	NA
		Percent of complaints responded to within 5 days	90%
		Number of sources found.	NA
		Number of sources corrected.	NA
		Number of algae bloom advisories.	NA
Support financial options for Kitsap County residents to promote voluntary correction of failing on-site sewage systems.	Track and respond to reports of waterborne illness in cooperation with the Health District's Communicable Disease Clinic and the Washington State Department of Health.	Number of water borne illnesses reported and investigated implicating lake swimming beaches.	NA
	Participate in Ecology's Regional Loan Program.	Percent of owners of septic failures informed that Craft3 loans are available.	100%

Tasks	Activities	Performance Criteria	Target
Protect the public from spills from public sewer systems.	Respond to sewage spills in unincorporated Kitsap County pursuant to Health District's "Sewage Spill Reporting and Response Procedures". Report spills into or from the public storm drainage system to Kitsap 1. Post signage and issue health advisories to protect public health.	Number of sewage spill advisories.	NA
<b>Program Element: Monitoring Program</b>			
<b>Goal 1: Monitor and Assess Pollution of Kitsap County Waters</b>			
Determine fecal pollution levels (improvement and declines) in Kitsap County streams.	Collect water quality samples monthly to monitor for fecal coliform and/or E Coli bacterial contamination in streams.	% of planned events completed.	100%
Test best available laboratory and field methods to determine the presence of human contribution to confirmed "hot spots," and prioritize for investigation.	Notify the public of potential health risks and provide a summary of water quality monitoring results and highlight form the 2020 water year. Complete testing and demonstration of laboratory and field techniques that determine human contribution to county stormwater systems, shoreline "hot spots" and 4A and 4B streams Examples include chemicals of emerging concern, Bacteroides, microbial source tracking, etc.	Publish Annual Water Quality Monitoring Report.	12/31/2023
Conduct ongoing monitoring of Kitsap County lake public access areas and swimming beaches for water quality according to the program plan.	Issue advisories for elevated bacteria or other water quality concerns.	Report number and types of sampling.	NA
Respond to requests for water quality data from the public.	Assess lake trophic monitoring in Kitsap County lakes. Provide stream, lake, and shoreline data to the public and other agencies upon request.	Number of advisories. Provide technical memo assessing lake trophic status and needs in Kitsap County lakes. Number of data requests	NA 6/30/2023 NA
<b>Goal 2: Protect the Public From Illnesses Related to Shellfish and Biotoxins</b>			
Protect public health in Kitsap County by providing oversight, environmental monitoring, public information, and emergency investigative response for public areas known to be frequented by recreational shellfish harvesters.	Monitor shellfish for marine biotoxin at sentinel sites throughout Kitsap County. Issue shellfish harvest safety advisories. Post signs, update web page, and update information hotline (1-800-2BE-WELL).	% of planned events completed. Number of shellfish biotoxin health advisories.	100% NA



Tasks	Activities	Performance Criteria	Target
<b>Goal 3: Address or Assit with Federal, State and County Water Quality Mandates</b>			
Assist Kitsap County with compliance with Federal Clean Water Act Section 303(d) and associated Total Maximum Daily Load Studies.	Provide data and comment to the State Department of Ecology to evaluate classification of Kitsap County water bodies for the state's ongoing water quality assessments. Participate in Interagency Water Quality Team as needed in coordination with KCPW staff.	Submit WQ data to Ecology.	12/31/2023
Assist Kitsap County with response to Washington State Department of Health commercial shellfish harvest classification changes.	Provide data and comment to the WA State Department of Health for use in shellfish area classification.	Number of meetings attended.	Quarterly, or more as needed
Coordinate with Washington State Department of Health on shellfish growing area reclassification.	Find and correct bacterial pollution sources affecting shellfish growing areas.	Number of data requests responded to, from DOH Shellfish.	As needed
		Number of shellfish growing area reclassification downgrades to threatened or prohibited responded to.	NA
		Number of responses to DOH parcel closure inquiries.	NA
	Implement Chico Bay Closure Response Plan	Provide technical memo on status of implementing Chico Bay Closure Response Plan	12/31/2023
<b>Goal 4: Inform and Educate the Public About Surface Water Quality and Pollution</b>			
Prevent failing onsite sewage systems (OSS) by promoting and providing education on the use of OSS to homeowners, community groups, the OSS industry, realtors, developers, builders, lenders, etc.	Conduct OSS Workshops, either virtual or in person, in partnership with CWK.  Issue septic pumping vouchers as incentive for inspection of septic and provide education to property owners. Evaluate the effectiveness of the septic pumping voucher program.	Number of workshops completed (Number and type of workshops, virtual or in-person, will be dependent on COVID needs and mandates)  Number of vouchers (maximum 50)  Provide technical memo evaluating the effectiveness of the prior year's voucher program	3  40 Vouchers at \$350/each (\$14,000 Total)  1/30/2023
Inform and educate the public about health and safety issues at lake swimming beaches.	Engage with the public on swimming health and safety at lakes during sampling events.	Report educational contacts at lakes during sampling events	NA
Inform and educate the public about health and safety issues for polluted streams.	Assess annual stream bacteria data to determine if posting of warning signs is necessary, as per policy. Post warning signs as appropriate.	Report number of stream advisories posted	1/30/2023

**CONTRACT AGREEMENT**  
**By and Between**  
**Kitsap Public Health District and Jefferson County Public Health**

**For provision of one (1) Public Health Nurse for Nurse Family Partnership (NFP) Supervisor Role**

**Section 1: PURPOSE**

THIS AGREEMENT for Professional Services is entered into between the Kitsap Public Health District, hereinafter referred to as “Contractor” and Jefferson County Public Health, hereinafter referred to as “Jefferson County” to provide services as a Nurse Family Partnership (NFP) Supervisor.

**Section 2: TERMS**

This Agreement shall commence on January 1, 2023, and continue through December 31, 2023, unless terminated as provided herein. The agreement may be extended beyond December 31, 2023, upon mutual written consent of Jefferson County and the Contractor.

**Section 3: SCOPE OF AGREEMENT**

Contractor will provide Public Health Nurse services for NFP Supervisor Role and will meet obligations as contained in Exhibit A, Statement of Work.

**Section 4: CONTRACT REPRESENTATIVES**

Jefferson County and Contractor will each have a contract representative who will have responsibility to administer the contract for that party. A party may change its representative upon providing written notice to the other party. The parties' representatives are as follows:

Contractor's Contract Representative

Yolanda Fong, Community Health Director  
345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
(360) 728-2275

Jefferson County Contract Representative

Denise Banker, Community Health Director  
Jefferson County Public Health  
615 Sheridan St.  
Port Townsend, WA 98368  
(360) 385-9400

**Section 5: COMPENSATION**

- A. Calculation for the cost of the supervisor includes total salaries and benefits, based on 36 hours per week, and overhead. This cost will be shared between the Contractor and Jefferson County, allocated based on the number of Public Health Nurses in the NFP program across the region. This includes any Public Health Nurses hired by Jefferson County to work in either Jefferson or Clallam counties. This amount will be calculated

and invoiced to Jefferson County monthly by the Contractor. Jefferson County's portion of the total supervisor cost will not exceed \$75,000.00

- B. Jefferson County agrees to reimburse the Contractor for all expenses incurred as a result of performing the Services. Cell phone service is approved and will be billed based on actual cost. Travel is authorized at the federally established rate. All cell phone and travel expenses will be split between Jefferson County and the Contractor.
- C. The Contractor shall submit invoices to Jefferson County for payment of work actually completed to date for both Jefferson County and Clallam County.
- D. Any additional fees required by NFP for the supervisor's training will be split between Jefferson County and the Contractor. The Contractor will invoice Jefferson County for these fees based on the allocation of NFP nurse home visitors under supervision at the time of the training. Jefferson County will be given adequate notice of needed trainings.
- E. Additional fees for Annual Program Support and Annual Nurse Consultation Fees will be split between Jefferson County and the Contractor. Proportion of fees will be based on the number of agencies participating under the NFP Program.
- F. In the event that approved program supplies required by NFP are unavailable for direct purchase, Contractor will purchase supplies and bill Jefferson County for incurred cost. Total purchases of supplies or equipment will not exceed \$2,000 without prior approval of Jefferson County.
- G. Jefferson County may request additional nursing supervisory hours at an hourly rate commensurate to Contractor's employee's hourly rate. In the case of emergency nursing supervisory needs, Jefferson County will be charged an hourly rate.
- H. Contractor records and accounts pertaining to this agreement are to be kept available for inspection by representatives of Jefferson County and state for a period of six (6) years after final payments. Copies shall be made available upon request.

#### Section 6: **INDEMNIFICATION**

Each party agrees to hold harmless, defend, and indemnify the other party and its elected and appointed officials, officers, employees, and agents against all claims, suits, actions, liabilities, losses, expenses, and damages, including reasonable attorney's fees and costs, to the extent they arise out of, or result from, the negligence or willful misconduct of the indemnitor or its elected or appointed officials, officers, employees, and agents in the performance of this Contract. The indemnitor's duty to defend and indemnify extends to claims by the elected or appointed officials, officers, employees, or agents of the indemnitor or of any contractor or subcontractor of indemnitor. The indemnitor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington solely for the purposes of this provision and acknowledges that this waiver was mutually negotiated. This clause shall survive the termination of this Contract.

#### Section 7: **INSURANCE**

Each party shall obtain and keep in force during the terms of this Agreement, or as otherwise required.

- A. Commercial Automobile Liability Insurance providing bodily injury and property damage liability coverage for all owned and non-owned vehicles assigned to or used in the performance of the work for a combined single limit of not less than \$1,000,000 each occurrence.
- B. Professional Liability Insurance providing \$2,000,000 per incident; \$4,000,000 aggregate.
- C. Each party shall participate in the Worker's Compensation and Employer's Liability Insurance Program as may be required by the State of Washington.
- D. Contractor will maintain its membership in the Washington Counties Risk Pool.

#### Section 8: **CONFIDENTIALITY**

All parties to this Agreement and their employees or representatives and their subcontractors and their employees will maintain the confidentiality of all information provided by Contractor or Jefferson County or acquired in performance of this Agreement as required by the HIPPA and other privacy laws. This Contract, once executed by the parties, is and remains a Public Record subject to the provision of Ch. 42.56 RCW, the Public Records Act.

#### Section 9: **OWNERSHIP AND USE OF DOCUMENTS**

Contractor acknowledges and agrees that any and all work product directly connected to and/or associated with the services rendered hereunder, including but not limited to all documents, drawings, reports, and the like which the Contractor in the performance of the service hereunder, either solely and/or jointly with Jefferson County shall be the sole and exclusive property of the Jefferson County. Other materials produced by the Contractor in connection with the services rendered under this agreement shall be the property of the Jefferson County whether the projects for which they are made are executed or not. Each party may, with no further permission required from the other party, publish to the web, disclose, distribute, reproduce, or otherwise copy or use, in whole or in part, such items produced during the course of the project to the extent disclosure is allowed by HIPAA rules.

#### Section 10: **INDEPENDENCE**

Nothing in this agreement shall be considered to create the relationship of employer and employee between the Parties hereto. The Contractor shall not be entitled to any benefits afforded Jefferson County employees by virtue of the services provided under this agreement. Jefferson County shall not be responsible for withholding or otherwise deducting federal income tax or social security or for contributing to the state industrial insurance program, otherwise assuming the duties of an employer with respect to employee.

**Section 11: REPORTING**

Contractor will provide information to Jefferson County for required reporting to funders as needed.

**Section 12: DISPUTE RESOLUTION**

The Parties agree to work cooperatively to accomplish all of the terms of this Agreement, however, acknowledge that there may be instances in which either Jefferson County or the Contractor has not complied with the conditions of this Agreement or that clarification is necessary to interpret provisions of this Agreement. In such an instance, the Parties shall attempt to resolve the matter through good faith efforts. If unsuccessful, the Parties shall refer the matter to non-binding mediation.

If the mediator cannot resolve the dispute, the issue shall be referred to a Dispute Panel. The Dispute Panel shall review all issues, concerns, and conflicts to determine a solution acceptable to both Parties. The decisions of the Dispute Panel shall be final and binding on both Parties.

**DISPUTE PANEL:** The Parties may voluntarily submit any contractual dispute to a dispute panel as follows: each party will appoint one member to the panel and those two members in turn will appoint a third member. The dispute panel will review the facts, contract provisions, and applicable law, and then decide the matter. The decision of the dispute panel shall be binding on the Parties and final.

**Section 13: TERMINATION**

Jefferson County and the Contractor reserve the right to terminate this contract in whole or in part with 30 days-notice. In the event of termination under this clause, Jefferson County shall be liable only for payment for services rendered prior to the effective date of termination.

**Section 14: INTEGRATED AGREEMENT**

This Agreement together with attachments or addenda represents the entire and integrated agreement between Jefferson County and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral between the Parties. This agreement may be amended or modified only by a written instrument signed of both Jefferson County and Contractor.

**Section 15: PROGRAM MODEL ELEMENTS**

Jefferson County and the Contractor understand and agree that Program implementation by Jefferson County and Contractor must be based on key parameters-Model Elements identified through research and refined based upon the Program's experience since 1997 and included in this Agreement as Nurse-Family Partnership Model Elements, hereto attached and herein referenced as **Exhibit B**.

**Section 16: PROPRIETARY PROPERTY**

Jefferson County and the Contractor understand and agree that NFP grants to Jefferson County and Contractor a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out the obligations of this Agreement. Further, the NFP reserves the right to modify the Proprietary Property from time to time in accordance with the data, research, and

current modalities of deliveries program. NFP shall retain ownership and all the rights to any Proprietary Property, whether modified or not by Jefferson County and/or Contractor. In any event, all software, Nurse-Family Partnership Community and Efforts to Outcomes Website content, excluding Jefferson County's and Contractor's data, shall remain the sole property of Nurse-Family Partnership.

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

BOARD OF COUNTY COMMISSIONERS  
JEFFERSON COUNTY, WASHINGTON

KITSAP PUBLIC HEALTH DISTRICT

Heidi Eisenhour, Chair Date

Date

Keith Grellner, Date  
Administrator

Date

ATTEST:

Carolyn Galloway, Clerk of the Board

APPROVED AS TO FORM:

Philip C. Hunsucker, Date  
Chief Civil Deputy Prosecuting Attorney

Date



**Exhibit A**  
**Statement of Work**

	Jefferson County	Contractor
Nurse Home visitors #	3	4

Model Elements implemented through facilitation by Nurse Supervisor—applies to all sites:

Model element and description	Jefferson County	Contractor
#10, Work with NHVs to increase knowledge, practice, and individualization of NFP visit to visit guidelines with families across all domains.	X	X
#11, Work with NHVs to review and reflect on theoretical bases of NFP as related to clinical practice.	X	X
#12, Work with NHVs and team to maintain required number of clients. Includes caseload management, outreach, referrals and maintaining community relationships. Jefferson is responsible for recruiting and maintaining Jefferson and Clallam caseload numbers.	X	X
#13, Nurse supervisor provides supervision to 6 NHVs at this time, appropriate for .90 FTE Nurse supervisor	X	X
#14, Nurse supervisor provides: 1. Weekly 1:1 clinical supervision  2. Case conferences 3. Team meetings 4. Field Supervision	X weekly  X at least 2 x month  X at least 2 x month  X at least 3x year	X at least 2x month  X at least 2 x month  X at least 2 x month  X at least 3x year
#15 Data is collected and used to guide practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.	X	X
#17, Regional CAB convened and will meet at least 3x year	X	X
#18, Nurse supervisor will help support and facilitate regional communication to assure accurate data entry and implementation of program	X	X

Other related program implementation areas:

Other areas related to program implementation	Jefferson County	Contractor
Washington State NFP Consortium: <ol style="list-style-type: none"> <li>1. Monthly calls with WA State Nurse consultant</li> <li>2. Monthly calls with WA State Nurse supervisors</li> <li>3. Quarterly meetings with WA State nurse supervisors</li> <li>4. On-site visits with WA state nurse consultant at least once/year.</li> </ol>	X	X
Coordination of team meetings, case conferences, and reflective supervision times based on regional composition, including associated travel.	X	X
DCYF Funding: Support in application, monthly and quarterly reports.	X	X
NFP required education and training, such as DANCE education and annual NFP National Symposium	X	X

## Exhibit B



### **Nurse-Family Partnership Model Elements**

#### **CLIENTS**

##### **Element 1 Client participates voluntarily in the Nurse-Family Partnership program.**

Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal system that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any other pressure to enroll.

##### **Element 2 Client is a first-time mother.**

First-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change a woman is feeling vulnerable and more open to support.

##### **Element 3 Client meets low-income criteria at intake.**

The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher-income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it's better to focus the program on low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office, establish a threshold for low-income clients in the context of their own community for their target population.

##### **Element 4 Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28<sup>th</sup> week of pregnancy.**

A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. It is recommended that only one pre-enrollment visit be provided. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child, and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.

## **INTERVENTION CONTEXT**

### **Element 5 Client is visited one-to-one: one nurse home visitor to one first-time mother/family.**

Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship. Some agencies have found it useful to have other nurses on their team at times to accompany the primary nurse home visitor for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care. The addition of group activities to enhance the program is allowed, but can not take the place of the individual visits and can not be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

### **Element 6 Client is visited in her home.**

The program is delivered in the client's home, which is defined as the place where she is currently residing. Her home can be a shelter or a situation in which she is temporarily living with family or friends for the majority of the time (i.e., she sleeps there at least four nights a week). It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in their home and the visit needs to take place in other settings. But whenever possible, visiting the client and child in their home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges.

### **Element 7 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.**

Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may adjust the frequency of visits and visit in the evening or on weekends. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

## **EXPECTATIONS OF THE NURSES AND SUPERVISORS**

### **Element 8 Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.**

When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' experience and education. The BSN degree is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire BSN-prepared nurses or may find well prepared nurses that do not have a BSN. In making this decision, agencies need to consider each individual nurses' qualifications, and as needed, provide additional professional development to meet the expectations of the role. Non-BSN nurses should be encouraged and provided support to complete their BSN. Agencies and supervisors can seek consultation on this issue from their nurse consultant.

### **Element 9 Nurse home visitors and nurse supervisors complete core educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.**

It is the policy of Nurse-Family Partnership National Service Office (NFP NSO) that all nurses employed to provide NFP services will attend and participate in all core NFP education sessions in a timely manner, as is defined by NFP NSO policy and the NFP NSO contract. Nurse home visitors and nurse supervisors will deliver the program with fidelity to the model. Fidelity is the extent to which implementing agencies adhere to the model elements when implementing the program. Implementing these components provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials.

## **APPLICATION OF THE INTERVENTION**

### **Element 10 Nurse home visitors, using professional knowledge, judgment and skill, apply the Nurse-Family Partnership Visit-to-Visit Guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.**

The NFP Visit-to-Visit Guidelines are tools that guide nurse home visitors in the delivery of program content. Nurse home visitors use strength-based approaches to working with families and individualize the guidelines to meet the client's needs. The domains include:

- 1) Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
- 2) Environmental Health (home; work; school and neighborhood)
- 3) Life Course (family planning; education and livelihood)
- 4) Maternal Role (mothering role; physical care; behavioral and emotional care of child)
- 5) Friends and Family (personal network relationships; assistance with childcare)
- 6) Health and Human Services (linking families with needed referrals and services)

**Element 11 Nurse home visitors apply the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.**

The underlying theories are the basis for the Nurse-Family Partnership Program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Core Education Sessions. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice.

**Element 12 A full-time nurse home visitor carries a caseload of no more than 25 active clients.**

Full time is considered a 40-hour work week. Agencies may have a different definition for full time, and should pro-rate the nurse's caseload accordingly. At least half-time employment (20-hour work week) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that already are in place but do not meet these expectations should consult with their nurse consultant. Active clients are those who are receiving visits in accordance with the NFP Visit-to-Visit Guidelines and the plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits. Agencies can establish their own policies regarding a timeframe for discharging missing clients. It is expected that supervisors will work with their nurse home visitors to monitor caseloads and utilize the program to serve the number of families they are funded to serve. The contract between the NFP National Service Office and the Implementing Agency states that the Agency will:

- 1) Ensure enrollment of 23 to 25 first-time mothers per full-time nurse home visitor within nine months of beginning implementation; and
- 2) Ensure that each nurse home visitor carries a caseload of not more than 25 active families; and
- 3) Maintain the appropriate visit schedule.

**REFLECTION AND CLINICAL SUPERVISION**

**Element 13 A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.**

Full time is considered a 40-hour work week. It is expected that a full-time nurse supervisor can supervise up to eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management and other administrative tasks. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional

administrative, clerical and interpreter staff. Refer to the sample supervisor job description found in the *Implementing Agency Orientation Packet*. The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual nurse home visitors. Though NFP discourages smaller teams, even teams with less than four nurse home visitors still require at least a half-time supervisor. Existing teams that are already in place but do not meet these expectations should consult with their nurse consultant.

**Element 14 Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.**

To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:

- 1) One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse's work including management of her caseload and quality assurance. Supervisors use the principles of reflection as outlined in NFP supervisor training. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.
- 2) Case conferences: Meetings with the team dedicated to joint review of cases, Efforts to Outcomes (ETO™) data reports and charts using reflection for the purposes of solution finding, problem solving and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours per case conference.
- 3) Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or as needed for team meetings. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.
- 4) Field supervision: Joint home visits with supervisor and nurse. Every four months the supervisor makes a visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day as well as her home visit, time and case management skills and charting. After joint home visits with a supervisor and nurse, a Visit Implementation Scale is completed and discussed.

## **PROGRAM MONITORING AND USE OF DATA**

**Element 15 Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.**

Data are collected, entered into the ETO software and subsequently used to address practice. Data are utilized to guide improvements in program implementation and demonstrate fidelity. The ETO reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program operations and inform reflective supervision of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize their data.

## **AGENCY**

**Element 16 A Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.**

An Implementing Agency is an organization committed to providing internal and external advocacy and support for the NFP program. This agency also will provide visible leadership and passion for the program in their community and assure that NFP staff members are provided with all tools necessary to assure program fidelity.

**Element 17 A Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program and to promote program quality and sustainability.**

A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources. If an agency cannot create a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group. It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.

**Element 18 Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.**

Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. Further, this includes employing a person primarily responsible for key administrative support tasks for



NFP staff, as well as entering data and maintaining accuracy of ETO reports. This resource is critical to ensuring administrative support and accuracy of data entry, allowing nurse home visitors time to focus on their primary role of providing services to clients. NFP Implementing Agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office ETO database on a timely basis.

### **References**

- Korfmacher, J., Kitzman, H., & Olds, D. (1998) Intervention processes as predictors of outcomes in a preventive home-visitation program. *Journal of Community Psychology*, 26, 49-64.
- Olds, D. (2006) The nurse-family partnership: An evidence-based preventive intervention. *Infant Mental Health Journal*, 27, 5-25.
- Olds, D., Hill, P., O'Brien, R., Racine, D., & Moritz, P. (2003) Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice*, 10, 278-290.
- Olds, D., Racine, D., Glazner, J., & Kitzman, H. (1998) Increasing the policy and program relevance of results from randomized trials of home visitation. *Journal of Community Psychology*, 26, 85-100.

**Exhibit C**  
Nurse-Family Partnership  
Implementing Organization Partner Rate Schedule

Annual Fees are as follows:

	<u>7/1/2021- 6/30/2022</u>	<u>7/1/2022- 6/30/2023</u>
<u>NFP Program Participation</u> (annual, per supervisor/team)		
Annual Program Support Fee	See	See
Annual Nurse Consultation Fee, first supervisor at location	Below	Below
<i>For simplification the two fees above have been combined into a single annual fee as indicated below.</i>		

*First Team at a Location:*

NFP Network Partner Program Support (annual, per team)

Two Nurse Home Visitor team	\$ 20,304	\$ 20,568
Three Nurse Home Visitor team	\$ 21,024	\$ 21,420
Four Nurse Home Visitor team	\$ 21,744	\$ 22,260
Five Nurse Home Visitor team	\$ 22,464	\$ 23,112
Six Nurse Home Visitor team	\$ 23,184	\$ 23,964
Seven Nurse Home Visitor team	\$ 23,904	\$ 24,816
Eight Nurse Home Visitor team	\$ 24,624	\$ 25,668

*Second and Subsequent Teams at a Single Location:*

	<u>7/1/2021- 6/30/2022</u>	<u>7/1/2022- 6/30/2023</u>
<u>NFP Network Partner Program Support (annual, per team)</u>		
Two Nurse Home Visitor team	\$ 18,456	\$ 18,720
Three Nurse Home Visitor team	\$ 19,176	\$ 19,572
Four Nurse Home Visitor team	\$ 19,896	\$ 20,424
Five Nurse Home Visitor team	\$ 20,616	\$ 21,264
Six Nurse Home Visitor team	\$ 21,336	\$ 22,116
Seven Nurse Home Visitor team	\$ 22,056	\$ 22,968
Eight Nurse Home Visitor team	\$ 22,776	\$ 23,820

(continued)

“NFP Network Partner Program Support” (formerly called annual program support and nurse consultation) is invoiced annually on the contract anniversary date. The number of Nurse Home Visitors per team is the sum of planned nurse positions which will directly serve clients (whether a position is filled or currently vacant is irrelevant when determining team size), rounded up.

<u>Education (as needed, based on attendance date):</u>	<u>7/1/2021- 12/31/2021</u>	<u>1/1/2022- 12/31/2022</u>
Nurse Home Visitor (NHV) Education	\$ 5,100	\$ 5,254
NHV Education Materials	\$ 648	\$ 667
NHV Education, Unit 2 Supervisor Session	\$ 800	\$ 825
NFP Agency Standard Administrator Education	\$ 603	\$ 621
NFP Agency Additional Administrator Education	\$ 282	\$ 290
NFP Program Supervisor Education	\$ 922	\$ 950

Please note that starting July 1, 2021, the price effective date for education is based on a calendar year and not the contract anniversary date.

<u>Expansion support fees:</u>	<u>7/1/2021- 6/30/2022</u>	<u>7/1/2022- 6/30/2023</u>
Supervisor expansion, per occurrence	See below	See below
Supervisor replacement, per occurrence	\$ 3,462	\$ 3,566
Team addition (same location), per occurrence	\$ 19,781	\$ 20,374
Regional expansion (new location), per occurrence	\$ 24,726	\$ 25,468

The fee previously referred to as a supervisor expansion/replacement fee has been discontinued and replaced with the above replacement, team addition and regional expansion fees.

Fees for special data-related or any other services are quoted on an as needed basis.

Please remember that we all operate in a dynamic and evolving environment that may necessitate changes. For questions or additional information, please contact [RateRestructure@nursefamilypartnership.org](mailto:RateRestructure@nursefamilypartnership.org).

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303.327.4240 | Fax 303.327.4260 | Toll Free 866.864.5226  
[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

New or Renewed Contracts for the Period of 10/01/2022 through 10/31/2022

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (2 contracts)									
Hood Canal Coordinating Council									
ID: 2292	PIC, Grant Holdcroft	Contract for Services	Closed	10/04/22	\$6,650.00	10/04/22	10/04/22	12/31/22	
Description: District to implement Phase IV of the Hood Canal Regional Polution Identification and Correction program which includes freshwater quality monitoring, shoreline surveys in priority areas, pollution hotspot investigation and correction, nutrient studies, updating GIS mapping, and outreach and education to Hood Canal property owners.									
.....									
Peninsula Community Health Services									
ID: 2302	Clinical Services, Elizabeth Davis	Contract for Services			\$8,500.00		10/01/22	01/31/23	
Description: To engage high-risk patient populations to increase access to adult vaccines through trust, addressing misinformation, new models of vaccine access, and care delivery.									
.....									

**Kitsap Public Health Board Meeting****Date: December 06, 2022****CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers****Approvals:**

	Signature	Date
Administrator	<i>Keith Grellner</i>	11/28/2022
Finance Manager	<i>Melissa Laird</i>	11/28/2022

**Recommended Motion:** Approval**Items:**

Type	Warrant/EFT Date	Total Amount
Accounts Payable	10/01-10/31/2022	\$ 197,433.87
Accounts Payable Total		\$ 197,433.87
Payroll Benefits	10/20/2022	171,720.91
Payroll	10/31/2022	551,719.12
Payroll PERS Payment	10/10/2022	131,665.74
Payroll Taxes	10/31/2022	211,517.70
Payroll Total		\$ 1,066,623.47
	<b>Grand Total</b>	<b>\$ 1,264,057.34</b>

**Kitsap Public Health Board Action:**

- ☐ Approve  
☐ Deny  
☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

**KCRPT Find Journal Lines**

**From Date** 10/1/2022  
**To Date** 10/31/2022

Source	Date	Supplier	Memo	Amount
Supplier Invoice	10/1/2022	Acrant Cbs Branch	Invoice # 21509	406.00
Supplier Invoice	10/1/2022	Bremerton Government Center Association	Invoice # 102022-HD	32,201.54
Supplier Invoice	10/1/2022	Collins Computing Inc	Invoice # 065472	787.50
Supplier Invoice	10/1/2022	Comcast	Invoice # 96286277	498.98
Supplier Invoice	10/1/2022	Comcast	Acct# -8498 36 002 1644737/ Oct 2022	440.35
Supplier Invoice	10/1/2022	Comcast	Acct# -8498 36 002 1644737/ Oct 2022	233.88
Supplier Invoice	10/1/2022	Dell Marketing L.P.	Invoice # 10616731762	2,677.22
Supplier Invoice	10/1/2022	FedEx	Invoice # 7-893-14407	40.97
Supplier Invoice	10/1/2022	Floor Decorator	Order# CG200375	5,628.82
Supplier Invoice	10/1/2022	Iron Mountain	Invoice # 202611311	196.77
Expense Report	10/1/2022	Jakob Hughes	Mileage 0909-092722	214.56
Expense Report	10/1/2022	Kevin Nguyen	Mileage 08/12/22	9.19
Supplier Invoice	10/1/2022	Laboratory Corporation of America	Invoice # 74243895	38.25
Expense Report	10/1/2022	Lisa Warren	Mileage 0908-091522	42.38
Supplier Invoice	10/1/2022	Loomis	Invoice # 13099796	582.00
Supplier Invoice	10/1/2022	Mckesson Medical Surgical	invoice # 19788623	74.22
Expense Report	10/1/2022	Melissa Laird	Training expenses-Tacoma	120.75
Expense Report	10/1/2022	Melissa O'Brien	Mileage 0828-090122	52.63
Expense Report	10/1/2022	Nolan Simmons	Mileage 0912-092022	168.81
Supplier Invoice	10/1/2022	Ozark Underground Laboratory	Invoice # 220929WA42	200.00
Expense Report	10/1/2022	Paul Giuntoli	Mileage 0902-092022	85.00
Supplier Invoice	10/1/2022	Quill Corporation	Invoice # 27439643	723.50
Expense Report	10/1/2022	Rosalie Howarth	Mileage 0914-091922	34.38
Expense Report	10/1/2022	Sarah Kinnear	Mileage 0804-091622	61.19
Supplier Invoice	10/1/2022	Spectra Laboratories - Kitsap, LLC	INVOICE # C22-04149	1,977.60
Supplier Invoice	10/1/2022	Spectra Laboratories - Kitsap, LLC	INVOICE 0901-09302022	5,006.60
Supplier Invoice	10/1/2022	Staples	Invoice # 3518230975	57.48
Supplier Invoice	10/1/2022	Staples	Inv# 3519725451	410.81
Supplier Invoice	10/1/2022	Staples	INV# 3519725452	14.41
Supplier Invoice	10/1/2022	Stericycle Inc	Invoice # 3006196171	618.57
Expense Report	10/1/2022	Steven Brown	Insp Lic renewal	116.00
Supplier Invoice	10/1/2022	The People'S Harm Reduction Alliance	July-August 2022	10,492.46
Supplier Invoice	10/1/2022	United Business Machines Of Wa	Inv# 481619	207.43
Supplier Invoice	10/1/2022	United Business Machines Of Wa	Inv 481602	1,025.69
Supplier Invoice	10/1/2022	US Bank National Association	Acct# 4246-0445-5568-8591 (September 2022)	12,439.26
Expense Report	10/1/2022	Yaneisy Griego	Supplies	40.24
Supplier Invoice	10/2/2022	Microsoft Corporation	INVOICE # E0600KF9XH	3,968.83
Ad Hoc Bank Transaction	10/3/2022	Bank of America	Withdrawal - Credit Card - PH - R00211373 - 2022-10-03	5,787.91
Supplier Invoice	10/3/2022	City of Bremerton	Inv # BKAT000704	443.08
Ad Hoc Bank Transaction	10/4/2022	Bank of America	Withdrawal - Credit Card - PH - R00211397 - 2022-10-04	62.50
Supplier Invoice	10/4/2022	Blue Sky Printing	Invoice # 10676	146.45
Supplier Invoice	10/4/2022	United Business Machines Of Wa	Invoice # 481987	598.11
Ad Hoc Bank Transaction	10/5/2022	Bank of America	Withdrawal - Credit Card - PH - R00211442 - 2022-10-05	1,966.55
Supplier Invoice	10/5/2022	Griffin Glen Apartments LLC	November 2022	1,282.00
Expense Report	10/5/2022	Kandice Atisme-Bevins	Mileage 092222	23.75
Supplier Invoice	10/5/2022	Kania, Sharon Faye	November 2022	458.00
Supplier Invoice	10/5/2022	LK Ventures, LLC	November 2022	1,385.00
Supplier Invoice	10/5/2022	Masters, Spencer R.	November 2022	839.00
Expense Report	10/5/2022	Nancy Acosta	Mileage 0922-092822, Parking 092822	47.50
Expense Report	10/5/2022	Nancy Acosta	Mileage 0922-092822, Parking 092822	10.00
Supplier Invoice	10/5/2022	OLSOS Scrip	Invoice # 38280392/38282902	4,500.00
Supplier Invoice	10/5/2022	OLSOS Scrip	Invoice # 38280392/38282902	500.00
Supplier Invoice	10/5/2022	Olympic NW Property Management	NOVEMBER 2022	672.00
Expense Report	10/5/2022	Sam Ader	Mileage 0907-092922	160.00
Supplier Invoice	10/5/2022	Siena Holdings Llc	NOVEMBER 2022	733.00
Supplier Invoice	10/5/2022	Silverdale Home Associates	NOVEMBER 2022	1,066.00
Supplier Invoice	10/5/2022	Song, Chun Moo	NOVEMBER 2022	570.00
Supplier Invoice	10/5/2022	United Business Machines Of Wa	INVOICE # 482122	1,463.83
Expense Report	10/5/2022	Xinia Ebbay	Mileage 0830-092722, RN lic renewal	31.88
Expense Report	10/5/2022	Xinia Ebbay	Mileage 0830-092722, RN lic renewal	120.00
Expense Report	10/5/2022	Yolanda Fong	Mileage 091322	10.00
Expense Report	10/6/2022	Alexandra Tiemeyer	Mileage 0901-091722, RN Lic renewal	54.88
Expense Report	10/6/2022	Alexandra Tiemeyer	Mileage 0901-091722, RN Lic renewal	122.50
Expense Report	10/6/2022	Crystal Nuno	Mileage 0901-09302022, Training	358.13
Expense Report	10/6/2022	Crystal Nuno	Mileage 0901-09302022, Training	247.75
Supplier Invoice	10/6/2022	Enduris Washington	Invoice Adjmt #R23-012-1	88.00
Expense Report	10/6/2022	Harrison Forte	Mileage 0718-072822	33.06
Expense Report	10/6/2022	Jan Wendt	Mileage 0701-081922, RN Lic renewal	172.50
Expense Report	10/6/2022	Jan Wendt	Mileage 0701-081922, RN Lic renewal	4.99
Expense Report	10/6/2022	Jan Wendt	Mileage 0701-081922, RN Lic renewal	60.00
Expense Report	10/6/2022	Jan Wendt	Mileage 0701-081922, RN Lic renewal	60.00
Expense Report	10/6/2022	Jan Wendt	Mileage 0701-081922, RN Lic renewal	13.75
Expense Report	10/6/2022	Janet Wyatt	Travel/Training 0919-092322	68.13

Source	Date	Supplier	Memo	Amount
Expense Report	10/6/2022	Janet Wyatt	Travel/Training 0919-092322	723.24
Expense Report	10/6/2022	Kelsey Stedman	Mileage 0918-092722	55.44
Expense Report	10/6/2022	Kimberly Jones	Mileage 0902-092322	151.88
Expense Report	10/6/2022	Layken Winchester	Mileage 0809-090222	57.13
Expense Report	10/6/2022	Melissa O'Brien	Mileage 0906-092122	155.56
Expense Report	10/6/2022	Nolan Simmons	Mileage 0921-092322	72.44
Expense Report	10/6/2022	Paul Giuntoli	Mileage 0921-092622	30.00
Expense Report	10/6/2022	Rosalie Howarth	Mileage 0920-092322	29.88
Expense Report	10/6/2022	Ross Lytle	Mileage 0914-92322	87.50
Expense Report	10/6/2022	Siri Kushner	Mileage/Travel 0919-092922	50.00
Expense Report	10/6/2022	Siri Kushner	Mileage/Travel 0919-092922	63.06
Expense Report	10/6/2022	Siri Kushner	Mileage/Travel 0919-092922	9.25
Supplier Invoice	10/6/2022	The Heights at Sheridan Road	November 2022	1,232.00
Supplier Invoice	10/6/2022	Wex Bank	INVOICE # 84223063	479.86
Expense Report	10/6/2022	Yaneisy Griego	Mileage 0901-092322	221.88
Expense Report	10/6/2022	Yaneisy Griego	Mileage 0901-092322	56.25
Expense Report	10/7/2022	Alena Schroeder	Mileage 0902-093022, CPT Lic renewal	410.13
Expense Report	10/7/2022	Alena Schroeder	Mileage 0902-093022, CPT Lic renewal	100.00
Expense Report	10/7/2022	Brandon Kindschy	Mileage 901-092922, Postage	131.50
Expense Report	10/7/2022	Brandon Kindschy	Mileage 901-092922, Postage	45.10
Expense Report	10/7/2022	Christine Bronder	Mileage 0901-093022	446.25
Expense Report	10/7/2022	George Fine	Mileage 0824-092922	89.63
Expense Report	10/7/2022	Hannah Vinyard	Mileage 0919-100322	127.25
Expense Report	10/7/2022	Kaela Moontree	Mileage 0903-092922	99.63
Expense Report	10/7/2022	Melina Knoop	Mileage 707-093022	223.75
Expense Report	10/7/2022	Mindy Tonti	Mileage 0909-093022	39.13
Expense Report	10/7/2022	Rudy Baum	Mileage 0909-093022	196.50
Expense Report	10/7/2022	Tobbi Stewart	Mileage 0926-100322	16.88
Expense Report	10/7/2022	Zachary Ahlin	Mileage 0829-100422	296.88
Supplier Invoice	10/9/2022	Comcast	Acct# 8498-36-002-0701975 (Oct '22)	116.94
Supplier Invoice	10/9/2022	Comcast	Acct# 8498-36-002-0701975 (Oct '22)	116.94
Supplier Invoice	10/9/2022	Vasion	INVOICE # 5238907	5,606.34
Supplier Invoice	10/10/2022	Toyota Financial Services	ACCT# 03-0322-CU922 (OCT 2022)	437.67
Supplier Invoice	10/10/2022	Verizon Wireless	Invoice # 991974644	6,715.87
Supplier Invoice	10/11/2022	Catalyst Workplace Activation	Invoice # 312885	642.51
Supplier Invoice	10/11/2022	Lingo	BILL# 32877189	22.68
Supplier Invoice	10/11/2022	ODP Business Solutions, LLC	Invoice # 271496578001	19.21
Supplier Invoice	10/11/2022	ODP Business Solutions, LLC	Invoice # 271496578001	71.36
Supplier Invoice	10/12/2022	Canon Financial Services, Inc.	Invoice # 29353107	1,043.07
Supplier Invoice	10/12/2022	Washington State Auditor's Office	Invoice # L150633	4,063.50
Expense Report	10/13/2022	Alexandra Moore	Mileage 0830-100522, PerDiem100622	12.11
Expense Report	10/13/2022	Alexandra Moore	Mileage 0830-100522, PerDiem100622	317.00
Supplier Invoice	10/13/2022	Aspen NW Property Management	Nov '22	1,290.00
Expense Report	10/13/2022	Dara Deseamus	Mileage 0915-100722	264.88
Miscellaneous Payment	10/13/2022	GAGE WAGGONER	PIC VOUCHER-REBATE	300.00
Expense Report	10/13/2022	Harrison Forte	Mileage 0729-081922	137.81
Expense Report	10/13/2022	Jami Armstrong	Mileage 0901-092922	94.94
Expense Report	10/13/2022	Jan Wendt	Mileage 0830-090922	97.50
Supplier Invoice	10/13/2022	Jessica Matias	Invoice #18	540.00
Expense Report	10/13/2022	Laura Westervelt	Mileage 0902-092822	180.63
Expense Report	10/13/2022	Lisa Warren	Mileage 0921-100522	66.25
Expense Report	10/13/2022	Nolan Simmons	Mileage 0927-100522	156.25
Expense Report	10/13/2022	Paul Giuntoli	Mileage 0927-100522	148.75
Expense Report	10/13/2022	Richard Bazzell	Mileage 0906-091622	213.75
Expense Report	10/13/2022	Rosalie Howarth	Mileage 0926-093022	83.44
Expense Report	10/13/2022	Talia Humphrey	Mileage 0831-093022	378.19
Supplier Invoice	10/14/2022	City of Bremerton	ACCOUNT # 1802204	89.93
Supplier Invoice	10/14/2022	ODP Business Solutions, LLC	Inv# 270767180001	589.22
Supplier Invoice	10/15/2022	Staples	Invoice # 3520692772	315.21
Ad Hoc Bank Transaction	10/18/2022	Bank of America	Withdrawal - Credit Card - PH - R00211754 - 2022-10-18	73.00
Supplier Invoice	10/18/2022	WA State Dept of Revenue	3RD QTR '22- ACCOUNT ID# 601-139-034	171.77
Expense Report	10/20/2022	Anne Burns	Mileage 0813-082722	71.75
Expense Report	10/20/2022	Brian Burchett	Mileage 0909-100322	194.31
Miscellaneous Payment	10/20/2022	DAVID PEDERSON	PIC VOUCHER- REBATE	350.00
Expense Report	10/20/2022	Harrison Forte	Mileage 0908-092322	61.56
Expense Report	10/20/2022	Jan Wendt	Mileage 0915-101122	118.13
Miscellaneous Payment	10/20/2022	JOAN BRADY	PIC VOUCHER-REBATE	350.00
Expense Report	10/20/2022	John Kiess	Mileage /Training 1003-100622	225.00
Expense Report	10/20/2022	John Kiess	Mileage /Training 1003-100622	126.26
Expense Report	10/20/2022	Layken Winchester	Mileage 0902-101422	168.25
Expense Report	10/20/2022	Leslie Banigan	Mileage 0701-100622	207.50
Expense Report	10/20/2022	Lindsey Camarena	Mileage 0709-091522, RN License renewal	26.75
Expense Report	10/20/2022	Lindsey Camarena	Mileage 0709-091522, RN License renewal	120.00
Expense Report	10/20/2022	Lisa Warren	RN Lic Renewal	120.00
Expense Report	10/20/2022	Melissa O'Brien	Mileage 0922-092822	40.69
Expense Report	10/20/2022	Nolan Simmons	Mileage 1006-101322	90.50
Expense Report	10/20/2022	Paul Giuntoli	Mileage 1006-101222	52.50

Source	Date	Supplier	Memo	Amount
Supplier Invoice	10/20/2022	Quest Diagnostics	Invoice #T 1447692	625.90
Expense Report	10/20/2022	Rosalie Howarth	Mileage 1002-101422	23.50
Expense Report	10/20/2022	Siri Kushner	Mileage 1010-101122/Training	162.50
Expense Report	10/20/2022	Siri Kushner	Mileage 1010-101122/Training	113.46
Expense Report	10/21/2022	Barbara Steusloff	MILEAGE 0926-101922	65.88
Expense Report	10/21/2022	Dara Deseamus	Clothing allowance 2022	175.00
Expense Report	10/21/2022	Dara Deseamus	Clothing allowance 2022	65.86
Expense Report	10/21/2022	Dara Deseamus	Clothing allowance 2022	125.00
Expense Report	10/21/2022	Dayna Katula	CANVA SEP/OCT 2022	29.98
Expense Report	10/21/2022	Ross Lytle	MILEAGE 0929-101322	86.25
Supplier Invoice	10/21/2022	Staples	INVOICE # 3520840752	62.57
Supplier Invoice	10/21/2022	Staples	Inv# 3520994927	317.57
Supplier Invoice	10/25/2022	US Bank National Association	4246-0445-5568-8591 (October 2022)	17,039.03
Cash Transmittal Journal	10/27/2022	Kitsap County	Correction - PH - R00212024 - 2022-10-27	5.00
Miscellaneous Payment	10/27/2022	ROBERT HOWDYSHHELL	PIC VOUCHER- REBATE	350.00
Miscellaneous Payment	10/27/2022	SCOTT E. WOLLMAN	PIC VOUCHER REBATE	350.00
Supplier Invoice	10/27/2022	Xiologix, Llc	Invoice # 9724	6,318.38
Expense Report	10/28/2022	Alena Schroeder	Mileage 1004-102122	250.88
Supplier Invoice	10/28/2022	Bainbridge Island Fire Department	Jan-,Feb, Apr-Jun, Aug 2022	14,123.68
Expense Report	10/28/2022	Barbara Steusloff	Mileage 0929-101922	58.94
Expense Report	10/28/2022	Brian Nielson	Supplies 10212022	13.03
Expense Report	10/28/2022	Eric Evans	NEHA Membership, Insp Lic Renewal	100.00
Expense Report	10/28/2022	Eric Evans	NEHA Membership, Insp Lic Renewal	116.00
Expense Report	10/28/2022	George Fine	Mileage 0929-102122	44.50
Expense Report	10/28/2022	Hannah Vinyard	Mileage 1007-102022	111.75
Expense Report	10/28/2022	Ian Rork	MILEAGE 0607-09072022	42.53
Expense Report	10/28/2022	Ian Rork	MILEAGE 0607-09072022	196.25
Expense Report	10/28/2022	Jakob Hughes	Mileage 0929-101822	207.25
Cash Transmittal Journal	10/28/2022	Kitsap County	Correction - PH - R00212061 - 2022-10-28	5.00
Supplier Invoice	10/28/2022	Kitsap County	0701-07312022- Tob/Mari	2,398.73
Expense Report	10/28/2022	Lisa Warren	Mileage 10006-102422	90.38
Expense Report	10/28/2022	Mark Wickhamshire	Mileage 0714-092822	256.25
Expense Report	10/28/2022	Megan Moore	Mileage / Travel 0802-101322	179.43
Expense Report	10/28/2022	Megan Moore	Mileage / Travel 0802-101322	219.38
Supplier Invoice	10/28/2022	NEOGOV	Invoice # 30919	5,285.49
Expense Report	10/28/2022	Nolan Simmons	Mileage 1014-102022	137.75
Expense Report	10/28/2022	Paul Giuntoli	Mileage 1013-102022	109.38
Expense Report	10/28/2022	Rosalie Howarth	Mileage 1015-101822	80.50
Expense Report	10/28/2022	Ross Lytle	Mileage 1017-102422	75.00
Expense Report	10/28/2022	Susan Van Ort	Mileage 0902-093022	342.50
Supplier Invoice	10/28/2022	Wa State Dept Of Enterprise Services	Invoice 71139943-Dowless, Kelly	345.00
Supplier Invoice	10/28/2022	Washington State University	Invoice # C100022206/ Sept 2022	8,238.76
Expense Report	10/28/2022	Xinia Ebbay	Mileage 0928-101922	37.19
				<u>197,433.87</u>



**KITSAP PUBLIC HEALTH DISTRICT**

345 6th Street, Suite 300

Bremerton, WA 98337

Date: 10/20/2022

To: Beverly Abney / Accounts Payable

From: Denise Turner / Payroll

Re: PAYROLL BENEFITS WARRANT REQUEST - OCTOBER 2022 (GL DATE 10/27/2022)

Code	Amount	Vendor #	Vendor/Plan Name	Address
5249	\$ 2,357.95	5628	AFLAC	1932 Wynnton Rd
5249.02	\$ 4,713.22	189181	Employment Security Dept. (PFML)	PO Box 34467
5249	\$ 303.33	383135	Health Equity (HSA)	15 West Scenic Pt Dr
5249	\$ 9,390.07	331850	HRA VEBA Trust	PO Box 807
5249	\$ 5,595.00	257740	NACO/Nationwide (Def Comp)	PO Box 183154-3154
5249	\$ 230.00	394347	Peak1 Admin (Parking)	608 Northwest Blvd #200
5249	3,552.33	6811	Prof & Tech Engineers Local 17 (Union)	2900 Eastlake Ave E #300
5249	\$ 17.00	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	4,896.91	6779	WA ST Dept. of Labor & Industries	PO Box 34022
5249	\$ 14,189.44	25268	WA ST Dept. of Retirement (Def Comp)	PO Box 9018
5249	\$ 110,034.12	376565	WA Health Care Authority (Medical)	PO Box 84265
5249	\$ 5,577.44	394075	WCIF/WA Counties Ins Fund (Life)	PO Box 6
5249	\$ 10,589.10	368370	WHIT/Western Health Ins Trust (Dental)	PO Box 6
	<b>\$ 171,720.91</b>		<b>GRAND TOTAL</b>	

**Payroll Register Summary with Subtotals**

10/01/2022 - 10/31/2022 (Monthly)

Last	Hours	Gross Pay	Net Pay
Abazi (427227) Ornela	173.33	5,425.00	4,065.22
Abney (4563) Beverly	173.33	5,355.00	3,665.47
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	165.33	4,453.48	3,501.29
Albi (434601) Colin	19.00	693.50	548.32
Anderson (419470) Amy	173.33	6,661.00	4,387.94
Archer (434384) James	173.33	4,006.00	3,051.45
Arias (433900) Jordan	173.33	6,010.00	4,320.68
Armstrong (434291) Jami	173.33	5,555.00	3,999.87
Atisme-Bevins (433909) Kandice	173.33	7,226.00	5,257.35
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	169.83	7,245.69	5,021.61
Berger (407902) Angeline	173.33	5,191.00	3,690.09
Bierman (404611) Dana	156.00	7,528.00	5,668.60
Borja (426250) Windie	173.33	5,844.00	4,338.54
Boysen-Knapp (2058) Karen	156.00	5,995.00	3,931.84
Bronder (434436) Christine	173.33	4,669.00	3,561.80
Brown (271677) Steven	173.33	9,221.00	5,209.02
Burchett (409212) Brian	173.33	5,147.00	3,786.12
Burke (434463) Lenore	173.33	3,996.00	2,885.41
Burns (434416) Anne	173.33	7,043.00	5,027.17
Byrd (434085) Stephanie	173.33	3,996.00	3,245.79
Camarena (434136) Lindsey	173.83	7,799.96	5,753.29
Camarena (434536) Daniel	173.33	5,248.00	3,351.78
Chang (411387) Margo	173.33	4,652.00	3,343.73
Ciulla (400655) Laura	86.67	3,779.00	1,991.52
Collins (434101) Lori	173.33	6,379.00	4,640.37
Crow (433648) Kayla	173.33	4,669.00	3,503.62
Davis (433997) Elizabeth	173.33	7,966.00	5,659.18
Deseamus (434593) Dara	173.33	4,235.00	3,238.83
Dowless (340919) Kelly	173.33	7,706.00	5,301.25
Duren (430735) Ashley	173.33	5,935.40	4,441.19
Ebbay (434566) Xinia	147.08	5,421.42	3,961.79
Evans (4565) Eric	173.33	10,674.00	2,787.71
Fergus (434648) Maria	88.00	2,371.60	1,500.87
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	2,774.20
Forte (434150) Harrison	173.33	5,404.00	3,687.59
Giuntoli (337331) Paul	173.33	7,284.00	4,443.84
Gonzalez (401905) Anna	114.81	5,045.03	3,506.27
Grellner (1264) Keith	173.33	13,351.00	8,348.68
Gress (421427) Nicole	173.33	4,604.00	3,501.85
Griego (410072) Yaneisy	173.33	5,138.00	3,949.35
Guerrero (434054) Jill	24.75	821.70	419.49
Guidry (355732) Jessica	173.33	9,221.00	6,546.79
Guzman (356336) Damarys	128.00	3,958.24	3,116.96
Hadly (434294) Gabrielle	173.33	8,782.00	6,042.40
Hartman (434642) Melissa	149.33	4,765.92	3,674.50
Henley (434028) Sarah	80.00	2,774.40	2,366.08
Holdcroft (270783) Jodie	173.33	7,284.00	4,428.12
Holdcroft (4579) Grant	173.33	9,821.00	5,897.18
Holt (2726) Karen	173.33	9,682.00	6,310.52
Howard Lindquist (434057) Anne	138.66	4,340.00	3,468.71
Howarth (434500) Rosalie	173.33	5,147.00	4,069.63
Hughes (434256) Jakob	173.33	5,147.00	3,827.58
Humphrey (434383) Talia	173.33	5,018.00	3,876.80
Hunter (409213) Kari	173.33	9,221.00	5,955.45
Inouye (434255) Wendy	173.33	8,458.00	5,794.67
Jenkins (434053) Andrea	85.51	2,039.97	1,619.50
Johanson (400651) Krista	173.33	4,857.00	3,662.09
Jones (358933) Kimberly	173.33	9,221.00	6,235.48
Katula (393427) Dayna	173.33	8,364.00	4,964.46

Last	Hours	Gross Pay	Net Pay
Kench (245476) Donald	173.33	4,285.00	2,700.18
Kiess (250913) John	173.33	11,208.00	8,094.94
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	7,385.00	4,837.17
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	3,599.62
Lytle (285038) Ross	173.33	7,284.00	4,891.79
Madden (434318) Shannon	173.33	3,996.00	2,935.39
Mazur (388104) Karina	173.33	7,808.00	5,107.27
McMillan (434052) Michelle	173.33	5,451.00	3,922.03
Moen (279971) Anne	173.33	6,661.00	4,585.65
Moontree (406607) Kaela	173.33	5,425.00	3,893.84
Moore (421227) Megan	156.00	5,995.00	4,155.08
Moore (434254) Alexandra	173.33	4,902.00	3,715.93
Morris (312378) Dawn	173.33	6,554.00	4,601.26
Morris (434567) Amanda	173.33	3,996.00	3,203.42
Morrow (433895) Nathan	173.33	16,464.00	11,043.38
Nguyen (295033) Loan	173.33	5,100.00	3,696.64
Nguyen (434026) Kevin	173.33	4,464.00	3,111.91
Nielson (434638) Brian	189.33	5,925.80	4,390.43
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	3,727.16
O'Brien (433907) Melissa	173.33	4,669.00	3,614.39
Onarheim (426938) Carin	173.33	5,219.00	3,788.72
Pandino (419118) Linda	173.33	5,057.00	3,806.59
Perales (434396) Sydney	173.33	5,018.00	3,900.23
Perry (306605) Rachel	173.33	4,406.00	3,236.31
Phelps (434295) Tameka	173.33	6,235.00	4,630.45
Plemmons (433994) Suzanne	63.75	3,397.88	2,505.98
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	176.33	8,353.37	6,064.14
Rassa (433650) Deborah		-	-
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	4,406.89
Schroeder (434395) Alena	173.33	4,464.00	3,411.20
Shuhler (425553) Yana	173.33	4,116.00	2,976.64
Simmons (434365) Nolan	173.33	4,902.00	3,760.25
Smith (361388) Terri	173.33	8,142.00	5,688.96
Sooter (427776) Thaddeus	173.33	8,055.00	5,761.40
Stedman (347366) Kelsey	173.33	9,221.00	6,102.16
Steusloff (429204) Barbara	120.00	3,232.80	2,510.42
Stewart (423168) Tobbi	173.33	5,958.00	4,357.11
Tiemeyer (433908) Alexandra	173.33	7,193.00	5,008.49
Tjemsland (433192) Amanda	173.33	6,627.00	4,638.33
Tonti (434149) Mindy	173.33	4,251.00	3,396.26
Tran (434316) Meghan	173.33	4,464.00	3,595.76
Turner (1682) Denise	180.33	5,679.35	3,587.20
Van Ort (392243) Susan	173.33	7,284.00	4,969.02
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	7,395.00	6,002.25
Wellborn (14545) Brian	130.00	3,214.00	2,025.84
Wendt (397255) Jan	173.33	7,395.00	5,514.21
Westervelt (434382) Laura	173.33	5,674.00	4,125.70
White (434641) Erica	128.00	4,249.60	3,292.78
Whitford (434292) Tiffany	173.33	3,996.00	2,941.44
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	4,024.80
Wyatt (434415) Janet	148.83	6,349.83	4,251.13
	21,496.37	801,984.94	551,719.12



# Payment Advice Electronic Summary

This form is for internal use by employers only.

## Payment Information

<b>Employer:</b>	Kitsap Public Health District (80)	<b>Case #:</b>	EPP-20221010-0000124
<b>Scheduled Payment Date:</b>	10/13/2022	<b>Case Creation Date:</b>	10/10/2022 3:53:39 PM
<b>Payment Amount:</b>	\$131,665.74		

## Payment Advice Summary

Payment Advice	Payment Advice Totals
Plans 1 and 2	\$99,669.56
Plan 3	\$31,996.18
DCP (Deferred Compensation Program)	\$0.00
HERP (Higher Education Employers only)	\$0.00
Other	\$0.00

<b>Grand Total:</b>	\$131,665.74
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Name	Deduction Code	Lookup	Group	Plan	Amount
	W_FW Total				92,943.98
				Federal Total	92,943.98
	W_MED Total				11,430.61
	W_MEDER Total				11,430.61
				Medicare Total	22,861.22
	W_OAS Total				47,856.25
	W_OASER Total				47,856.25
				SS Total	95,712.50
				Grand Total	211,517.70