

**Kitsap Public Health District
Consent Agenda
March 7, 2023**

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2203 Amendment 11	CLH31014 Amendment 11	WA State Dept. of Health <i>Consolidated Contract</i>	Amendment	01/01/2022- 12/31/2024	\$42,250	\$0
Description: Adds Statement of work for BEACH program and amends statements of work for DCHS – ELC COVID Response, Infectious Disease Care & Prevention, Injury & Violence Prevention Overdose Data to Action, LSPAN-Local Strategies for Physical Activity & Nutrition, Office of Drinking Water Group A Program and Office of Immunization COVID-19 Vaccine and includes an increase of \$42,250 for a revised maximum consideration of \$12,024,184.						
2312	NA	Peninsula Community Health Services <i>Medical Respite Facility Agreement</i>	Professional Services Agreement	01/15/2023- 02/15/2025	\$0	\$200,000
Description: Contractor to construct a medical respite facility to include two (2) negative pressure rooms for intermittent use for District referrals of patients in need of temporary quarantine and/or isolation housing and medical oversight, and to provide funds to reimburse operational costs to cover facility, medical, and care expenses for District-referred patients while in the respite facility.						
2318	KC-116-23	Kitsap County <i>Nurse Family Partnership</i>	Interlocal Agreement	01/01/2023- 12/31/2023	\$215,668	\$0
Description: Funded by 1/10th of 1% sales tax, augments state and federal funding for high-risk mothers and their children. KPHD to deliver nurse home visiting services and provide a bilingual Community Health Worker for outreach and case management of high-risk, low-income mothers and their babies. This project has the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with at-risk families.						
2319	KC-117-23	Kitsap County <i>Therapeutic Court Tax Programs</i>	Interlocal Agreement	01/01/2023- 12/31/2023	\$37,836	\$0
Description: KPHD to provide monitoring and evaluation of the operation and delivery of Mental Health, Chemical Dependency and Therapeutic Court Tax Programs for the purpose of ensuring transparency, accountability, and collaboration.						

2323	AD-23-006	Jefferson County Public Health <i>Mental Health/Substance Abuse</i>	Interlocal Agreement	01/01/2023-12/31/2024	\$0	\$54,976
Description: District epidemiologists will manage evaluation tracking data system for Mental Health/Substance Abuse (MH/SA) and prepare and present data reports, manage evaluation tracking data systems (One Tenth Website) for Vendors who access 1/10 th of 1% funding, and develop and maintain an online data dashboard for Vendors to share program metrics with the County and for internal use.						

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

CONTRACT NUMBER: CLH31014

AMENDMENT NUMBER: 11

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

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

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

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

Adds Statements of Work for the following programs:

BEACH Program- Effective March 1, 2023

Amends Statements of Work for the following programs:

DCHS - ELC COVID-19 Response - Effective January 1, 2022

Infectious Disease Care & Prevention - Effective July 1, 2022

Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

LSPAN- Local Strategies for Physical Activity & Nutrition - Effective January 1, 2022

Office of Drinking Water Group A Program - Effective January 1, 2022

Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Deletes Statements of Work for the following programs:

2. Exhibit B-11 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-10 Allocations as follows:

Increase of **\$42,250** for a revised maximum consideration of **\$12,024,184**.

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		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		
FFY23 IAR SNAP Ed Prog Mgmt-Region 5	NGA Not Received	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$98,016	(\$19,204)
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723	\$104,497
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497	
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418
FFY22 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	10/01/22	06/30/23	09/12/22	06/30/23	\$103,989	\$211,168
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$27,229	(\$103,989)
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	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/23	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	
FFY23 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$50,000
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
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	\$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 TB Uniting for Ukraine Supp	NGA Not Received	Amd 10	93.116	333.93.11	07/01/22	12/31/22	05/21/22	12/31/22	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$107,417
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000	\$1,032,214
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
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
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	\$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
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	\$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

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period Sub Total	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		
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
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	\$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	\$1,145,035
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$2,919,838	\$2,919,838
FFY21 SHARP HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500
FFY22 Tobacco-Vape Prev. Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482
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 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$82,000	\$82,000
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
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	\$67,000	\$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	\$52,000
FFY23 MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854	\$159,854
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$134,581	\$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	\$119,890
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878
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
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$0	\$0
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000	\$40,000
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
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
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, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$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
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, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$4,000
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000	\$190,000

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					LHJ Funding Period		Chart of Accounts 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		
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	\$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	07/01/21	06/30/23	07/01/21	06/30/23	\$27,302	\$27,302
Wastewater Management-CFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$185,184
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	04/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	04/01/22	03/31/23	04/01/22	03/31/23	(\$19,580)	\$21,174
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	04/01/22	03/31/23	04/01/22	03/31/23	\$19,880	\$19,880
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	04/01/22	03/31/23	04/01/22	03/31/23	\$20,874	\$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	04/01/21	03/31/22	04/01/21	03/31/22	\$19,880	\$19,880
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	04/01/21	03/31/22	04/01/21	03/31/22	\$20,874	\$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	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$804,785
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	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146	\$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	04/01/22	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	04/01/22	03/31/23	04/01/22	03/31/23	\$348,438	\$348,438
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	04/01/22	03/31/23	04/01/22	03/31/23	\$19,580	\$19,580
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	04/01/22	03/31/23	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	04/01/21	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	04/01/21	03/31/22	04/01/21	03/31/22	\$116,146	\$116,146
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	10/01/22	09/30/23	10/01/22	09/30/23	\$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	10/01/21	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600
FPHS-LHI-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	\$2,469,000	\$3,814,000
FPHS-LHI-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	\$0	\$0
FPHS-LHI-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	\$1,345,000	\$1,345,000
FPHS-LHI-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	07/01/21	06/30/23	07/01/21	06/30/23	\$1,345,000	\$1,345,000
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250	\$33,250
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	07/01/21	06/30/23	07/01/21	06/30/23	\$1,500	\$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	07/01/21	06/30/23	07/01/21	06/30/23	\$17,500	\$17,500
YR 25 SRF - Local Asst (15%) (FO-SW) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000	\$3,000
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	07/01/21	06/30/23	07/01/21	06/30/23	\$1,000	\$1,000
TOTAL													\$12,024,184	\$12,024,184
Total consideration:														\$11,981,934
														\$42,250
GRAND TOTAL														\$12,024,184
														\$12,024,184
														\$6,368,649
														\$5,655,535

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		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		

*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: BEACH Program - Effective March 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: March 1, 2023 through October 31, 2023

Statement of Work Purpose: The Beach Environmental Assessment, Communication, and Health (BEACH) Program works with LHJ to monitor water at marine swimming beaches for bacteria and provide public notification when levels are unsafe.

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	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 SWIMMING BEACH GRANT IAR (ECY)	TBD	66.472	333.66.47	03/01/23	10/31/23	0	25,000	25,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	25,000	25,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	BEACH Program Administration and Annual Meeting: Time spent on administrative duties related to the BEACH Program and the 2023 Annual meeting.	Summarize time spent on administrative duties in annual report.	Annual meeting held in March 2023. Annual report due October 31, 2023.	Reimbursement for actual costs up to \$25,000 for tasks 1-3. Subrecipient may use their discretion in prioritizing which task(s) to pay with this award.
2	<u>Bacteria Monitoring & Public Notification</u> <ul style="list-style-type: none"> Collect samples and field observations in accordance with BEACH Program Quality Assurance Project Plan (QAPP). Notify BEACH Program Manager in advance if samples cannot be collected. Coordinate deviations from the QAPP and/or schedule with the BEACH Program Manager. Post and/or remove swimming advisory signs as needed. Provide public education about beach water quality. Notify BEACH Program Manager of swimming advisories as soon as possible. 	<ol style="list-style-type: none"> Enter data into Department of Ecology's BEACH Program Database. Email copies of laboratory analytical reports to BEACH Program Data Manager. Include a list of swimming advisories in annual report. 	<ol style="list-style-type: none"> Enter data results into database by Friday each week of sample collection. Email copies of reports upon receipt. Annual report due October 31, 2023. 	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Illness Pollution Investigations Notify BEACH Program Manager of any illness reports related to recreational swimming beaches. Conduct illness investigations as needed.	1. Provide notification via telephone to BEACH Program Manager. 2. Summarize illness investigation in annual report.	1. Within fourteen (14) business days. 2. Annual report due October 31, 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.

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

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

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

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

Program Specific Requirements

The funds for this project are being provided by an Environmental Protection Agency grant, Agreement Number CU-01J74301-1, Catalog of Federal Domestic Assistance Number 66.472 – Beach Monitoring and Notification Program Implementation Grants.

Program Manual, Handbook, Policy References:

Quality Assurance Project Plan <https://apps.ecology.wa.gov/publications/SummaryPages/1903119.html>

**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)** 4

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2023

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 07/31/23 to 12/31/23.

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	Total Allocation
FFY19 ELC COVID 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	12/31/23	2,720,344	0	2,720,344
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						2,875,763	0	2,875,763

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"> Incident management for the response Testing Case Investigation/Contact Tracing Sustainable isolation and quarantine Care coordination Surge management Data reporting 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>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.</p>				
<p>DCHS COVID-19 Response</p>				
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the “Budget narrative Template”, “Budget Guidance” and any other applicable documents that may be identified.</p>	<p>Submit the budget plan and narrative using the template provided.</p>	<p>Within 30 days of receiving any new award for DCHS COVID-19 Response tasks.</p>	<p>Reimbursement of actual costs incurred, not to exceed: \$155,419 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022</p>
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) 	<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>\$2,720,344 FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/212/31/2023</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> <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. <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> <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 	<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> <p>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).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine). <ul style="list-style-type: none"> i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&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 </p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p>		

Task #	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> <ul style="list-style-type: none"> ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&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</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.

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

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: Infectious Disease Care & Prevention - Effective July 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide client-centered activities that improving health outcomes in support of the HIV care continuum.

Revision Purpose: The purpose of this revision is to reallocate funds from the case management and housing tasks into the food bank and EFA tasks and to correct errors from previous revisions.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334-04-98	07/01/22	03/31/23	378,258	0	378,258
FFY23 RW GRANT YEAR LOCAL (REBATE)	1261853C	N/A	334-04-98	04/01/23	06/30/23	126,086	0	126,086
HIV LOCAL PROVISO - RW GRANT YEAR 2022	12618521	N/A	334-04-98	07/01/22	03/31/23	92,442	0	92,442
HIV LOCAL PROVISO - RW GRANT YEAR 2023	12618531	N/A	334-04-98	04/01/23	06/30/23	30,814	0	30,814
						0	0	0
						0	0	0
TOTALS						627,600	0	627,600

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV Community Services - Care				
Outreach Services – Peer Navigation	Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services. Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some	Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.	Agency must adhere to DOH ID Reporting Requirements	Total reimbursement not to exceed \$84,696. See split out below by code. \$63,522– MI 12618521 – Local Proviso \$63,522 for 7/1/22-3/31/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>information is needed to facilitate any necessary follow-up and care.</p>			<p>\$21,174 – MI 12618531 – Local Proviso</p> <p>\$21,174 for 4/1/23-6/30/23</p>
Case Management	<p>Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include:</p> <ol style="list-style-type: none"> 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling. 	<p>Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the Program Manager.</p> <p>Agency must create a file in the DOH approved data system. Provide for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.</p> <p>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system. Provide as appropriate, within five (5) business days from Client Interaction or on behalf of Client</p> <p>Agency must Track and report within the DOH-approved data system. Provide any and all Performance Measures related to this Service Category as directed by DOH Quality Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p>Total reimbursement not to exceed \$500,029 \$502,354. See split out below by code.</p> <p>\$374,440 \$376,766 – MI 1261852C – Local Rebates</p> <p>\$374,440 \$376,766 for 7/1/22-3/31/23</p> <p>\$125,589 \$125,588 – MI 1261853C – Local Rebates</p> <p>\$125,589 \$125,588 for 4/1/23-6/30/23</p>
Medical Transportation	<p>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with</p>	<p>Agency must track and report within the DOH-approved data system. <i>Provide</i> any and all activity related to this Service Category.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p>Total reimbursement not to exceed \$4,500. See split out below by code.</p> <p>\$1,493 \$1,492 – MI 1261852C – Local Rebates</p> <p>\$1,493 \$1,492 for 7/1/22-3/31/23</p> <p>\$497 – MI 1261853C – Local Rebates</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	insurance and other liability issues specifically addressed; 4) voucher or token systems.			<p>\$497 for 4/1/23-6/30/23</p> <p>\$1,882 \$1,883 – MI 12618521 – Rebates Proviso</p> <p>\$1,882 \$1,883 for 7/1/22-3/31/23</p> <p>\$628 – MI 12618531 – Rebates Proviso</p> <p>\$628 for 4/1/23-6/30/23</p>
Food Bank	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).	<p>Agency must track and report within the DOH-approved data system. <i>Provide</i> any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHM's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>Total reimbursement not to exceed \$17,017 \$10,000. See split out below by code.</p> <p>\$1,225 \$14,972 – MI 1261852C – Local Rebates</p> <p>\$1,225 \$14,972 for 7/1/22-3/31/23</p> <p>\$13,292 \$7,500 – MI 12618521 – Rebates Proviso</p> <p>\$13,292 \$7,500 for 7/1/22-3/31/23</p> <p>\$2,500 – MI 12618531 – Rebates Proviso</p> <p>\$2,500 for 4/1/23-6/30/23</p>
Housing	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation.	<p>Agency must track and report within the DOH approved data system. <i>Provide</i> any and all activity related to this Service Category</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHM's Quarterly Report Grid.</p>	Agency must adhere to DOH ID Reporting Requirements	<p>Total reimbursement not to exceed \$2,408 \$8,200. See split out below by code.</p> <p>\$358 \$6,150 – MI 12618521 – Rebates Proviso</p> <p>\$358 \$6,150 for 7/1/22-3/31/23</p> <p>\$2,050 – MI 12618531 – Rebates Proviso</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>HIV Clinical Quality Management (CQM)/Improvement</p>	<p>Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.</p> <p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p>	<p>Agency must track and report within the DOH-approved data system any and all Performance Measures related to this service category as directed by DOH Quality Management Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p>\$2,050 for 4/1/23-6/30/23</p> <p>Total reimbursement not to exceed \$16,650. See split out below by code.</p> <p>\$12,488 – MI 12618521 – Rebates Proviso</p> <p>\$12,488 for 7/1/22-3/31/23</p> <p>\$4,162 – MI 12618531 – Rebates Proviso</p> <p>\$4,162 for 4/1/23-6/30/23</p>
<p>Emergency Financial Assistance</p>	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p>	<p>Agency must enter data into the approved DOH data system. <i>Provide</i> for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake.</p> <p>Please note: This task requires client level data to be entered into Provide</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p>Total reimbursement not to exceed \$2,300 \$1,200. See split out below by code.</p> <p>\$900 – MI 12618521 – Rebates Proviso</p> <p>\$900 for 7/1/22-3/31/23</p> <p>\$300 – MI 12618531 – Rebates Proviso</p> <p>\$300 for 4/1/23-6/30/23</p> <p>\$1,100 – MI 1261852C – Local Rebates</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Please note: Any service(s) costing greater than \$1000.00 must be pre-approved by DOH.</p>			<p>\$1,100 for 7/1/22 – 3/31/23</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.

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

- 1. Definitions**
 - a. **CONTRACTOR** – Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work
- 2. Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information
- 3. Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities.
- 4. Fiscal Management** – Reference the Infectious Disease Fiscal Manual for more information.
- 5. Participation in Quality Management/Improvement activities** – Reference the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with your Office of Infectious Disease (OID) contract manager
- 6. HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data entered into the Provide™ Database System
- 7. HIV, HCV and STI Testing Services (removed if just a care contract)**
 - a. HIV testing services must follow [DOH Non-Clinical Testing Guidance](#) and [CDC Guidance for HIV Non-Clinical testing](#).
 - b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
 - c. HCV testing must follow the Hep C Overview Implementation plan. For more information contact your contract manager.
 - d. Monthly data collection for Hep C testing submitted to DOH as well as the appropriate surveillance reporting form if applicable. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - e. Any funds generated from payment for services should be reinvested with program intent.
 - f. All testing contractors will have Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - g. HIV test kits and controls should be procured through DOH.
 - h. Hepatitis C test kits and controls should be procured through DOH approved sources. Please contact the DOH OID Integrated Testing Coordinator for more information.
 - i. STI (GC/CT) test kits should be procured through PHSKC Lab and CDD.
 - j. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
 - k. In the event of a standalone HIV test, if STI testing is available at the agency, the reason for no accompanying STI test must be documented. If the agency does not offer STI and/or HCV testing, a referral for STI and/or HCV testing must be documented.
 - l. Contractor will ensure that staff are licensed and available to perform HIV, Syphilis and HCV testing, as appropriate, using capillary and venous draws. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or another lab.

- m. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing STI testing services must also attend and complete any additional training as determined necessary by DOH.
 - n. For contractors offering HCV testing services, contractor must complete the DOH HCV testing and education course and be approved by the Office of Infectious Disease before providing HCV screening services. Please contact the DOH OID Testing Coordinator for more information.
 - o. Contractor shall report all reactive HIV, STI and HCV results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
 - p. Contractor must report all reactive HIV and Hep C results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed by DOH. The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments.
 - q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/HCV partner services. Contractors must refer people with reactive HIV/STI/HCV results to the local health jurisdiction for additional follow-up within 3 business days of a positive result. Please contact the DOH OID Testing Coordinator or your Local Health Jurisdiction for more information.
 - r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners.
- 8. HIV Community Services – Prevention Programs**
 - a. HIV Community Services – Prevention programs must follow FY22 HIV Community Services- Prevention Implementation Guidelines.
 - b. All HIV Community Services – Prevention data, including individual level navigation services, outreach activities, and condom distribution, should be tracked through Provide unless written exception is approved. All client-level data must be entered into Provide™ within three (3) days of service provision.
 - c. HIV Community Services – Prevention data elements should be collected by all agencies funded to provide HIV Community Services- Prevention activities. These data elements may be referenced in FY23 HIV Community Services- Prevention Guidelines.
 - 9. Reporting Requirements** – Quarterly narrative reports are due on 25th of January, April, July, and October
 - 10. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**
 - a. Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for subcontractors will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
 - 11. Participation in Ending the HIV Epidemic and End the Syndemic Planning & Activities (only for services in King county)**
 - a. Ending the HIV Epidemic: A Plan for America (EtHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal. King County has been identified as one of the jurisdictions included in the ETE plan and Public Health Seattle & King County (PHSKC) is the lead agency in implementing this work. Subcontractors operating in King County will be expected to participate in ETE planning and activities in collaboration with PHSKC, as necessary, throughout the contract year.
 - 12. Training requirements** – Reference the [HCS Manual](#) for more information
 - 13. Participation in Washington Syndemic Planning Process** – Connect with your Office of Infectious Disease contract manager
 - 14. Contract Management** – Reference the [HCS Manual](#) and HCS Fiscal Manual for more information
 - a. Fiscal Guidance**
 - i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2023. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
 - ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
 - iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this

statement of work. All A19-1A invoice vouchers must be submitted by the 25th of the following month.

- iv) **Advance Payments Prohibited** – Reference the [HCS Manual](#) for more information
 - v) **Payer of Last Resort** – Reference the [HCS Manual](#) for more information
 - vi) **Cost of Services** – Reference the [HCS Manual](#) for more information
 - vii) **Emergency Financial Assistance** – The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR's providing case management services shall make every effort to enroll clients in EIP.
 - viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
 - ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
 - x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.
- It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

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

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

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

- 1) Laptops and Notebook Computers
 - 2) Tablets and Smart Phones
- Agencies must also include the following assets with unit costs of \$1,000 or more:
- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
 - 2) Cameras and Photographic Projection Equipment
 - 3) Desktop Computers (PCs)
 - 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

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

Food for staff meetings/trainings is not allowable.

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

b. Contract Modifications

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

c. Subcontracting

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

d. Written Agreements

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

15. Content Review and Website Disclaimer Notice

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

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

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

16. Youth and Peer Outreach Workers

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

clearly delineate safe and appropriate participation of youth in program outreach activities.

17. Confidentiality Requirements – Reference the [HCS Manual](#) for more information

18. Whistleblower

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

19. Allowable Costs

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

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

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

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

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

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: September 1, 2022 through August 31, 2023

Statement of Work Purpose: The purpose of this statement of work (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Kitsap Public Health District will support Strategy 6 - Establishing Linkages to Care, Strategy 8 - Partnerships with Public Safety and First Responders, and Strategy 9 - Empowering Individuals to Make Safer Choices.

Revision Purpose: The purpose of this revision is to add contingency language.

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	End Date	Current Allocation	Allocation Change	Total Allocation
77520272	93.136	333.93.13	09/01/22	08/31/23	107,417	0	107,417
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					107,417	0	107,417

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Continue to expand the Peninsula Harm Reduction Network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner on harm reduction and anti-stigma education and improve access to substance use disorder (SUD) treatment and services. Timeline: By the end of March 2023, LHJ will expand its network to include local health care providers and local EMS.	Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 9, 2022. December-February due March 10, 2023. March-May due June 9, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$107,417 through August 31, 2023. (See Special Billing Requirements below.)
2.	Strategy 9: Continue to convene monthly community-wide meetings with partners and potential partners to discuss stigma	Progress report: Share outcomes of meetings and what strategies and educational programs are being		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.	<p>reduction education programs and overdose prevention strategies for our community. Timeline: Ongoing, monthly.</p> <p>Strategy 6: Conduct site visits with current and future syringe exchange sites to ensure they are following policies and procedures and collecting appropriate data for exchanges. Continue to provide support and guidance where needed. Timeline: site visits for existing sites will be completed annually. LHJ lead will continue to have monthly check-ins via Zoom or telephone, with the syringe exchange sites it contracts with.</p>	<p>implemented. Successes and challenges. Share materials with DOH. Demonstrate how work aligns with OD2A logic model.</p> <p>Progress report: Report site visit outcomes, collected data and any important finds, updates or changes to policies. Demonstrate how work aligns with OD2A logic model.</p>	<p>June-August final report for this funding period due September 29, 2023.</p>	
4.	<p>Strategy 6: Will implement QA system checklist created in 2022 during site visits with existing syringe exchange sites. Timeline: The Q`A system checklist utilized annually during site visits beginning May 2022.</p>	<p>Progress report: Share progress with implementation of QA system. Demonstrate how work aligns with OD2A logic model.</p>		
5.	<p>Strategy 6: Provide overdose education and naloxone distribution in the county to agencies for their staff, and community members for individual use. Includes visiting agencies to provide training and participating in community events. Timeline: Ongoing as requested by agencies or community members and as community events occur.</p>	<p>Progress report: Report on types of education provided and to whom and amount of naloxone that was distributed. Provide names of agencies that training was provided for and types of community events that were participated in. Demonstrate how work aligns with OD2A logic model.</p>		
6.	<p>Strategy 8: Continue to build a relationship with EMS and other agencies/programs to begin discussing co-creating a post overdose outreach plan to help connect people who inject drugs with SUD treatment and other services after experiencing an overdose. Timeline: Ongoing - building these relationships will take time but the LHJ lead started that process in 2021/2022.</p>	<p>Progress report: Updates on creation and implementation of plan. Demonstrate how work aligns with OD2A logic model.</p>		
7.	<p><i>Dependent on LHJ need and contingent on CDC approval, the county may purchase and distribute naloxone under prevention strategies.</i></p> <p><i>Funding cannot be spent for naloxone until the LHJ receives written approval from DOH. Reimbursement for naloxone purchases will be allowable after written approval is provided by DOH.</i></p>	<p><i>Progress report, if applicable:</i></p> <ul style="list-style-type: none"> <i>a. Number of staff/volunteers trained to use and distribute naloxone kits</i> <i>i. If possible, please share the description/topics of the training</i> <i>b. Number of kits purchased and in inventory</i> <i>c. Number of people who received naloxone kits and education on use</i> <i>i. If possible, please share the description/contents of the provided education</i> 		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7-8.	Continue to participate in quarterly and monthly calls with DOH and LHJ's to share lessons learned and successes. Timeline: Ongoing.	<p><i>d. Number of nasal kits distributed</i> <i>i. If applicable, the number of kits distributed through vending machines and settings for vending machine locations</i> <i>ii. If possible, please share an average/estimate of number of kits/doses given per person</i> <i>e. Number of intramuscular kits distributed</i> <i>i. If possible, please share an average/estimate of number of kits/doses given per person</i> <i>f. Number of overdose reversals reported</i> <i>i. If known, please share the number of doses used per overdose reversal</i> <i>g. Do you plan to make any changes/updates in implementation or to the implementation plan?</i> <i>h. What have been successes/challenges in distribution? Please share any lessons learned or innovations.</i></p> <p>Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.</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.

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

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

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
 - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additional-requirements/index.html>).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

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

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

Billing Requirements:

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

Special Instructions:

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

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

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

Revision Purpose: The purpose of this revision is to add funding for additional FFY22 activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY21 PHYS ACTVY & NUTRITION PROG	77440241	93.439	333.93.43	01/01/22	09/29/22	67,000	0	67,000
FFY22 PHYS ACTVY & NUTRITION PROG	77440242	93.439	333.93.43	09/30/22	09/29/23	80,000	2,000	82,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						147,000	2,000	149,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	PROGRAM ADMINISTRATION: Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD).	Designated KPHD staff will participate in contract management calls.	January 1, 2022- September 29, 2022 September 30, 2022 - September 29, 2023	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
1b	PROGRAM ADMINISTRATION: Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.	Quarterly progress reports to DOH via SharePoint site or email	Year 4-FFY21: <ul style="list-style-type: none"> January 17, 2022 (covering September 30, 2021-December 30, 2021) April 15, 2022 (covering December 31, 2022-March 30, 2022) July 15, 20212 (covering March 31, 2022-June 29, 2022) October 17, 2022 (covering June 30, 2022- September 29, 2022) 	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2d	<p>PROGRAM COMMUNICATION: Inform partners and public about program successes and related best practices, including social media posts and publication.</p>	<p>Provide copies of any relevant communication products with quarterly progress reports to DOH via SharePoint site or email</p>	<p>Year 4-FFY21:</p> <ul style="list-style-type: none"> ● January 17, 2022 (covering September 30, 2021-December 30, 2021) ● April 15, 2022 (covering December 31, 2022 March 30, 2022) ● July 15, 20212 (covering March 31, 2022 June 29, 2022) ● October 17, 2022 (covering June 30, 2022- September 29, 2022) <p>Year 5-FFY22: January 16, 2023 (covering September 30, 2022-December 30, 2022)</p> <p>April 17, 2023 (covering December 31, 2022-March 30, 2023)</p> <p>July 17, 2023 (covering March 31, 2022-June 29, 2023)</p> <p>October 16, 2023 (covering June 30, 2023- September 29, 2023)</p>	<p>Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.</p>
3	<p>Write a success story related to LSPAN projects.</p> <p>PROGRAM EVALUATION: Participate in performance measure data collection and program evaluation activities in collaboration with DOH.</p>	<p>One success story using DOH-provided or approved template</p> <p>Quarterly progress reports to DOH via SharePoint site or email</p>	<p>Year 5-FFY22: Draft due July 1, 2023 Final due July 29, 2023</p> <p>Year 4-FFY21:</p> <ul style="list-style-type: none"> ● January 17, 2022 (covering September 30, 2021-December 30, 2021) ● April 15, 2022 (covering December 31, 2022 March 30, 2022) ● July 15, 20212 (covering March 31, 2022 June 29, 2022) ● October 17, 2022 (covering June 30, 2022- September 29, 2022) <p>Year 5-FFY22: January 16, 2023 (covering September 30, 2022-December 30, 2022)</p> <p>April 17, 2023 (covering December 31, 2022-March 30, 2023)</p> <p>July 17, 2023 (covering March 31, 2022-June 29, 2023)</p> <p>October 16, 2023 (covering June 30, 2023- September 29, 2023)</p>	<p>Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.</p>

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](https://www.doh.wa.gov/finance) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to 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://www.usaspending.gov) by DOH as required by P.L. 109-282.

Program Specific Requirements

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

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

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

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

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

Restrictions on Funds:

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

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

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFA TA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through December 31, 2023

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

Revision Purpose: The purpose of this revision is to extend the period of performance from 12/31/22 to 12/31/23 and provide additional Sanitary Survey and Technical Assistance funding.

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
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22	12/31/22	19,000	0	19,000
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22	12/31/22	1,000	0	1,000
YR 25 SRF - LOCAL ASST (15%) (FO-SW) SS	24239225	N/A	346.26.64	01/01/23	12/31/23	0	13,250	13,250
YR 25 SRF - LOCAL ASST (15%) (FO-SW) TA	24239225	N/A	346.26.66	01/01/23	12/31/23	0	2,000	2,000
TOTALS						20,000	15,250	35,250

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem.

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$19,000~~ **\$32,250** for **Task 1**, and ~~\$1,000~~ **\$3,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

- No more than **8** surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.
- No more than **34** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- *No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.*
- *No more than **25** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.*

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

Task 2

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

Task 3

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

Task 4

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

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2022 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to modify the statement of work.

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.B	<p>Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services</p> <p>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.</p>	<p>Written report describing activity/activities and progress made to-date and strategies used (template to be provided)</p>	<p>June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.C	<p>Catalog activities and conduct an evaluation of the strategies used</p>	<p>Written report, showing the strategies used and the final progress of the reach (template to be provided)</p>	<p>June 30, annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.D	<p>As needed to meet community needs, perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</p> <p>Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently</p>	<p>a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</p>	<p>a. Submit upon completion b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.E	<p>As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) <i>or adjust vaccine delivery approaches to optimize access</i>. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners. (see Restrictions on Funds below)</p>	<p>Reports summarizing quantity, type, and frequency of activities</p>	<p>December 31 and June 30, annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	<ul style="list-style-type: none"> a. LHJ Incentive Plan Proposal b. Report that summarizes quantity of incentives purchased and distributed 	<ul style="list-style-type: none"> a. Prior to implementing b. June 30, Annually 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Federal Funding Accountability and Transparency Act (FFATA)

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To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Restrictions on Funds:

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

PROFESSIONAL SERVICES AGREEMENT
Between
KITSAP PUBLIC HEALTH DISTRICT
And
PENINSULA COMMUNITY HEALTH SERVICES

This Professional Services Agreement (“Agreement”) is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as “District,” and Peninsula Community Health Services, hereinafter referred to as “Contractor.” The District and Contractor are hereinafter collectively referred to as the “Parties.” The Parties mutually agree as follows:

1. **Period of Performance:** The period of performance of this Agreement shall begin January 15, 2023, and be completed or amended no later than February 15, 2028, unless terminated sooner or extended as provided for herein.
2. **Purpose:** The objective of this contract is to provide capital investment in Contractor’s construction of a medical respite facility to include two (2) negative pressure rooms, and controlled access to such rooms, for intermittent use for District referrals of patients in need of temporary quarantine and/or isolation housing and medical oversight, and to provide funds to reimburse operational costs to cover facility, medical, and care expenses for District-referred patients while in the respite facility.
3. **Services:** The District requires the expertise of this Contractor to execute the Scope of Work in Attachment 1 and the following:
 1. Contractor agrees to provide its own labor and materials. Unless otherwise provided for in the agreement, no material, labor or facilities will be furnished by the District.
 2. Contractor will perform the work specified in the Agreement according to standard industry practice.
 3. Contractor will complete its work in a timely manner and in accordance with the schedule agreed to by the Parties.
 4. Contractor will confer with the District from time to time during the progress of the work. Contractor will prepare and present status reports and other information that may be pertinent and necessary, or as may be requested by the District.
4. **Qualifications/Eligibility:** Contractor will have the qualifications necessary to successfully complete the objectives of this Agreement. Contractor hereby affirms that he/she is eligible to work in the United States as set forth in the Immigration Reform and Control Act (IRCA).
5. **Compensation:** The District agrees to pay Contractor a total compensation of (or not to exceed) \$200,000 during the Agreement. Compensation will be based on invoices submitted by Contractor pursuant to the attached Scope of Work. Contractor will be paid only for work expressly authorized in the Agreement. Contractor will not be entitled to payment for any services that were performed prior to the effective date of the Agreement or after its termination, unless a provision of the Agreement expressly provides otherwise.

If Contractor fails to perform any substantial obligation and the failure has not been cured within thirty (30) days following notice from the District, the District may, in its sole discretion and upon written notice to Contractor, withhold all monies due Contractor, without penalty, until such failure to perform is cured.

CHANGES IN WORK: In the event of any errors or omissions by Contractor in the performance of any work required under the Agreement, Contractor will make all necessary corrections without additional compensation. All work submitted by Contractor will be certified by Contractor and checked by Contractor for errors and omissions. Contractor will continue to be responsible for the accuracy of work even after the work is accepted by the District.

6. **Notices:** Notices pursuant to this agreement shall be sent to:

If to the District:

Kitsap Public Health District
Attn: Keith Grellner
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 728-2284
keith.grellner@kitsappublichealth.org

If to the Contractor:

Peninsula Community Health Services
Attn: Jennifer Kreidler-Moss
P.O. Box 960
Bremerton, WA 98337
(360) 475-6707
jkreidler@pchswb.org

7. **Billings:** Billings to the District shall be submitted no more frequently than every 30 days, and shall be sent to:

Kitsap Public Health District
Accounts Payable
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 728-2215 AR (360) 728-2227 AP

Upon expiration of the Agreement, any claim for payment not already made shall be submitted to the District within 60 days after the expiration date.

8. **Independent Contractor:** Contractor and its employees or agents performing under this Agreement are not employees or agents of the District.
9. **Rights in Data:** Data that is delivered under this Agreement is the District's property and shall be transferred fully to the District with all rights to the license to publish, translate, reproduce, modify, deliver, dispose of, and to authorize others to do so.

All reports, drawings, plans, specifications, all forms of electronic media, and data and documents produced in the performance of the work under the Agreement will be "works for hire" as defined by the U.S. copyright Act of 1976 and will be owned by the District. Ownership includes the right to copyright, patent, and register, and the ability to transfer these rights.

An electronic copy of all word processing documents will be submitted to the District upon request or at the end of the job using the word processing program and version specified by the District.

10. **Indemnification:** Contractor shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits

including attorney fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, Contractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the Parties. This provision will survive the expiration or termination of this Agreement.

11. **Insurance:** Contractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by Contractor, its agents, representatives, or employees.

No Limitation. Contractor's maintenance of insurance as required by the Agreement shall not be construed to limit the liability of Contractor to the coverage provided by such insurance, or otherwise limit the District's recourse to any remedy available at law or in equity.

A. Minimum Scope of Insurance

Contractor shall obtain insurance of the types described below:

1. **Automobile Liability** insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.
2. **Commercial General Liability** insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors and personal injury and advertising injury.
3. **Workers' Compensation** coverage as required by the Industrial Insurance laws of the state of Washington.
4. **Professional Liability** insurance appropriate to Contractor's profession. Contractor shall provide the District with proof of liability insurance or professional errors and omissions coverage as appropriate.

B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

1. **Automobile Liability** insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident.
2. **Commercial General Liability** insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
3. **Professional Liability** insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Automobile Liability, Professional Liability and Commercial General Liability insurance:

1. Contractor's insurance coverage shall be primary insurance as respect the District. Any insurance, self-insurance, or insurance pool coverage maintained by the District shall be excess of Contractor's insurance and shall not contribute with it.
2. Contractor's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the District.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

E. Verification of Coverage

Contractor shall furnish the District with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of Contractor before commencement of the work.

12. **Safeguarding of Information:** The use or disclosure by Contractor of any information or documents obtained by Contractor in the course of contract performance for any purpose not directly connected with Contractor's responsibilities under this Agreement is prohibited except as may be required by law.
13. **Statutory and Regulatory Compliance:** Contractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
14. **Compliance with State and Federal Confidentiality Laws:** Contractor shall not use or disclose any protected health information (PHI) or personally identifiable information (PII) created or shared under this Agreement for any purpose not directly connected with this Agreement or in any manner that would constitute a violation of the Health Information Portability and Accountability Act, commonly known as HIPAA, and any regulations enacted pursuant to its provisions. Any PHI or PII collected, used, or acquired in connection with this Agreement shall be subject to Chapter 42.56 RCW and chapter 70.02 RCW, as well as any other applicable federal and state statutes and regulations. Contractor agrees not to release, divulge, publish, transfer, sell, or otherwise make known to unauthorized persons PHI or PII without the express written consent of the District. For the purpose of this section, PII means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, or mother's maiden name, etc. Contractor shall sign a Business Associate Agreement which is incorporated into this Agreement as ATTACHMENT A.
15. **Records Inspection and Retention:** Contractor shall maintain books, records, documents, data and other evidence relating to this Agreement and performance of the services described herein. The District may, at reasonable times, inspect the books and records of Contractor relating to the performance of the Agreement. Contractor will retain for audit purposes all Contract-related records for at least six (6) years after termination of the Agreement. If any litigation, claim or audit is started

before the expiration of the six-year period, the records shall be retained until all litigation, claims, or audit finding involving the records have been resolved.

16. **Right of Inspection:** Contractor shall provide right of access to its facilities to the District, or any of its officers, or to any other authorized agent or official of the state of Washington or the federal government, at all reasonable time, in order to monitor and evaluation performance, compliance, and or quality assurance under this Agreement.
17. **Subcontracting:** Contractor shall not enter into subcontracts for any of the work contemplated under this Agreement, excluding subcontracts and subcontractors for which agreements were in place prior to the execution of this Agreement, without obtaining prior written approval of the District. The District shall not unreasonably withhold or delay approval of subcontracts or subcontractors.
18. **Successors and Assigns:** The District, to the extent permitted by law, and Contractor each bind themselves, their partners, successors, executors, administrators and assigns to the other party to the Agreement and to the partners, successors, administrators and assigns of such other party in respect to all covenants to the Agreement.
19. **Certification Regarding Suspension and Debarment:** Contractor, by completing and returning to the District the “Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form,” and completing, signing and returning to the District the “Certification Regarding Debarment, Suspension, Ineligibility or Voluntary Exclusion for Lower Tier Covered Transactions” form, (to be supplied to lower tier participants; see Attachment A, certifies that it is not debarred, suspended, or proposed for debarment by any federal agency.
20. **Non-Discrimination:** Contractor shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
21. **Amendment:** This Agreement may be modified only by a written amendment executed by authorized representatives of both parties. In order to be effective, any Agreement, renewal, amendment, or modification must be in writing, be signed by both parties, and be attached to the Agreement. Work under a renewal, an amendment or a modification may not commence until the renewal, amendment or modification has been approved by the District and has become effective.
22. **Changes in Work:** In the event of any errors or omissions by Contractor in the performance of any work required under the Agreement, Contractor will make all necessary corrections without additional compensation. All work submitted by Contractor will be certified by Contractor and checked by Contractor for errors and omissions. Contractor will continue to be responsible for the accuracy of work even after the work is accepted by the District.
23. **Termination:** This Agreement may be terminated by either party upon giving at least thirty (30) days advance written notice to the other party.
 - A. **For Convenience:** Either party may terminate the Agreement, in whole or in part, at any time, by at least thirty (30) days written notice to the other. Contractor shall be paid for work performed and expenses incurred to the date of termination.

- B. For Funding:** If funding for the Agreement or matter is withdrawn, reduced or limited in any way after the Agreement is signed or becomes effective, the Parties may summarily terminate the Agreement notwithstanding any other termination provision in the Agreement. Termination under this provision will be effective upon the date specified in the written notice of termination. No costs incurred after the effective date of the termination will be paid.
- C. For Cause:** If the either party fails to perform in the manner called for in the Agreement, or if either party fails to comply with any other provision of the Agreement and fails to correct such noncompliance with thirty (30) days written notice thereof, the aggrieved party may terminate the Agreement for cause. Termination shall be affected by serving a notice of termination on the party setting forth the manner in which the party is in default. Contractor shall be paid for services performed in accordance with the manner of performance set forth in this Agreement.
- D. For Default:** Either party may terminate the Agreement upon giving written notice to the other party in the event the other party is in breach of a material provision of this agreement and shall have failed to cure such breach within thirty (30) days.

In the event of termination, Contractor shall settle all outstanding liabilities and all claims arising out of such termination of orders, with the approval or ratification of the District to the extent the District may require, which approval or ratification shall be final for all the purposes of this clause.

24. **Dispute Resolution:** In the event that a dispute or conflict arises under the Agreement that the Parties are unable to resolve with good faith efforts, they shall allow the dispute to be decided by a Dispute Panel in the following manner: a Mediator shall be mutually appointed by both parties, and each party shall appoint an additional member to the Dispute Panel. The Dispute Panel shall review the facts, contract terms and applicable statutes and rules and make a determination of the dispute. The determination of the Dispute Panel shall be final and binding on the Parties hereto. The Parties shall equally share the costs, if any, for the services of the Dispute Panel.
25. **Choice of Law:** The Agreement has been and shall be construed as having been made and delivered within the State of Washington and it is agreed by each party hereto that the Agreement shall be governed by the laws of the State of Washington, both as to its interpretation and performance. Any action at law, suit in equity, or judicial proceeding arising out of the Agreement shall be instituted and maintained only in any of the courts of competent jurisdiction in Kitsap County, Washington.
26. **No Waiver:** The Parties agree that the excuse or forgiveness of performance, or waiver of any provisions of the Agreement, does not constitute a waiver of such provision or future performance, or prejudice the right of the waiving party to enforce any of the provisions of the Agreement at a later time.
27. **Severability:** If a court of competent jurisdiction holds any provision of the Agreement to be illegal, invalid, or unenforceable, in whole or in part, the validity of the remaining provisions will not be affected, and the Parties' rights and obligations will be construed and enforced as if the Agreement did not contain the particular provision held to be invalid. If any provision of the Agreement conflicts with any statutory provision of the State of Washington, the provision will be deemed inoperative to the extent of the conflict or modified to conform to statutory requirements.
28. **Notices:** Any notices will be effective if personally served upon the other party or if mailed by registered or certified mail, return receipt requested, to the addresses set out in the Agreement representative's provision of the Agreement. Notice may also be given by facsimile with the

original to follow by regular mail. Notice will be deemed to be given three days following the date of mailing, or immediately if personally served. For service by facsimile, service will be effective at the beginning of the next working day.

- 29. **Survival:** Those provisions of the Agreement that by their sense and purpose should survive expiration or termination of the Agreement shall so survive. Those provisions include, but are not necessarily limited to the following: Indemnification, Termination, Disputes, Confidentiality, Choice of Law, No Waiver, Records Inspection and Retention, and Severability.
- 30. **Tax Payments:** Contractor will pay all applicable federal, state and local taxes, fees (including licensing fees) and other amounts.
- 31. **Assignment, Delegation, and Subcontracting:** Contractor will perform under the Agreement using only its bona fide employees or agents, and the obligations and duties of Contractor under the Agreement will not be assigned, delegated or subcontracted to any other person or firm without the prior express written consent of the District, excluding subcontracts and subcontractors for which agreements were in place prior to the execution of this Agreement. The District shall not unreasonably withhold or delay approval of subcontracts or subcontractors.

Contractor warrants that it has not paid, nor has it agreed to pay, any company, person, partnership or firm, other than a bona fide employee working exclusively for Contractor, any fee, commission, percentage, brokerage fee, gift or other consideration contingent upon or resulting from the award or making of the Agreement.
- 32. **Personnel Removal:** Contractor agrees to remove immediately any of its subcontractors, employees, agents, or representatives from assignment to perform services under the Agreement for violations of federal, state, or local laws or violations of Contractor’s personnel rules upon receipt of a written request to do so from the District’s contract representative or designee.
- 33. **Entire Agreement:** This Agreement constitutes the entire agreement between the Parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.
- 34. **Authorization:** Each party signing below warrants to the other party that they have the full power and authority to execute this Agreement on behalf of the party for whom they sign.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date set forth below.

KITSAP PUBLIC HEALTH DISTRICT

CONTRACTOR

By: _____
Keith Grellner
Administrator

By: Jennifer Kreidler-Moss
Jennifer Kreidler-Moss (Feb 22, 2023 17:24 PST)
Jennifer Kreidler-Moss
Chief Executive Officer

Date: _____

Date: Feb 22, 2023

Funding Source
Program: _____ Federal Contract/Grant _____

ATTACHMENT A

SCOPE OF WORK

The purpose of this contract is to provide capital investment in Contractor's construction of a medical respite facility to include two (2) negative pressure rooms, and controlled access to such rooms, for intermittent use for District referrals of patients in need of temporary quarantine and/or isolation housing and medical oversight, and to provide funds to reimburse operational costs to cover facility, medical, and care expenses for District-referred patients while in the respite facility.

Objective 1: Construct two (2) negative pressure patient rooms with controlled access within the Contractor's medical respite facility.

Cost: \$100,000 reimbursable upon completion and approval of the facility.

Objective 2: Accept referrals of District patients in need of temporary quarantine, isolation, and medical services due to a communicable disease. Contractor services may include:

- A. Room and board;
- B. Meals;
- C. Comprehensive medical services;
- D. Case management;
- E. Oversight of visits and departures from the facility;
- F. Assistance with discharge planning and transfers of care; and
- G. Consultation and coordination of care with District.

Cost: Reimbursable up to \$100,000 upon submittal of invoices after the provision of services in accordance with this agreement.







2312 PCHS Respite Services Agreement Final Draft

Final Audit Report

2023-02-23

Created:	2023-02-22
By:	april fisk (april.fisk@kitsappublichealth.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA46tySg1IHhbrXmfOpY2_pSv-1ZeP1tNI

"2312 PCHS Respite Services Agreement Final Draft" History

-  Document created by april fisk (april.fisk@kitsappublichealth.org)
2023-02-22 - 7:10:37 PM GMT
-  Document emailed to jkredler@pchsweb.org for signature
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-  Email viewed by jkredler@pchsweb.org
2023-02-22 - 11:15:49 PM GMT
-  Signer jkredler@pchsweb.org entered name at signing as Jennifer Kreidler-Moss
2023-02-23 - 1:24:34 AM GMT
-  Document e-signed by Jennifer Kreidler-Moss (jkredler@pchsweb.org)
Signature Date: 2023-02-23 - 1:24:36 AM GMT - Time Source: server
-  Agreement completed.
2023-02-23 - 1:24:36 AM GMT

AGREEMENT KC-116-23

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

I. Purpose

This Agreement is for the appropriation of \$215,668 for the purpose of augmenting state and federal funding of mental health, chemical dependency and therapeutic court programs and services with the goal of preventing and reducing the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data driven programs for a continuum of recovery-oriented systems of care per RCW 82.14.460 for the time period January 1, 2023 – December 31, 2023. Funding must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. No funding provided under this contract may be used to supplant existing funding for these programs.

II. Collaboration and Collective Impact

Kitsap Public Health District shall take the initiative to work with other systems to reduce fragmentation or duplication and to strengthen working relationships utilizing collective impact strategies. Kitsap Public Health District will provide quarterly updates on collaborative efforts and outreach activities that will include issues mutually identified by Kitsap Public Health District and respective systems that can be addressed through collective impact strategies. Examples of such systems include mental health, veterans, adult protection and welfare, education, criminal justice, housing, employment services, primary health care plans and other publicly-funded entities promoting substance abuse and mental health services.

All entities providing services to working age adults and youth shall establish a connection with the local WorkSource system to ensure people have access to employment training and placement services.

III. Identification and Coordination of Available Funding Sources

Kitsap Public Health District is required to identify and coordinate all available funding resources to pay for the mental health and chemical dependency services funded by this contract, including Federal (Medicaid and Affordable Care Act, etc.), State, local, private insurance, and other private sources. The 1/10th of 1% funding should be utilized as a Payor of Last Resort.

IV. Project Description

This project will provide behavioral health services within the Prevention, Early Intervention level of the continuum of care and addresses the following strategic goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incidence and severity of chemical dependency and/or mental health disorders in adults and youth.

This three-tier project has the goal of preventing mental illness, behavioral problems, and future addiction in young children by intervening with families who either have, or are at risk for, substance abuse and/or mental health problems. There are three components to this project 1. providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk first-time mothers and their babies (note total number of clients served by NFP annually is 50-60). 2. improving access to services by utilizing a community health worker (CHW) for outreach and community infrastructure support. 3. Providing a Postpartum Support Group.

V. Project Activities Project Activities

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

- Maintain 0.5 FTE Nurse Family Partnership (NFP) nurse home visitor.
- NFP staff will participate in ongoing training and education as required by NFP Nursing Services Organization.
- NFP supervisor will participate in ongoing training, education, and consultation as required to support quality, fidelity, and specific population needs.
- Existing caseload will be maintained at twelve (12) families.
- Maintain outreach and referral plan to reach target population and maintain caseload.
- Provide Home Visits for first time, low-income pregnant women, mothers and infants.
- New clients will be enrolled before twenty-nine (29) weeks of pregnancy and receive visits according to NFP guidelines.
- Content of home visits will be aligned with NFP guidelines.
- Staff who provide home visits will receive individual reflective supervision.
- All staff will participate in reflective case conferences.
- Supervisors and nurse home visitors will review and utilize their data.
- Data will be used for quality and fidelity monitoring and improvement.

The Kitsap Public Health District will provide the following to improve access to services:

- Staff a bilingual (English-Spanish) Community Health Worker (CHW) who will work with the Parent Child Health (PCH) and Nurse Family Partnership team of registered nurses. The CHW will be a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- The CHW will serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- Prenatal and postpartum assessments which include depression and Adverse Childhood Experiences (ACEs) screening.
- Health and parenting education.
- Referrals to community resources and case management.
- Expand outreach efforts to enroll more eligible women.
- Case management activities that can be done by a community health worker (CHW).

The Kitsap Public Health District will continue behavioral health support to mothers during the perinatal/postpartum period through a group peer model during an especially vulnerable time and offer referrals to additional services as needed. They will fund additional staff time (0.1FTE postpartum support group nurse facilitator, 0.1FTE CHW), expenses (space rental, incentives/food) and training to launch a Postpartum Support Group.

VI. Project Design

The Improving Health and Resiliency of High-Risk Mothers and Their Children project (hereafter referred to as “Improving Health project”) includes providing an evidence-based nurse home visiting service to families and strengthening prevention and early intervention infrastructure in Kitsap County. With the use of a best practice evidenced based program and a collective impact approach, this project will improve the health status and wellbeing of Kitsap residents.

The project has two components: 1. providing evidence-based Nurse Family Partnership (NFP) services to at least 12 low-income, high-risk first-time mothers and their babies (note total number of clients served by NFP annually is 50-60). 2. improving access to services by utilizing a community health worker (CHW) for outreach and community infrastructure support.

The NFP program is a parental and infancy home visitation service that aims to improve the health, well-being, and self-sufficiency of first time parents and their children. Program activities are designed to link families to needed services, promote good decision making, assist families in making healthy choices, and help women build supportive relationships with families and friends. NFP nurses assess for signs and symptoms of Substance Use Disorders (SUDs), mental illness, and Adverse Childhood Experiences (ACEs) with every client. The nurses provide education to promote health

and, because of their trusting relationships with their clients, they are often able to support a parent's readiness to seek needed treatment services.

The CHW is an established liaison between health/social services and the community and has facilitated access to services with culturally appropriate strategies. The CHW for this project is bilingual in English and Spanish and has been able to provide targeted outreach to Kitsap's Spanish speaking population. In this proposal the CHW will continue to outreach to our Spanish speaking population and will identify other hard to reach populations with the plan to develop culturally appropriate strategies for engagement. In addition to outreach, the CHW has been integral in the development of new relationships with community partners. These partners all contribute to our prevention and early intervention infrastructure in Kitsap. An additional activity for the proposal this year includes the development of a centralized referral system for early childhood intervention programs to increase access and services for pregnant and childbearing age women that need mental health and substance abuse treatment. Families are often confused about what services they can access, and providers also have challenges keeping up to date on program requirements for appropriate referrals. Creating a centralized process intends to reduce community confusion and increase the likelihood that residents can obtain the appropriate needed services in a timely manner.

VII. Project Outcomes and Measurements

Kitsap Public Health District will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are reviewed by the Citizens Advisory Committee and monitored by the Human Services Department. Kitsap Public Health District will have an evaluation plan with performance measures developed in partnership with Kitsap Public Health District Epidemiologist. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations. Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs)
- Level of change occurring among participants (outcomes)
- Return-on-investment or cost-benefit (system savings) if evidence-based
- Adherence to the model (fidelity)
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap Public Health District staff that all programs must report on)

Data will be collected to monitor the following goals and objectives identified by the Contractor:

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

Objective #1: Funded case load of at least 12 mothers and infants (0.5 FTE nurse) will be maintained through December 31, 2023.

Objective #2: Maintain an average retention rate of 85% for Nurse Family Partnership clients over the course of the program year (January-December 2023).

Objective #3: By December 31, 2023 Community Healthcare Worker has at least 250 unduplicated outreach and case management encounters.

Objective #4: Since January 2018, at least 80% of NFP clients with a potential or identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System problem Rating Scale at graduation from services

Objective #5: By December 31, 2023, at least 50 current clients will have a PHQ-9 and GAD-7 screen completed.

Objective #6: Since January 2018, at least 80% of NFP clients with a potential or identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services.

Objective #7: By December 31, 2023, at least 50 current clients will have a Nurse Family Partnership Health Habits (substance abuse topics) questionnaire completed.

Objective #8: Since January 2018, at least 80% or more NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services

Objective #9: By December 31, 2023, Kitsap Public Health District will maintain required high fidelity to the Nurse Family Partnership model, as required by the National Service Office.

Objective #10: By December 31, 2023, KPHD will provide at least 10 postpartum support group sessions.

Objective #11: By December 31, 2023, Nurse Family Partnership CAB will convene at least 4 meetings to advise, support and sustain the NFP program.

VIII. Data Collection and Reporting

Kitsap Public Health District will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, and October 31, 2023; and January 31, 2024 each year funding is received under this grant, detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

IX. Billing and Payment

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

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

Reimbursement Request – Upon Completion of each month, the Kitsap Public Health District must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of the year-to-date budgeted total.

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

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

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

X. Duration

This agreement is in effect from January 1, 2023 – December 31, 2023.

XI. Amendments

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

XII. Attachments

The parties acknowledge that the following attachments, which are attached to this agreement, are expressly incorporated by this reference:

Attachment A: Budget

This Agreement shall be effective January 1, 2023.

Dated this ____ day of _____, 2023.

CONTRACTOR
KITSAP PUBLIC HEALTH DISTRICT

Keith Grellner, Administrator

Dated this ____ day of _____, 2023.

KITSAP COUNTY BOARD OF
COMMISSIONERS

CHARLOTTE GARRIDO, Chair

ROBERT GELDER, Commissioner

KATHERINE T. WALTERS, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

ATTACHMENT A

Total Agency or Departmental Budget Form

Agency Name:

Kitsap Public Health District

Project:

Improving Health

Accrual

Cash

AGENCY REVENUE AND EXPENSES	2021		2022		2023	
	Budget	Percent	Budget	Percent	Budget	Percent
AGENCY REVENUE						
Federal Revenue	\$ 1,131,797	8%	\$ 1,188,386	8%	\$ 1,247,806	8%
WA State Revenue	\$ 2,919,464	21%	\$ 3,065,437	21%	\$ 3,218,709	21%
Local Revenue	\$ 5,037,409	37%	\$ 5,289,279	37%	\$ 5,553,743	37%
Private Funding Revenue	\$ 66,938	0%	\$ 70,284	0%	\$ 73,799	0%
Agency Revenue	\$ 4,160,085	30%	\$ 4,368,089	30%	\$ 4,586,494	30%
Miscellaneous Revenue	\$ 395,073	3%	\$ 414,827	3%	\$ 435,568	3%
Total Agency Revenue (A)	\$ 13,710,765		\$ 14,396,303		\$ 15,116,118	
AGENCY EXPENSES						
Personnel						
Staff	\$ 7,582,091	55%	\$ 7,961,196	55%	\$ 8,359,255	55%
Total Benefits	\$ 3,059,536	22%	\$ 3,212,513	22%	\$ 3,373,139	22%
Subtotal	\$ 10,641,627	77%	\$ 11,173,709	77%	\$ 11,732,394	77%
Supplies/Equipment						
Equipment	\$ 95,037	1%	\$ 99,789	1%	\$ 104,778	1%
Office Supplies	\$ 255,801	2%	\$ 268,591	2%	\$ 282,020	2%
Subtotal	\$ 350,837	3%	\$ 368,379	3%	\$ 386,798	3%
Administration						
Advertising/Marketing	\$ 6,050	0%	\$ 6,353	0%	\$ 6,670	0%
Professional Services	\$ 781,242	6%	\$ 820,304	6%	\$ 861,319	6%
Communication/Postage	\$ 162,305	1%	\$ 170,420	1%	\$ 178,941	1%
Insurance/Bonds	\$ 201,260	1%	\$ 211,323	1%	\$ 221,889	1%
Training/Travel/Transportation	\$ 442,332	3%	\$ 464,449	3%	\$ 487,671	3%
Subtotal	\$ 1,593,188	12%	\$ 1,672,848	12%	\$ 1,756,490	12%
Ongoing Operations and Maintenance						
Repair of Equipment and Property	\$ 537,994	4%	\$ 564,893	4%	\$ 593,138	4%
Utilities	\$ 2,200	0%	\$ 2,310	0%	\$ 2,426	0%
Rentals/Leases	\$ 100,111	1%	\$ 105,117	1%	\$ 110,372	1%
Subtotal	\$ 640,305	5%	\$ 672,320	5%	\$ 705,936	5%
Other Costs						
Debt Service	\$ 298,655	2%	\$ 313,588	2%	\$ 329,267	2%
Non-Expenditures	\$ 240,000	2%	\$ 252,000	2%	\$ 264,600	2%
Subtotal	\$ 538,655	4%	\$ 565,588	4%	\$ 593,867	4%
Total Direct Expenses	\$ 13,764,613		\$ 14,452,844		\$ 15,175,486	
Balance	\$ (53,848.34)		\$ (56,540.76)		\$ (59,367.79)	

Mental Health, Chemical Dependency and Therapeutic Court Program 2023 Continuation Grant Proposal Special Project Budget Form

Agency Name:

Kitsap Public Health District

Project: Improving Health

Enter the estimated costs associated with your project/program	2022			2023		
	Award	Expenditures	%	Request	Modifications	%
Personnel						
Managers	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Staff	\$ 141,625.00	\$ 62,147.67	44%	\$ 142,975.00	\$ 1,350.00	1%
Total Benefits	\$ 56,022.00	\$ 24,150.50	43%	\$ 56,472.00	\$ 450.00	1%
SUBTOTAL	\$ 197,647.00	\$ 86,298.17	44%	\$ 199,447.00	\$ 1,800.00	1%
Supplies & Equipment						
Equipment	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Office Supplies	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Administration						
Advertising/Marketing	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Communication	\$ 751.00	\$ 363.99	48%	\$ 751.00	\$ -	0%
Support Group Training	\$ 1,800.00	\$ -	0%	\$ -	\$ (1,800.00)	-100%
Group Session Food	\$ 400.00	\$ -	0%	\$ 400.00	\$ -	0%
Group Session Incentives	\$ 1,000.00	\$ -	0%	\$ 1,000.00	\$ -	0%
Group Session Space Rental	\$ 2,000.00	\$ -	0%	\$ 2,000.00	\$ -	0%
Training/Travel/Transportation	\$ 1,800.00	\$ -	0%	\$ 1,800.00	\$ -	0%
% Indirect (Limited to 5%)	\$ 10,270.00	\$ 2,232.48	22%	\$ 10,270.00	\$ -	0%
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ 18,021.00	\$ 2,596.47	14%	\$ 16,221.00	\$ (1,800.00)	-10%
Ongoing Operations & Maintenance						
Janitorial Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance Contracts	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Maintenance of Existing Landscaping	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Repair of Equipment and Property	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Utilities	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sub-Contracts						
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Organization:	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other						
Debt Service	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Other (See definition):	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
SUBTOTAL	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Total Project Budget	\$ 215,668.00	\$ 88,894.64	41%	\$ 215,668.00	\$ -	0%

NOTE: Indirect is limited to 5%

Mental Health, Chemical Dependency and Therapeutic Court Program 2023 Continuation Grant Proposal Project Salary Summary

Agency Name: Kitsap Public Health District

Project: Improving Health

Description

Number of Professional FTEs	1.45
Number of Clerical FTEs	0.00
Number of All Other FTEs	0.22
Total Number of FTEs	1.67

Salary Information

Salary of Executive Director or CEO	\$ -
Salaries of Professional Staff	\$ 117,151.00
Salaries of Clerical Staff	\$ -
Other Salaries (Describe Below)	\$ -
Description: Administrative	\$ 25,824.00
Description:	\$ -
Description:	\$ -
Description:	\$ -
Description:	\$ -
Total Salaries	\$ 142,975.00
Total Payroll Taxes	\$ 10,834.00
Total Cost of Benefits	\$ 31,121.00
Total Cost of Retirement	\$ 14,517.00
Total Payroll Costs	\$ 199,447.00

ATTACHEMENT B

2023 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

INSTRUCTIONS:

Evaluation is the collection of information about a program in a systematic and defined manner to demonstrate success, identify areas for improvement and lessons learned. Every program has at least one end goal and might have several – one or more activities are required to make progress toward meeting the goal. Progress is measured with one or more objectives that might cover an output (number of something) or outcome (change over time) due to the program. The type of outcome (column D) and expected timeframe for change (column E) should be defined. Objectives must follow the “SMART” guideline: specific, measurable, attainable, realistic, and time-bound (column C). Each objective should include an expected target result and completion date (“time-bound” part of column C).

New and continuing grant proposals must fill out the Evaluation Worksheet. Please replicate the last row as many times as necessary.

DEFINITIONS:

Program Goal:	A broad statement or a desired, longer-term, outcome of a program. A program can have one or multiple goals. Each goal has a one or more related specific objectives that, if met, will collectively achieve the stated goal.
Activity:	Actions taken or work performed to produce specific outputs and outcomes.
SMART Objective:	A statement of a desired program result that meets the criteria of being SMART (specific, measurable, achievable, realistic, and time-bound).
Output:	Results of program activities; the direct products or deliverables of program activities; such as number of: sessions completed, people served, materials distributed.
Outcome:	Effect of a program (change) - can be in: participant satisfaction; knowledge, attitude, skill; practice or behavior; overall problem; or a measure of return-on-investment or cost-benefit. Identify any measures that are “fidelity” measures for an evidence based practice.
Timeline:	Is the outcome expected to measure short-term, medium-term or a longer-term change? When will measurement begin start)? How often will measurement be done for reporting (reporting frequency: quarterly, semi-annual, annual, other)? How often will the program be accountable for achieving the smart objective (accountability frequency: quarterly, semi-annual, annual, other)? In what way will the data be collected (measurement period type: current quarter or year-to-date)?
Baseline:	The status of services or outcome-related measures before an intervention against which progress can be assessed or comparisons made. Should include data and time frame.
Source:	How and from where will data be collected?

2023 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

SCOPE OF WORK: Based on the list of goals, objectives, and strategies provided in the Scope of Work (Attachment B), please state those your program will focus on for this grant cycle. Your program can select more than one goal, objective, and strategy. Please use these goals, objectives, and strategies as guidance in your evaluation worksheet.

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

OBJECTIVE: For this grant cycle we will focus on the objectives listed below.

STRATEGY: 1) Provide Nurse Family Partnership and 2) Improve support and access to mental health services in the postpartum period through a support group offering referrals, mindfulness, movement, and connection.

PROJECT NAME:

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
Understand general number of participants and services	Track universal measures	WITH RESPECT TO THE CURRENT QUARTER: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type # services (naturally unduplicated) - By type (types determined by contractor) Narrative - Reflecting on evaluation results and overall program efforts, describe what has been achieved this Quarter. If objectives went unmet, why? Are there any needed changes in evaluation or scope of work? - Briefly describe collaborative efforts and outreach activities employing collective impact strategies. - Please describe your sustainability planning – new collaborations, other sources of funding, etc - Success Stories	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2023 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	To be completed by program	Program Data
		WITH RESPECT TO THE ENTIRE GRANT CYCLE: # unduplicated individuals served - By type (types determined by contractor) - By ZIP code - By health insurance type	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2023 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.:		

2023 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

A. PROGRAM GOAL	B. ACTIVITY	C. SMART OBJECTIVE	D. TYPE OF MEASURE	E. TIMELINE	F. BASELINE	G. SOURCE
			<input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O: 		
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems.	Provide continuing NFP home visits to 12 low-income, first time mothers and infants (at any given time- total served will be greater)	Funded case load of at least 12 mothers and infants (0.5 FTE nurse) will be maintained through December 31, 2023.	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/01/2023 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input checked="" type="checkbox"/> CQ / <input type="checkbox"/> YTD / <input type="checkbox"/> O:	12	Nightingale Notes Electronic Health Record (NN) and NFP Flo database
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems.	Provide continuing NFP home visits to 12 low-income, first time mothers and infants (at any given time- total served will be greater)	Maintain an average retention rate of 85% for NFP clients over the course of the program year (January-December 2023)	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2023 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January to June 2022, 94%	Nightingale Notes Electronic Health Record (NN) and NFP Flo Database
	Provide Bilingual CHW targeted outreach and community referral systems support	By December 31, 2023 CHW has at least 250 duplicated outreach and case management encounters	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior	<input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start: 1/1/2023 Reporting Frequency: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input checked="" type="checkbox"/> Q / <input type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O:	January- June 2022, N=135	NN Electronic Health Record *All enrollees

2023 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

			<input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:		eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	1) Screen all NFP clients for anxiety and depression and refer those showing risk factors	Since January, 2018 (last 5 years), at least 80% of NFP clients with a potential or identified mental health problem will show improvement in knowledge, behavior, or status as measured by the Omaha System problem Rating Scale at graduation from services	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January 2018- June 2022, 95.6%	NN Electronic Health Record *All enrollees eligible for evaluation
	2) Provide all NFP clients education on perinatal mood disorders and when to seek help	By December 31, 2023, at least 50 current eligible clients will have a PHQ-9 and GAD-7 screen completed	<input checked="" type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January - June 2022: 39 of 49 eligible clients screened (did not meet due to administration barriers during COVID)	Electronic Health Record *All enrollees eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	1) Screen all NFP clients for substance use and refer those screening positive for appropriate diagnostic and treatment services	Since January, 2018 (last 5 years), at least 80% of NFP clients with a potential or identified substance use problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services.	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January 2018- June 2022, 83.3%	NN Electronic Health Record *All enrollees eligible for evaluation
			<input checked="" type="checkbox"/> Output	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L		

2023 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

	2)Provide all NFP clients education on the harmful effects of substance use during pregnancy	By December 31, 2023, at least 50 current clients will have a NFP Health Habits (substance abuse topics) questionnaire completed	Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January to June 2022, 41 out of 49 eligible clients have been screened (did not meet due to administration barriers during COVID)	Electronic Health Record *All enrollees eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	1)Provide all NFP clients with education on parenting, child growth and development, and parental emotional well-being and stress management	Since January 2018 (last 5 years), at least 80% or more NFP clients with a parenting/caretaking problem will show improvement in knowledge, behavior, or status as measured by the Omaha System Problem Rating Scale at graduation from services	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input checked="" type="checkbox"/> Knowledge, attitude, skill <input checked="" type="checkbox"/> Practice or behavior <input checked="" type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input type="checkbox"/> Fidelity measure	<input type="checkbox"/> S / <input type="checkbox"/> M / <input checked="" type="checkbox"/> L Start: ongoing; baseline starts at client intake Reporting Frequency: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input checked="" type="checkbox"/> SA / <input type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	January 2018-June 2022, 93.6%	NN Electronic Health Record *All enrollees eligible for evaluation
Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems	NFP program meets 18 model fidelity elements according to NFP requirements such that KPHD maintains its permission to operate an NFP program	By December 31, 2023, KPHD will maintain required high fidelity to the NFP model, as required by the National Service Office	<input type="checkbox"/> Output Outcomes: <input type="checkbox"/> Participant satisfaction <input type="checkbox"/> Knowledge, attitude, skill <input type="checkbox"/> Practice or behavior <input type="checkbox"/> Impact on overall problem <input type="checkbox"/> ROI or cost-benefit <input checked="" type="checkbox"/> Fidelity measure	<input checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L Start:1/1/2023 Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O: Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:	12/13/2021 100%	NFP FLO Database; result reported to KPHD in annual fidelity letter

2023 CONTINUATION GRANT PROPOSAL EVALUATION WORKSHEET

<p>Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems</p>	<p>Provide a postpartum support group in area with service gap.</p>	<p>By December 31, 2023, KPHD will provide at least 10 postpartum support group sessions.</p>	<p><input checked="" type="checkbox"/> Output</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input checked="" type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2023</p> <hr/> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>January 2022-July 2022, seven postpartum groups completed</p>	<p>Program data</p>
<p>Prevent mental illness, behavioral problems, and future addiction in young children by intervening with families who have or are at risk for substance abuse and/or mental health problems</p>	<p>NFP program meets 18 model fidelity elements according to NFP requirements such that KPHD maintains its permission to operate an NFP program</p>	<p>By December 31, 2023, NFP CAB will convene at least 4 meetings to advise, support and sustain the NFP program</p>	<p><input checked="" type="checkbox"/> Output</p> <p>Outcomes:</p> <p><input type="checkbox"/> Participant satisfaction</p> <p><input type="checkbox"/> Knowledge, attitude, skill</p> <p><input type="checkbox"/> Practice or behavior</p> <p><input type="checkbox"/> Impact on overall problem</p> <hr/> <p><input type="checkbox"/> ROI or cost-benefit</p> <p><input type="checkbox"/> Fidelity measure</p>	<p><input type="checkbox"/> S / <input checked="" type="checkbox"/> M / <input type="checkbox"/> L</p> <hr/> <p>Start: 1/1/2023</p> <hr/> <p>Reporting Frequency: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Accountability Freq.: <input type="checkbox"/> Q / <input type="checkbox"/> SA / <input checked="" type="checkbox"/> A / <input type="checkbox"/> O:</p> <hr/> <p>Measure. Period Type: <input type="checkbox"/> CQ / <input checked="" type="checkbox"/> YTD / <input type="checkbox"/> O:</p>	<p>4 meetings Jan-July 2022</p>	<p>NFP CAB Outreach Plan and Meeting Minutes</p>

AGREEMENT KC-117-23

This Agreement is entered into between Kitsap County and the Kitsap Public Health District to provide monitoring and evaluation services for 2023 Mental Health, Chemical Dependency and Therapeutic Court Tax Programs.

I. Purpose

This Agreement is for the appropriation of \$37,836 for the purpose of ensuring that the implementation and evaluation of the strategies and programs funded by the Mental Health, Chemical Dependency and Therapeutic Court Treatment Sales Tax are transparent, accountable and collaborative per RCW 82.14.460 for the time period January 1, 2023 – December 31, 2023. Funding must be used solely for the purpose of providing monitoring and evaluation of the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services.

II. Project Description

Kitsap County seeks to assure that citizens and policy makers spend the Treatment Sales tax funds collected in an accountable and transparent manner, with community input and support, and with measures to determine the effectiveness of these publicly-funded investments. Each funded program will be evaluated according to performance measures regarding cost effectiveness and the ability to attain stated goals. These programs shall achieve the following policy goals:

- Improve the health status and wellbeing of Kitsap County residents.
- Reduce the incident and severity of chemical dependency and/or mental health disorders in adults and youth.
- Reduce the number of chemically dependent and mentally ill youth and adults from initial or further criminal justice system involvement.
- Reduce the number of people in Kitsap County who cycle through our criminal justice systems, including jails and prisons.
- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

The Kitsap Public Health District will develop and measure specific performance outcomes to ensure funding is meeting proposed goals and those of Kitsap County's strategic plans. The Citizens Advisory Committee (CAC) will quarterly review performance outcomes, determine the success of funded proposals and achievement of County behavioral health goals. The CAC will submit an annual report to the BOC that lists programs funded, amounts allocated and expended, number of individuals served and performance outcomes along with recommended program and/or process changes based on the outcomes and evaluation data.

III. Project Activities

The Kitsap Public Health District will be responsible for the following activities and be reimbursed at the following 2023 hourly rate per employee assigned to the project:

Kitsap Public Health District Assessment and Epidemiology Program		KPHD Staff hourly rate estimate:			
Kitsap County 1/10th of 1% Monitoring and Evaluation		Epidemiologist (evaluator)	\$85		
Scope of Work 2022		Clerical Staff	\$63		
		Program Manager (supervisor)	\$111		
		IT (database developer)	\$96		
23 Continuation Projects, 8 New Projects = 31 Total Projects					
Activity	Timeline/ Description	Duration/ Frequency	Total hours	Who	Cost
Technical assistance (TA) to projects for M&E development and refinement	January-December: Review, prep, and revise metrics with ongoing follow-up, data management	6 hrs x new project (8); 3 hrs x continuation project (23)	135	Epidemiologist	\$11,475
	January-December: Evaluation Meetings, TA to projects	2 hrs x new meeting; 1 hr x continuation meeting	39	Epidemiologist	\$3,315
Quarterly report review, updates, summaries	January-December	31 projects x 4 hours	124	Epidemiologist	\$10,540
Set-up measures in electronic reporting platform	January-December	1.5 hours x project	46.5	Clerical Staff	\$2,930
Ongoing management of electronic reporting web platform and the addition of new features	January-December	24 hours split CJK	8	IT	\$768
Quarterly contractor meetings	January-December	4 meetings x 2 hours	8	Epidemiologist	\$680
RFP support	January-December	10 hours review/inputs	10	Epidemiologist	\$850
Participate in monthly CAB meetings	January-December	1 monthly meeting x 2 hours	24	Epidemiologist	\$2,040
Maintain 1/10th of 1% Program Dashboard	January-December	2 hours x project	62	Epidemiologist	\$3,906
Support/input/supervision	Ongoing	1 hour x month	12	Program Manager	\$1,332
				Evaluation Subtotal:	\$23,598
				One-Tenth Online Subtotal:	\$14,238
				Total:	\$37,836

IV. Data Collection

The Kitsap Public Health District will provide a Quarterly Report to the Kitsap County Department of Human Services by April 30, July 31, October 31, 2023 and January 31, 2024 each year funding is received under this grant detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

V. Billing and Payment

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

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

Reimbursement Request – Upon Completion of each month, the Kitsap Public Health District must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of the year-to-date budgeted total.

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

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

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

This Agreement shall be effective January 1, 2023.

DATED this ____ day _____, 2023.

DATED this ____ day _____, 2023.

**CONTRACTOR
KITSAP PUBLIC HEALTH DISTRICT**

**KITSAP COUNTY BOARD OF
COMMISSIONERS**

Keith Grellner, Administrator

CHARLOTTE GARRIDO, Chair

ROBERT GELDER, Commissioner

KATHERINE T. WALTERS, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

Approved as to form by the Prosecuting Attorney's Office



ATTACHMENT A: BUDGET SUMMARY/ESTIMATED EXPENDITURES



PROFESSIONAL SERVICES AGREEMENT

**Between
Jefferson County
And
Kitsap Public Health District**

THIS PROFESSIONAL SERVICES AGREEMENT (“this Agreement”) is entered into between the County of Jefferson, a municipal corporation (“the County”), and the Kitsap Public Health District, (KPHD) (“the Contractor”), in consideration of the mutual benefits, terms, and conditions specified below.

1. **Project Designation.** The Contractor is retained by the County to perform the following Project: to provide quarterly and yearly service evaluations for all Behavioral Health Subcontractors, receiving funds through the 1/10th of 1% Sales Tax Fund in Jefferson County, Washington.
2. **Scope of Services.** Contractor agrees to perform the services identified on Exhibit “A” attached hereto including the provision of all labor.
3. **Time for Performance.** This Agreement shall commence on January 1, 2023 and continue through December 31, 2024. Work performed consistent with this Agreement during its term, put prior to the adoption of this Agreement, is hereby ratified. The Contractor shall perform all services pursuant to this Agreement as outlined in Exhibit “A”. Time is of the essence in the performance of this Agreement.
4. **Payment.** The Contractor shall be paid by the County for completed work and for services rendered under this Agreement as follows:
 - a. Payment for the work provided by Contractor shall be made on an hourly basis at the rate as defined in Exhibit “B”, attached hereto, provided that the total amount of payment to the Contractor shall not exceed \$54,976.00, (\$27,488.00 in 2023 and \$27,488.00 in 2024), without express written modification of the Agreement signed by the County. The Contractor shall adhere to the budget amounts pursuant to this Agreement as outlined in Exhibit “B”.
 - b. Invoices must be submitted by the 15th of the month for the previous month’s expenses. Such invoices will be checked by the County, and upon approval thereof, payment will be made to the Contractor in the amount approved. Failure to submit timely invoices and reports pursuant to Exhibit “A” of the Agreement may result in a denial of reimbursement. Invoices not submitted within 60 days may be denied.
 - c. Final payment of any balance due the Contractor, of the total contract price earned, will be made promptly upon its ascertainment and verification by the County after the completion of the work and submittal of reports under this Agreement and its acceptance by the County.

- d. Contractor shall provide invoices and necessary backup documentation for all services including timesheets and statements (specifying the services provided). Any indirect charges require the submittal of an indirect cost methodology and rate using 2 C.F.R. Part 255 and 2 C.F.R. Part 230.
 - e. The Contractor's records and accounts pertaining to this Agreement are to be kept available for inspection by representatives of the County and state for a period of six (6) years after final payments. Copies shall be made available upon request.
5. Ownership and Use of Documents. All non-confidential or de-identified documents, drawings, specifications, and other materials produced by the Contractor in connection with the services rendered under this Agreement shall be the property of the County whether the project for which they are made is executed or not. The Contractor shall be permitted to retain copies, including reproducible copies, of drawings and specifications for information, reference and use in connection with Contractor's endeavors.

Contractor shall not be held liable for reuse of documents or modifications thereof, including electronic data, by County or its representatives for any purpose other than the intent of this Agreement.

6. Compliance with laws. Contractor shall, in performing the services contemplated by this Agreement, faithfully observe and comply with all federal, state, and local laws, ordinances and regulations, applicable to the services to be rendered under this Agreement.
7. Audit. An audit will be submitted to the County upon request. Upon request, Contractor will submit the most recent financial audit within 30 days.
- a. Upon request the County shall have the option of performing an onsite review of all records, statements, and documentation.
 - b. If the County finds indications of potential non-compliance during the monitoring process, the County shall notify Contractor within ten (10) days. County and Contractor shall meet to discuss areas of contention in an attempt to resolve issues.
 - c. Audit will provide statements consistent with the guidelines of Reporting for Other Non-Profit Organizations AICPA SOP 78-10, and is performed in accordance with generally accepted auditing standards and with Federal Standards for Audit of Governmental Organizations, Programs, Activities and Functions, and meeting all requirements of 2 C.F.R. Part 200, as applicable.

8. Indemnification. The Contractor shall defend, indemnify and hold the County, its officers, officials, employees, agents and volunteers (and their marital communities) harmless from any claims, injuries, damages, losses or suits, including attorney's fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the County. Should a court of competent jurisdiction determine this Agreement is subject to RCW 4.24.115 if liability for damages occurs arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of the Contractor and the County, its officers, officials, employees, agents and volunteers (and their marital communities) the Contractor's liability, including the duty and cost to defend, shall be only for the Contractor's negligence. It is further specifically understood that the indemnification provided constitutes the Contractor's waiver of immunity under Industrial Insurance, Title 51 RCW, solely for the purposes of this indemnification. This waiver has been mutually negotiated by the parties. This section shall survive the expiration or termination of this Agreement.
9. Insurance. Prior to commencing work, the Contractor shall obtain at its own cost and expense the following insurance coverage specified below and shall keep such coverage in force during the terms of the Agreement.
- 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 \$500,000 each occurrence with the County named as an additional insured in connection with the Contractor's performance of this Agreement. This insurance shall indicate on the certificate of insurance the following coverage: (a) Owned automobiles; (b) Hired automobiles; and, (3) Non-owned automobiles.
 - b. Commercial General Liability Insurance in an amount not less than a single limit of one million dollars (\$1,000,000) per occurrence and an aggregate of not less than two (2) times the occurrence amount (\$2,000,000.00 minimum) for bodily injury, including death and property damage, unless a greater amount is specified in the contract specifications. The insurance coverage shall contain no limitations on the scope of the protection provided and include the following minimum coverage:
 - i. Broad Form Property Damage, with no employee exclusion;
 - ii. Personal Injury Liability, including extended bodily injury;
 - iii. Broad Form Contractual/Commercial Liability – including coverage for products and completed operations;
 - iv. Premises – Operations Liability (M&C);
 - v. Independent Contractors and subcontractors;
 - vi. Blanket Contractual Liability.

- c. Professional Liability Insurance. The Contractor shall maintain professional liability insurance against legal liability arising out of activity related to the performance of this Agreement, on a form acceptable to Jefferson County Risk Management in the amounts of not less than \$1,000,000 Each Claim and \$2,000,000 Aggregate. The professional liability insurance policy should be on an “occurrence” form. If the professional liability policy is “claims made,” then an extended reporting periods coverage (tail coverage) shall be purchased for three (3) years after the end of this Agreement, at the Contractor’s sole expense. The Contractor agrees the Contractor’s insurance obligation to provide professional liability insurance shall survive the completion or termination of this Agreement for a minimum period of three (3) years.
- d. The County shall be named as an “additional named insured” under all insurance policies required by this Agreement, except Professional Liability Insurance when not allowed by the insurer.
- e. Such insurance coverage shall be evidenced by one of the following methods: (a) Certificate of Insurance; or, (b) Self-insurance through an irrevocable Letter of Credit from a qualified financial institution.
- f. The Contractor shall furnish the County with properly executed certificates of insurance that, at a minimum, shall include: (a) The limits of coverage; (b) The project name to which it applies; (c) The certificate holder as Jefferson County, Washington and its elected officials, officers, and employees with the address of Jefferson County Public Health 615 Sheridan Street, Port Townsend, WA 98368, and, (d) A statement that the insurance policy shall not be canceled or allowed to expire except on thirty (30) days prior written notice to the County.

If the proof of insurance or certificate indicating the County is an “additional insured” to a policy obtained by the Contractor refers to an endorsement (by number or name) but does not provide the full text of that endorsement, then it shall be the obligation of the Contractor to obtain the full text of that endorsement and forward that full text to the County. Certificates of coverage as required by this section shall be delivered to the County within fifteen (15) days of execution of this Agreement.

- g. Failure of the Contractor to take out or maintain any required insurance shall not relieve the Contractor from any liability under the Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the obligations concerning indemnification of the County.
- h. The Contractor’s insurers shall have no right of recovery or subrogation against the County (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies, with the exception of Professional Liability Insurance, so affected shall protect both parties and be primary coverage for all losses covered by the above described insurance.
- i. Insurance companies issuing the policy or policies shall have no recourse against the County (including its employees and other agents and agencies) for payment of any premiums or for assessments under any form of policy.

- j. All deductibles in the above described insurance policies shall be assumed by and be at the sole risk of the Contractor.
- k. Any deductibles or self-insured retention shall be declared to and approved by the County prior to the approval of this Agreement by the County. At the option of the County, the insurer shall reduce or eliminate deductibles or self-insured retention, or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
- l. Insurance companies issuing the Contractor's insurance policy or policies shall have no recourse against the County (including its employees and other agents and agencies) for payment of any premiums or for assessments under any form of insurance policy.
- m. Any judgments for which the County may be liable, in excess of insured amounts required by this Agreement, or any portion thereof, may be withheld from payment due, or to become due, to the Contractor until the Contractor shall furnish additional security covering such judgment as may be determined by the County.
- n. Any coverage for third party liability claims provided to the County by a "Risk Pool" created pursuant to Ch. 48.62 RCW shall be non-contributory with respect to any policy of insurance the Contractor must provide in order to comply with this Agreement.
- o. The County may, upon the Contractor's failure to comply with all provisions of this Agreement relating to insurance, withhold payment or compensation that would otherwise be due to the Contractor.
- p. The Contractor's liability insurance provisions shall be primary and noncontributory with respect to any insurance or self-insurance programs covering the County, its elected and appointed officers, officials, employees, and agents.
- q. Any failure to comply with reporting provisions of the insurance policies shall not affect coverage provided to the County, its officers, officials, employees, or agents.
- r. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
- s. The Contractor shall include all subcontractors as insured under its insurance policies or shall furnish separate certificates and endorsements for each subcontractor. All insurance provisions for subcontractors shall be subject to all the requirements stated herein.
- t. The insurance limits mandated for any insurance coverage required by this Agreement are not intended to be an indication of exposure nor are they limitations on indemnification.

- u. The Contractor shall maintain all required insurance policies in force from the time services commence until services are completed. Certificates, insurance policies, and endorsements expiring before completion of services shall be promptly replaced. All the insurance policies required by this Agreement shall provide that thirty (30) days prior to cancellation, suspension, reduction or material change in the policy, notice of same shall be given to the Jefferson County Public Health Contracts Manager by registered mail, return receipt requested.
- v. The Contractor shall place insurance with insurers licensed to do business in the State of Washington and having A.M. Best Company ratings of no less than A-, with the exception that excess and umbrella coverage used to meet the requirements for limits of liability or gaps in coverage need not be placed with insurers or re-insurers licensed in the State of Washington.
- w. The County reserves the right to request additional insurance on an individual basis for extra hazardous contracts and specific service agreements.

10. Worker's Compensation (Industrial Insurance).

- a. If and only if the Contractor employs any person(s) in the status of employee or employees separate from or in addition to any equity owners, sole proprietor, partners, owners or shareholders of the Contractor, the Contractor shall maintain workers' compensation insurance at its own expense, as required by Title 51 RCW, for the term of this Agreement and shall provide evidence of coverage to Jefferson County Public Health, upon request.
- b. Worker's compensation insurance covering all employees with limits meeting all applicable state and federal laws. This coverage shall include Employer's Liability with limits meeting all applicable state and federal laws.
- c. This coverage shall extend to any subcontractor that does not have their own worker's compensation and employer's liability insurance.
- d. The Contractor expressly waives by mutual negotiation all immunity and limitations on liability, with respect to the County, under any industrial insurance act, disability benefit act, or other employee benefit act of any jurisdiction which would otherwise be applicable in the case of such claim.
- e. If the County incurs any costs to enforce the provisions of this subsection, all cost and fees shall be recoverable from the Contractor.

11. Independent Contractor. The Contractor and the County agree that the Contractor is an independent contractor with respect to the services provided pursuant to this Agreement. The Contractor specifically has the right to direct and control Contractor's own activities, and the activities of its subcontractors, employees, agents, and representatives, in providing the agreed services in accordance with the specifications set out in this Agreement. Nothing in this Agreement shall be considered to create the relationship of employer and employee between the parties. Neither Contractor nor any employee of Contractor shall be entitled to any benefits accorded County employees by virtue of the services provided under this Agreement, including, but not limited to: retirement, vacation pay; holiday pay; sick leave pay; medical, dental, or other insurance benefits;

fringe benefits; or any other rights or privileges afforded to Jefferson County employees. The 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 Contractor, or any employee of Contractor.

12. Subcontracting Requirements.

- a. The Contractor is responsible for meeting all terms and conditions of this Agreement including standards of service, quality of materials and workmanship, costs, and schedules. Failure of a subcontractor to perform is no defense to a breach of this Agreement. The Contractor assumes responsibility for and all liability for the actions and quality of services performed by any subcontractor.
- b. Every subcontractor must agree in writing to follow every term of this Agreement. The Contractor must provide every subcontractor's written agreement to follow every term of this Agreement before the subcontractor can perform any services under this Agreement. The Public Health Director or their designee must approve any proposed subcontractors in writing.
- c. Any dispute arising between the Contractor and any subcontractors or between subcontractors must be resolved without involvement of any kind on the part of the County and without detrimental impact on the Contractor's performance required by this Agreement.

13. Covenant Against Contingent Fees. The Contractor warrants that he has not employed or retained any company or person, other than a bona fide employee working solely for the Contractor, to solicit or secure this Agreement, and that he has not paid or agreed to pay any company or person, other than a bona fide employee working solely for the Contractor, any fee, commission, percentage, brokerage fee, gifts, or any other consideration contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, the County shall have the right to annul this Agreement without liability or, in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such fee, commission, percentage, brokerage fee, gift, or contingent fee.

14. Discrimination Prohibited. The Contractor, with regard to the work performed by it under this Agreement, will not discriminate on the grounds of race, color, national origin, religion, creed, age, gender, sexual orientation, marital status, sex, or the presence of any physical or sensory handicap in the selection and retention of employees or procurement of materials or supplies.

15. No Assignment. The Contractor shall not sublet or assign any of the services covered by this Agreement without the express written consent of the County. Assignment does not include printing or other customary reimbursable expenses that may be provided in an agreement.

16. Non-Waiver. Waiver by the County of any provision of this Agreement or any time limitation provided for in this Agreement shall not constitute a waiver of any other provision.

17. Termination.

- a. The County reserves the right to terminate this Agreement at any time by giving ten (10) days written notice to the Contractor.
- b. In the event of the death of a member, partner, or officer of the Contractor, or any of its supervisory personnel assigned to the project, the surviving members of the Contractor hereby agree to complete the work under the terms of this Agreement, if requested to do so by the County. This section shall not be a bar to renegotiations of this Agreement between surviving members of the Contractor and the County, if the County so chooses.
- c. The County reserves the right to terminate this contract in whole or in part, with 10 days' notice, in the event that expected or actual funding from any funding source is withdrawn, reduced, or limited in any way after the effective date of this agreement. In the event of termination under this clause, the County shall be liable for only payment for services rendered prior to the effective date of termination.

18. Notices. All notices or other communications which any party desires or is required to give shall be given in writing and shall be deemed to have been given if hand-delivered, sent by facsimile, email, or mailed by depositing in the United States mail, prepaid to the party at the address listed below or such other address as a party may designate in writing from time to time.

Notices to the County shall be sent to the following address:

Jefferson County Public Health Department
ATT: Anna Mc Enery-DD/BH County Coordinator
615 Sheridan Street
Port Townsend, WA 98368

Notices to Contractor shall be sent to the following address:

Kitsap Public Health District
ATT: Siri Kushner, Assistant Director of Community Health
345 6th Street, Suite 300
Bremerton, WA 98337-1866

19. Integrated Agreement. This Agreement together with attachments or addenda represents the entire and integrated Agreement between the County and the Contractor and supersedes all prior negotiations, representations, or agreements written or oral. No representation or promise not expressly contained in this Agreement has been made. This Agreement supersedes all prior or simultaneous representations, discussions, negotiations, and agreements, whether written or oral, by the County within the scope of this Agreement. The Contractor ratifies and adopts all statements, representations, warranties, covenants, and agreements contained in its proposal, and the supporting material submitted by the Contractor, accepts this Agreement and agrees to all of the terms and conditions of this Agreement.

20. Modification of this Agreement. This Agreement may be amended only by written instrument signed by both County and Contractor.
21. Disputes. The Parties agree to use their best efforts to prevent and resolve disputes before they escalate into claims or legal actions. Any disputed issue not resolved pursuant to the terms of this Agreement shall be submitted in writing within 10 days to the County Risk Manager, whose decision in the matter shall be final, but shall be subject to judicial review. If either party deem it necessary to institute legal action or proceeding to enforce any right or obligation under this Agreement, each party in such action shall bear the cost of its own attorney's fees and court costs. Any legal action shall be initiated in the Superior Court of the State of Washington for Jefferson County. The parties agree that all questions shall be resolved by application of Washington law and that the parties have the right of appeal from such decisions of the Superior Court in accordance with the laws of the State of Washington.
- The Contractor hereby consents to the personal jurisdiction of the Superior Court of the State of Washington for Jefferson County.
22. Section Headings. The headings of the sections of this Agreement are for convenience of reference only and are not intended to restrict, affect, or be of any weight in the interpretation or construction of the provisions of the sections or this Agreement.
23. Limits of Any Waiver of Default. No consent by either party to, or waiver of, a breach by either party, whether express or implied, shall constitute a consent to, waiver of, or excuse of any other, different, or subsequent breach by either party.
24. No Oral Waiver. No term or provision of this Agreement will be considered waived by either party, and no breach excused by either party, unless such waiver or consent is in writing signed on behalf of the party against whom the waiver is asserted. Failure of a party to declare any breach or default immediately upon the occurrence thereof, or delay in taking any action in connection with, shall not waive such breach or default.
25. Severability. Provided it does not result in a material change in the terms of this Agreement, if any provision of this Agreement or the application of this Agreement to any person or circumstance shall be invalid, illegal, or unenforceable to any extent, the remainder of this Agreement and the application this Agreement shall not be affected and shall be enforceable to the fullest extent permitted by law.
26. Binding on Successors, Heirs and Assigns. This Agreement shall be binding upon and inure to the benefit of the parties' successors in interest, heirs, and assigns.
27. No Assignment. The Contractor shall not sell, assign, or transfer any of rights obtained by this Agreement without the express written consent of the County.
28. No Third-party Beneficiaries. The parties do not intend, and nothing in this Agreement shall be construed to mean, that any provision in this Agreement is for the benefit of any person or entity who is not a party.
29. Signature in Counterparts. The parties agree that separate copies of this Agreement may be signed by each of the parties and this Agreement shall have the same force and effect as if all the parties had signed the original.

30. Facsimile and Electronic Signatures. The parties agree that facsimile and electronic signatures shall have the same force and effect as original signatures.
31. Arms-Length Negotiations. The parties agree that this Agreement has been negotiated at arms-length, with the assistance and advice of competent, independent legal counsel.
32. Public Records Act. Notwithstanding the provisions of this Agreement to the contrary, to the extent any record, including any electronic, audio, paper or other media, is required to be kept or indexed as a public record in accordance with the Washington Public Records Act, Chapter 42.56 RCW, as may hereafter be amended, the Contractor agrees to maintain all records constituting public records and to produce or assist the County in producing such records, within the time frames and parameters set forth in state law. The Contractor further agrees that upon receipt of any written public record request, Contractor shall, within two business days, notify the County by providing a copy of the request per the notice provisions of this Agreement.
33. Confidentiality. With respect to all information relating to County that is confidential and clearly so designated, as required by the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable privacy laws, the Contractor agrees to keep such information confidential. The Contractor shall not disclose, transfer, or sell any such information to any party, except as provided by law or, in the case of personal information, with the prior written consent of the person to whom the personal information pertains. The Contractor shall maintain the confidentiality of all personal information and other information gained by reason of this Agreement, and shall return or certify the destruction of such information if requested in writing by Jefferson County. This Agreement, once executed, will be a “public record” subject to production to a third party if same is requested pursuant to the Washington Public Records Act, Chapter 42.56 RCW, as may hereafter be amended.
34. Criminal History/Background Check. Each of the Contractor’s employees, the employees of any of the Contractor’s approved subcontractor, or volunteers used by the Contractor shall submit to a Washington State Patrol fingerprint identity and criminal history check before they are authorized to perform services for the Project. The County agrees to bear all reasonable costs incurred in the performance of this fingerprint identity and criminal history check. Contractors who may or will have regular access or limited access to any juveniles shall also:
- a. Require that each of the Contractor’s employees, the employees of any of the Contractor’s approved subcontractor, or volunteers used by the Contractor undergo not less often than once every three (3) years another Jefferson County approved criminal history and background check;
 - b. Ensure all employees, subcontractors, or volunteers are knowledgeable about the requirements of RCW 13.40.570 and of the new crimes included in RCW 9A.44, Sexual Offense;
 - c. Sign the Contractor Requirements for Responding to Situation of Sexual Misconduct Form, and shall submit to Jefferson County with signed Agreement.

DATED this 13th day of February, 2023.

(SIGNATURES FOLLOW ON THE NEXT PAGE)

SIGNATURE PAGE

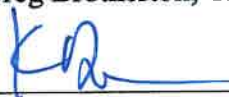
JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

Name of Contractor



Greg Brotherton, Chair

Contractor Representative *(Please print)*



Kate Dean, Member

Approved Telephonically

(Signature)

Heidi Eisenhour, Member

Title


Date

Attest:

 2/13/23

Carolyn Gallaway, Date
Clerk of the Board

Approved as to Form Only:

 February 2, 2023

Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

EXHIBIT A**SCOPE OF WORK****Kitsap Public Health District****RESPONSIBILITIES:**

The County, as administrator of the 1/10th of 1% Sales and Use Tax Funds, and Kitsap Public Health District agree that Kitsap Public Health District will provide services to individuals as described in this Contract, including **EXHIBIT A: Scope of Work:** and **EXHIBIT B: Fee Schedule** attached hereto and incorporated herein.

Kitsap Public Health District, as a contracted provider, agrees to:

- Kitsap Public Health District, (KPHD) and Jefferson County Public Health, (JCPH) will prioritize the following work by mutually agreeing upon the scope, data periods, number of meetings and format of deliverables for each work item listed below.
- Monitor the community impact of Mental Health and Substance Abuse issues, needs, demographics and risks for Jefferson County. (JCPH subcontracts with KPHD to compile the data necessary for policy decisions.)
- Provide quarterly and annual service evaluations for all Behavioral Health Subcontractors/Vendors; receiving funds through the 1/10th of 1% Sales Tax Fund. (KPHD concurrently compiles 1/10th of 1% data for three Counties; Kitsap, Jefferson and Clallam.)
- Collaborate with Subcontractors/Vendors to develop and continue to refine evaluation plans for quarterly and annual reports.
- Prepare and present a yearly Data Report to the Behavioral Health Advisory Committee.
- Develop and maintain an online 1/10th of 1% Data Dashboard for Subcontractors/Vendors to share their program metrics; with the County, the Behavioral Health Advisory Committee and the Jefferson County community.
- Prepare a yearly School-based Health Center Annual Report with data.
- Develop and maintain a database for the School-based Health Centers.

EXHIBIT B

BUDGET- 2023

Kitsap Public Health District

**Kitsap Public Health District Assessment and Epidemiology Program
Jefferson County 1/10th of 1% Monitoring and Evaluation
Scope of Work/ 2023**

KPHD Staff 2023 hourly rate estimate:	
Epidemiologist I (evaluator)	\$85
Program Manager (supervisor)	\$111
IT (database developer)	\$196
Clerical Staff	\$63

Activity	Timeline/description	Duration/Frequency	Total hours	Who	Cost
Technical assistance (TA) to projects for M&E development and refinement	January-December: Review, prep, and revise metrics at evaluation meetings	2.5 hours x project	37.5	Epidemiologist	\$3,188
	January-December: TA to projects and data management	2.5 hours x project	37.5	Epidemiologist	\$3,188
Quarterly report reviews and Annual Report	January-December	12 projects x 5 hours each	75	Epidemiologist	\$6,375
School-Based Health Center Annual Report and database management	January-December	90 hours	90	Epidemiologist	\$7,650
Set-up measures and manage electronic reporting platform	January-December	1.5 hours x project	22.5	Clerical	\$1,418
Ongoing management of electronic reporting web platform and the addition of new features	January-December	24 hours split CJK	8	IT	\$768
Maintain 1/10th of 1% Program Dashboard	January-December	2 hours x project	30	Epidemiologist	\$2,550
Advisory Board Meetings	January-December	6 meetings x 2 hours	12	Epidemiologist	\$1,020
Support/input/supervision	ongoing	1-hour x month	12	Program Manager	\$1,332

Evaluation Subtotal:	15,102
One-Tenth On-line Subtotal:	12,386
Grand Total:	\$27,488

**EXHIBIT B
BUDGET- 2024**

Kitsap Public Health District

**Kitsap Public Health District Assessment
and Epidemiology Program
Jefferson County 1/10th of 1%
Monitoring and Evaluation
Scope of Work/ 2024**

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Evaluation Subtotal:	15,102
One-Tenth On-line Subtotal:	12,386
Grand Total:	\$27,488

New or Renewed Contracts for the Period of 01/01/2023 through 01/31/2023

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (4 contracts)									
Jefferson County									
ID: 2306	Parent/Child Health, Nancy Acosta	Contract for Services	Closed	12/06/22	\$75,000.00	01/04/23	01/01/23	12/31/23	N-22-058
<i>Description: KPHD will provide Public Health Nurse services for NFP Supervisor.</i>									
.....									
Kitsap County									
ID: 2300	PIC, Grant Holdcroft	Interlocal/Interagency	Closed	12/06/22	\$1,378,000.00	01/09/23	01/01/23	12/31/23	KC-547-22
<i>Description: Clean Water Kitsap 2023. Agreement provides a mechanism for implementation of programs within the Clean Water Kitsap (CWK) partnership.</i>									
.....									
Kitsap County Division of Aging and Long-Term Care									
ID: 2310	Chronic Disease Prevention, Dana Bierman	Amendment	Closed	01/03/23	\$10,000.00	01/06/23	03/01/22	06/30/23	KC-244-22-A
<i>Description: KPHD will provide technical assistance to Kitsap Aging to improve the Area Plan community survey used to engage community members to share their ideas about strengths, needs, and gaps of social services throughout Kitsap County that serve older adults, younger adults with disabilities, and their caregivers.</i>									
<i>Amendment extends the original Interlocal Agreement expiration date from December 31, 2022 to June 30, 2023 and adds \$1,730 for a new contract total of \$11,730.</i>									
.....									
Summit Law Group									
ID: 2304	Administration, Karen Holt	Contract for Services	Closed		\$20,000.00	01/20/23	01/01/23	12/31/23	
<i>Description: Rod Younker</i>									
<i>The Contractor shall provide legal counsel and representation on behalf of the District for labor and employment-related issues.</i>									
.....									

Kitsap Public Health Board Meeting

Date: March 07, 2023

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

Approvals:

	Signature	Date
Administrator	<i>Keith Grullner</i>	2/27/2023
Finance Manager	<i>Melissa Laird</i>	2/27/2023

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	1/5/2023	\$ 32,196.18
Accounts Payable	1/12/2023	13,567.36
Accounts Payable	1/19/2023	27,302.96
Accounts Payable	1/26/2023	218,441.35
Accounts Payable Total		\$ 291,507.85
Payroll	1/31/2023	555,157.04
Payroll Taxes	1/31/2023	211,088.82
Payroll PERS Payment	1/13/2023	131,921.56
Payroll Total		\$ 898,167.42
Grand Total		\$ 1,189,675.27

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



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Settlement Run Information

Settlement Run STL-00001782
Name Kitsap Public Health District KC
Number STL-00001782
Status Complete
Date 01/05/2023
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 32,196.18
Inbound Total 0.00
Expense Report Count 6
Supplier Invoice Count 11

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	01/05/2023	6	1,391.06	USD	Payment Message: ID 1372 for Kitsap Public Health District on 01/05/2023	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	01/05/2023	6	19,562.62	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/05/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	01/05/2023	5	11,242.50	USD	Payment Message: ID 1371 for Kitsap Public Health District on 01/05/2023	Successfully Completed

Expense Reports



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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004189	Kitsap Public Health District	Zachary Ahlin (434420)	Employee	EXP-0004189	12/29/2022	Mileage 1006-122122	460.00	USD
Expense Report: EXP-0004190	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0004190	12/29/2022	Mileage 0930-121922	62.00	USD
Expense Report: EXP-0004191	Kitsap Public Health District	Anne Burns (434416)	Employee	EXP-0004191	12/29/2022	Mileage 1123-120522	25.00	USD
Expense Report: EXP-0004192	Kitsap Public Health District	Laura Ciulla (400655)	Employee	EXP-0004192	12/29/2022	Mileage 0802-083022, IILCE RECERT	598.75	USD
Expense Report: EXP-0004193	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0004193	12/29/2022	Mileage 1120-121922	166.31	USD
Expense Report: EXP-0004194	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0004194	12/29/2022	Mileage 1214-121522	79.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-49807	Kitsap Public Health District	Griffen Caldwell, Inc	DEC 2022- DAY, BRAD	Griffen Caldwell, Inc	Net 30	SINV-2022-49807	11/16/2022		12/16/2022	0.00	0.00	1,060.00	USD
Supplier Invoice: SINV-2022-53501	Kitsap Public Health District	Canon Financial Services, Inc.	Invoice # 29677294	Canon Financial Services, Inc.	Net 30	SINV-2022-53501	12/12/2022		01/11/2023	0.00	0.00	1,043.07	USD
Supplier Invoice: SINV-2022-53502	Kitsap Public Health District	Collins Computing Inc	Invoice # R-11523	Collins Computing Inc	Net 30	SINV-2022-53502	12/12/2022		01/11/2023	0.00	0.00	7,026.72	USD
Supplier Invoice: SINV-2022-53503	Kitsap Public Health District	FedEx	Invoice # 7-987-23409/ Acct# 1888-3436-1	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2022-53503	12/29/2022		01/28/2023	0.00	0.00	11.00	USD
Supplier Invoice: SINV-2022-53504	Kitsap Public Health District	Staples	Inv# 3526073649	Staples - Remit-To: Staples	Net 30	SINV-2022-53504	12/22/2022		01/21/2023	0.00	0.00	209.18	USD
Supplier Invoice: SINV-2022-53505	Kitsap Public Health District	Jefferson County	Nov 2022	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2022-53505	12/16/2022		01/15/2023	0.00	0.00	7,066.55	USD
Supplier Invoice: SINV-2022-53506	Kitsap Public Health District	Jessica Matias	Invoice 24- December 22	Jessica Matias	Net 30	SINV-2022-53506	12/27/2022		01/26/2023	0.00	0.00	200.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-53507	Kitsap Public Health District	Quadient Finance Usa Inc	Acct# 7900-0440-8001-2994-December 2022	Quadient Finance Usa Inc	Net 30	SINV-2022-53507	12/29/2022		01/28/2023	0.00	0.00	2,482.54	USD
Supplier Invoice: SINV-2022-53508	Kitsap Public Health District	King County	Invoice # 8003823	King County - Remit-To: 201 s Jackson St, Ste 710	Net 30	SINV-2022-53508	12/29/2022		01/28/2023	0.00	0.00	182.00	USD
Supplier Invoice: SINV-2022-53510	Kitsap Public Health District	United Business Machines Of Wa	Inv# 487124	United Business Machines Of Wa	Net 30	SINV-2022-53510	12/28/2022		01/27/2023	0.00	0.00	639.34	USD
Supplier Invoice: SINV-2022-53511	Kitsap Public Health District	US Bank National Association	Acct# 4246-0445-5568-8591 (December 2022)	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2022-53511	12/26/2022		01/25/2023	0.00	0.00	10,884.72	USD

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	01/05/2023 09:43:04 AM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 1372 for Kitsap Public Health District on 01/05/2023	Successfully Completed
Payment Message: ID 1371 for Kitsap Public Health District on 01/05/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/05/2023	Successfully Completed
Remittance File: For United Business Machines Of Wa on 01/05/2023	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 01/05/2023	Successfully Completed
Remittance File: For Quadient Finance Usa Inc on 01/05/2023	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 01/05/2023	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 01/05/2023	Successfully Completed

Background Processes



View Settlement Run

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
01/05/2023 09:43 AM	01/05/2023 09:43 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001782	Completed	00:00:04	Kimberly Condon	



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Settlement Run Information

Settlement Run STL-00001799
Name Kitsap Public Health District KC
Number STL-00001799
Status Complete
Date 01/12/2023
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 13,567.36
Inbound Total 0.00
Expense Report Count 16
Miscellaneous Payment Request Count 1
Supplier Invoice Count 10

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	01/12/2023	16	2,530.02	USD	Payment Message: ID 1392 for Kitsap Public Health District on 01/12/2023	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	01/12/2023	1	200.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 01/12/2023	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	01/12/2023	7	8,827.74	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/12/2023	Successfully Completed



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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	01/12/2023	2	2,009.60	USD	Payment Message: ID 1391 for Kitsap Public Health District on 01/12/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004271	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0004271	01/01/2023	Mileage 1214-121522-Training	104.02	USD
Expense Report: EXP-0004272	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0004272	01/01/2023	Mileage 122922	10.63	USD
Expense Report: EXP-0004273	Kitsap Public Health District	Rudy Baum (434397)	Employee	EXP-0004273	01/01/2023	Mileage 1101-120222	373.19	USD
Expense Report: EXP-0004274	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0004274	01/05/2023	Mileage 01101-122722	434.38	USD
Expense Report: EXP-0004275	Kitsap Public Health District	Harrison Forte (434150)	Employee	EXP-0004275	01/05/2023	Mileage 0924-121622	331.31	USD
Expense Report: EXP-0004279	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0004279	01/01/2023	Mileage 102-123022	76.25	USD
Expense Report: EXP-0004280	Kitsap Public Health District	Jessica Guidry (355732)	Employee	EXP-0004280	01/05/2023	Room rental- Conf deposit	122.63	USD
Expense Report: EXP-0004281	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0004281	01/05/2023	Mileage 1219-122722	25.63	USD
Expense Report: EXP-0004284	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0004284	01/01/2023	Mileage 1128-122822	165.94	USD
Expense Report: EXP-0004285	Kitsap Public Health District	Crystal Nuno (405301)	Employee	EXP-0004285	01/01/2023	Mileage 1205-123022	403.75	USD
Expense Report: EXP-0004286	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0004286	01/01/2023	Mileage 1216-122122	71.38	USD
Expense Report: EXP-0004287	Kitsap Public Health District	Mindy Tonti (434149)	Employee	EXP-0004287	01/06/2023	Mileage 1205-122822	66.63	USD
Expense Report: EXP-0004288	Kitsap Public Health District	Lisa Warren (434273)	Employee	EXP-0004288	01/01/2023	Mileage 1205-122922	83.63	USD
Expense Report: EXP-0004289	Kitsap Public Health District	Megan Moore (421227)	Employee	EXP-0004289	01/01/2023	Mileage 120922	18.75	USD
Expense Report: EXP-0004290	Kitsap Public Health District	Laura Westervelt (434382)	Employee	EXP-0004290	01/01/2023	Mileage 1202-123022, logo wear	226.96	USD
Expense Report: EXP-0004291	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0004291	01/01/2023	Mileage 1004-121922	14.94	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-07848	Kitsap Public Health District	JENSEN'S SEPTIC COMPANY (Inactive)	MPR-07848	Check	POS Customer Refund	01/06/2023	200.00	USD



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Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-54357	Kitsap Public Health District	Acranet Cbs Branch	Invoice # 22214	Acranet Cbs Branch	Net 30	SINV-2023-54357	01/01/2023		01/31/2023	0.00	0.00	136.00	USD
Supplier Invoice: SINV-2023-54358	Kitsap Public Health District	Catalyst Workplace Activation	Invoice # 313226	Catalyst Workplace Activation	Net 30	SINV-2023-54358	01/01/2023		01/31/2023	0.00	0.00	28.39	USD
Supplier Invoice: SINV-2023-54359	Kitsap Public Health District	Comcast	8498-36-002-1685177/ 8498-36-002-1644737	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2023-54359	01/01/2023		01/31/2023	0.00	0.00	691.41	USD
Supplier Invoice: SINV-2023-54360	Kitsap Public Health District	Comcast	Invoice # 162916107	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2023-54360	01/01/2023		01/31/2023	0.00	0.00	510.29	USD
Supplier Invoice: SINV-2023-54361	Kitsap Public Health District	Microsoft Corporation	Invoice E0600LM14E	Microsoft Corporation - Remit-To: Microsoft Services Po Box 842103	Net 30	SINV-2023-54361	01/02/2023		02/01/2023	0.00	0.00	3,859.77	USD
Supplier Invoice: SINV-2023-54362	Kitsap Public Health District	New West Technologies	Invoice # 16827	New West Technologies	Net 30	SINV-2023-54362	01/06/2023		02/05/2023	0.00	0.00	630.63	USD
Supplier Invoice: SINV-2023-54363	Kitsap Public Health District	OLSOS Scrip	PO# 20660	OLSOS Scrip	Net 30	SINV-2023-54363	01/01/2023		01/31/2023	0.00	0.00	3,000.00	USD
Supplier Invoice: SINV-2023-54364	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	Invoice # C22-04868	Spectra Laboratories - Kitsap, LLC	Net 30	SINV-2023-54364	01/06/2023		02/05/2023	0.00	0.00	1,262.80	USD
Supplier Invoice: SINV-2023-54366	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	Invoice # C22-05224	Spectra Laboratories - Kitsap, LLC	Net 30	SINV-2023-54366	01/02/2023		02/01/2023	0.00	0.00	610.80	USD
Supplier Invoice: SINV-2023-54367	Kitsap Public Health District	Telelanguage LLC	Invoice # 0310071122	Telelanguage LLC	Net 30	SINV-2023-54367	01/01/2023		01/31/2023	0.00	0.00	107.25	USD

Process History



View Settlement Run

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	01/12/2023 12:03:52 PM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 1391 for Kitsap Public Health District on 01/12/2023	Successfully Completed
Payment Message: ID 1392 for Kitsap Public Health District on 01/12/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 01/12/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/12/2023	Successfully Completed
Remittance File: For Acranet Cbs Branch on 01/12/2023	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC on 01/12/2023	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
01/12/2023 12:03 PM	01/12/2023 12:03 PM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001799	Completed	00:00:06	Kimberly Condon	



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Settlement Run Information

Settlement Run STL-00001816
Name Kitsap Public Health District KC
Number STL-00001816
Status Complete
Date 01/19/2023
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 27,302.96
Inbound Total 0.00
Expense Report Count 22
Supplier Invoice Count 16

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	01/19/2023	1	108.75	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 01/19/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	01/19/2023	21	2,239.02	USD	Payment Message: ID 1411 for Kitsap Public Health District on 01/19/2023	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	01/19/2023	14	22,526.91	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/19/2023	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	01/19/2023	2	2,428.28	USD	Payment Message: ID 1410 for Kitsap Public Health District on 01/19/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004307	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0004307	01/01/2023	Mileage 1203-122822	116.88	USD
Expense Report: EXP-0004308	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0004308	01/01/2023	Mileage 1121-121522, Insp Lic renewal	228.50	USD
Expense Report: EXP-0004309	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0004309	01/01/2023	Mileage 1209-122722	63.25	USD
Expense Report: EXP-0004310	Kitsap Public Health District	Laura Ciulla (400655)	Employee	EXP-0004310	01/01/2023	Mileage 0902-113022, LogoWear	341.25	USD
Expense Report: EXP-0004311	Kitsap Public Health District	Maria Fergus (434648)	Employee	EXP-0004311	01/01/2023	Mileage 1117-113022, Training	88.75	USD
Expense Report: EXP-0004313	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0004313	01/01/2023	Mileage 1219-123022	10.06	USD
Expense Report: EXP-0004314	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0004314	01/01/2023	Mileage 1215-122122	108.75	USD
Expense Report: EXP-0004315	Kitsap Public Health District	Grant Holdcroft (4579)	Employee	EXP-0004315	01/01/2023	Mileage 122622	33.69	USD
Expense Report: EXP-0004316	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0004316	01/01/2023	Mileage 1208-122922	40.50	USD
Expense Report: EXP-0004317	Kitsap Public Health District	Talia Humphrey (434383)	Employee	EXP-0004317	01/01/2023	Mileage 1215-12302022	177.50	USD
Expense Report: EXP-0004318	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0004318	01/01/2023	Mileage 1222-123022	38.75	USD
Expense Report: EXP-0004319	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0004319	01/01/2023	Subscription Nov-Dec	29.98	USD
Expense Report: EXP-0004320	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0004320	01/01/2023	Mileage 1201-121522	38.25	USD
Expense Report: EXP-0004321	Kitsap Public Health District	Victoria Lehto (434317)	Employee	EXP-0004321	01/01/2023	Mileage 1101-11112022	198.31	USD
Expense Report: EXP-0004322	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0004322	01/01/2023	Mileage 1212-122922	82.50	USD
Expense Report: EXP-0004323	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0004323	01/01/2023	Mileage 1222-123022	77.25	USD
Expense Report: EXP-0004324	Kitsap Public Health District	Tameka Phelps (434295)	Employee	EXP-0004324	01/01/2023	Mileage 1206-122722, RN Lic Renew	264.88	USD
Expense Report: EXP-0004325	Kitsap Public Health District	Alena Schroeder (434395)	Employee	EXP-0004325	01/01/2023	Mileage 1215-12302022	85.00	USD



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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004328	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0004328	01/01/2023	Mileage 122222, Supplies	36.41	USD
Expense Report: EXP-0004329	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0004329	01/01/2023	Mileage 1222-123022	89.81	USD
Expense Report: EXP-0004330	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0004330	01/01/2023	Mileage 1101-111822	117.50	USD
Expense Report: EXP-0004335	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0004335	01/01/2023	Infant MH Membership Renewal	80.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-54864	Kitsap Public Health District	Bainbridge Island Fire Department	Sept-Oct 22 Svcs	Bainbridge Island Fire Department	Net 30	SINV-2023-54864	01/01/2023		01/31/2023	0.00	0.00	10,118.28	USD
Supplier Invoice: SINV-2023-54868	Kitsap Public Health District	Dell Marketing L.P.	Invoice # 10642122918	Dell Marketing L.P.	Net 30	SINV-2023-54868	01/10/2023		02/09/2023	0.00	0.00	4,382.09	USD
Supplier Invoice: SINV-2023-54870	Kitsap Public Health District	Griffin Glen Apartments LLC	Apt C104- Feb 2023	Griffin Glen Apartments LLC	Net 30	SINV-2023-54870	01/05/2023		02/04/2023	0.00	0.00	1,282.00	USD
Supplier Invoice: SINV-2023-54871	Kitsap Public Health District	The Heights at Sheridan Road	100 Sheridan #111 - Feb 2023	The Heights at Sheridan Road	Net 30	SINV-2023-54871	01/05/2023		02/04/2023	0.00	0.00	1,232.00	USD
Supplier Invoice: SINV-2023-54872	Kitsap Public Health District	Indigo Apartments	Apt # 205A- Feb 2023	Indigo Apartments	Net 30	SINV-2023-54872	01/05/2023		02/04/2023	0.00	0.00	1,100.00	USD
Supplier Invoice: SINV-2023-54873	Kitsap Public Health District	Kania, Sharon Faye	FEB 2023	Kania, Sharon Faye	Net 30	SINV-2023-54873	01/05/2023		02/04/2023	0.00	0.00	458.00	USD
Supplier Invoice: SINV-2023-54874	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	1201-123122	Spectra Laboratories - Kitsap, LLC	Net 30	SINV-2023-54874	01/01/2023		01/31/2023	0.00	0.00	1,966.80	USD
Supplier Invoice: SINV-2023-54876	Kitsap Public Health District	Silverdale Home Associates	FEB 2023	Silverdale Home Associates	Net 30	SINV-2023-54876	01/05/2023		02/04/2023	0.00	0.00	1,066.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-54877	Kitsap Public Health District	Staples	Invoice # 3527153344	Staples - Remit-To: Staples	Net 30	SINV-2023-54877	01/04/2023		02/03/2023	0.00	0.00	210.42	USD
Supplier Invoice: SINV-2023-54879	Kitsap Public Health District	United Business Machines Of Wa	Invoice # 487501	United Business Machines Of Wa	Net 30	SINV-2023-54879	01/03/2023		02/02/2023	0.00	0.00	461.48	USD
Supplier Invoice: SINV-2023-54880	Kitsap Public Health District	Regents of the University of Colorado	Invoice # US237_310_1 - Warren, L	Regents of the University of Colorado	Net 30	SINV-2023-54880	01/05/2023		02/04/2023	0.00	0.00	640.00	USD
Supplier Invoice: SINV-2023-54885	Kitsap Public Health District	Washington Home Solutions	FEB 2023	Washington Home Solutions	Net 30	SINV-2023-54885	01/09/2023		02/08/2023	0.00	0.00	733.00	USD
Supplier Invoice: SINV-2023-54887	Kitsap Public Health District	Wex Bank	ACCT# 0496-00-569850-1 (JAN 2023)	Wex Bank	Net 30	SINV-2023-54887	01/09/2023		02/08/2023	0.00	0.00	251.13	USD
Supplier Invoice: SINV-2023-54973	Kitsap Public Health District	Comcast	Acct# 8498-36-002-0701975 (Jan 2023)	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2023-54973	01/09/2023		02/08/2023	0.00	0.00	255.03	USD
Supplier Invoice: SINV-2023-54975	Kitsap Public Health District	Toyota Financial Services	Acct# 03-0322-CU922 (Jan 2023)	Toyota Financial Services	Net 30	SINV-2023-54975	01/11/2023		02/10/2023	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2023-55245	Kitsap Public Health District	Telelanguage LLC	Invoice # 0310071222	Telelanguage LLC	Net 30	SINV-2023-55245	01/01/2023		01/31/2023	0.00	0.00	338.25	USD

Process History
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	01/19/2023 10:51:18 AM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	



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Related Business Processes History

Business Process	Status
Payment Message: ID 1411 for Kitsap Public Health District on 01/19/2023	Successfully Completed
Payment Message: ID 1410 for Kitsap Public Health District on 01/19/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/19/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 01/19/2023	Successfully Completed
Remittance File: For United Business Machines Of Wa on 01/19/2023	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC on 01/19/2023	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
01/19/2023 10:51 AM	01/19/2023 10:51 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001816	Completed	00:00:07	Kimberly Condon	



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Settlement Run Information

Settlement Run STL-00001839
Name Kitsap Public Health District KC
Number STL-00001839
Status Complete
Date 01/26/2023
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 218,441.35
Inbound Total 0.00
Expense Report Count 21
Supplier Invoice Count 25

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	01/26/2023	1	108.73	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 01/26/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	01/26/2023	20	2,202.67	USD	Payment Message: ID 1429 for Kitsap Public Health District on 01/26/2023	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	01/26/2023	24	207,744.32	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/26/2023	Successfully Completed



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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	01/26/2023	1	8,385.63	USD	Payment Message: ID 1428 for Kitsap Public Health District on 01/26/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004349	Kitsap Public Health District	Nancy Acosta (278956)	Employee	EXP-0004349	01/01/2023	Supplies 0916-110322	291.28	USD
Expense Report: EXP-0004350	Kitsap Public Health District	Rudy Baum (434397)	Employee	EXP-0004350	01/01/2023	Mileage 1206-123022	165.69	USD
Expense Report: EXP-0004351	Kitsap Public Health District	Angeline Berger (407902)	Employee	EXP-0004351	01/01/2023	Mileage 120822	11.88	USD
Expense Report: EXP-0004352	Kitsap Public Health District	Xinia Ebbay (434566)	Employee	EXP-0004352	01/01/2023	Mileage 1215-122922	31.63	USD
Expense Report: EXP-0004353	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0004353	01/18/2023	Mileage 0103-011123	108.73	USD
Expense Report: EXP-0004354	Kitsap Public Health District	Keith Grellner (1264)	Employee	EXP-0004354	01/01/2023	Mileage 112122	71.25	USD
Expense Report: EXP-0004355	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0004355	01/18/2023	Mileage 0103-011223	31.77	USD
Expense Report: EXP-0004356	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0004356	01/18/2023	WFOA Due, Training Pt 1 & 2	145.00	USD
Expense Report: EXP-0004357	Kitsap Public Health District	Victoria Lehto (434317)	Employee	EXP-0004357	01/01/2023	Mileage 1202-122922	28.31	USD
Expense Report: EXP-0004358	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0004358	01/01/2023	Mileage 121522	5.25	USD
Expense Report: EXP-0004359	Kitsap Public Health District	Anne Moen (279971)	Employee	EXP-0004359	01/18/2023	Mileage 0172023	58.95	USD
Expense Report: EXP-0004360	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0004360	01/18/2023	Mileage 0104-011123	150.91	USD
Expense Report: EXP-0004361	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0004361	01/01/2023	Mileage 1121-121922	263.75	USD
Expense Report: EXP-0004362	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0004362	01/01/2023	Mileage 122422-010623	123.05	USD
Expense Report: EXP-0004366	Kitsap Public Health District	Kandice Atisme-Bevins (433909)	Employee	EXP-0004366	01/19/2023	NB OF PH CERT RENEWAL	95.00	USD
Expense Report: EXP-0004371	Kitsap Public Health District	Melina Knoop (16125)	Employee	EXP-0004371	01/01/2023	Mileage 1003-121322	175.00	USD
Expense Report: EXP-0004373	Kitsap Public Health District	Lindsey Camarena (434136)	Employee	EXP-0004373	01/20/2023	Mileage 011023	81.22	USD
Expense Report: EXP-0004374	Kitsap Public Health District	Harrison Forte (434150)	Employee	EXP-0004374	01/01/2023	Mileage 1220-122922	45.25	USD



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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004375	Kitsap Public Health District	Talia Humphrey (434383)	Employee	EXP-0004375	01/20/2023	Mileage 0104-011723	147.70	USD
Expense Report: EXP-0004376	Kitsap Public Health District	Carin Onarheim (426938)	Employee	EXP-0004376	01/01/2023	Mileage 0819-112922, Ferry exp	111.03	USD
Expense Report: EXP-0004377	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0004377	01/01/2023	Mileage 1201-121522	168.75	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-49074	Kitsap Public Health District	Olympic NW Property Management	4091 COUNTRY LN NW #6, (DEC '22)	Olympic NW Property Management	Net 30	SINV-2022-49074	11/16/2022		12/16/2022	0.00	0.00	672.00	USD
Supplier Invoice: SINV-2023-56085	Kitsap Public Health District	Citiesdigital	Invoice # 56318	Citiesdigital	Net 30	SINV-2023-56085	01/18/2023		02/17/2023	0.00	0.00	9,926.28	USD
Supplier Invoice: SINV-2023-56086	Kitsap Public Health District	Quest Diagnostics	Invoice # T1455532	Quest Diagnostics	Net 30	SINV-2023-56086	01/18/2023		02/17/2023	0.00	0.00	187.77	USD
Supplier Invoice: SINV-2023-56087	Kitsap Public Health District	Iron Mountain	Invoice # 202653262	Iron Mountain - Remit-To: PO Box 601002	Net 30	SINV-2023-56087	01/01/2023		01/31/2023	0.00	0.00	171.89	USD
Supplier Invoice: SINV-2023-56088	Kitsap Public Health District	Kitsap Public Health District	Replenish Petty Cash Jan 2023	Kitsap Public Health District - Remit-To: Petty Cash Fund	Net 30	SINV-2023-56088	01/18/2023		02/17/2023	0.00	0.00	61.27	USD
Supplier Invoice: SINV-2023-56089	Kitsap Public Health District	Lingo	Invoice # 33103594/Customer# 412450316	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2023-56089	01/11/2023		02/10/2023	0.00	0.00	12.23	USD
Supplier Invoice: SINV-2023-56090	Kitsap Public Health District	Verizon Wireless	Invoice #9925119671	Verizon Wireless - Remit-To: Verizon Wireless - Po Box 660108 Dallas Tx	Net 30	SINV-2023-56090	01/10/2023		02/09/2023	0.00	0.00	6,557.32	USD
Supplier Invoice: SINV-2023-56091	Kitsap Public Health District	WA State Dept of Revenue	4TH QTR 2022/ UBI# 601-139-034	WA State Dept of Revenue - Remit-To: General PO Box 47464	Net 30	SINV-2023-56091	01/18/2023		02/17/2023	0.00	0.00	26.11	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-56166	Kitsap Public Health District	Dynamic Budgets LLC	Invoice # 01570	Dynamic Budgets LLC	Net 30	SINV-2023-56166	01/01/2023		01/31/2023	0.00	0.00	1,500.00	USD
Supplier Invoice: SINV-2023-56319	Kitsap Public Health District	Washington State University	Contract # 2265 (Nov-Dec 2022)	Washington State University	Net 30	SINV-2023-56319	01/01/2023		01/31/2023	0.00	0.00	8,385.63	USD
Supplier Invoice: SINV-2023-56402	Kitsap Public Health District	American Family Life Assurance Company	PR Benefit- January 2023	American Family Life Assurance Company	Net 30	SINV-2023-56402	01/20/2023		02/19/2023	0.00	0.00	2,589.28	USD
Supplier Invoice: SINV-2023-56406	Kitsap Public Health District	WA State Employment Security	PR BENEFITS - JANUARY 2023	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	Net 30	SINV-2023-56406	01/20/2023		02/19/2023	0.00	0.00	6,475.55	USD
Supplier Invoice: SINV-2023-56408	Kitsap Public Health District	Health Equity	PR BENEFITS- JANUARY 2023	Health Equity	Net 30	SINV-2023-56408	01/20/2023		02/19/2023	0.00	0.00	1,010.00	USD
Supplier Invoice: SINV-2023-56409	Kitsap Public Health District	Hra Veba Trust	PR BENEFIT- JANUARY 2023	Hra Veba Trust	Net 30	SINV-2023-56409	01/20/2023		02/19/2023	0.00	0.00	9,817.03	USD
Supplier Invoice: SINV-2023-56410	Kitsap Public Health District	Nationwide Retirement Solutions	PR BENEFIT- JANUARY 2023	Nationwide Retirement Solutions	Net 30	SINV-2023-56410	01/20/2023		02/19/2023	0.00	0.00	5,295.00	USD
Supplier Invoice: SINV-2023-56411	Kitsap Public Health District	A.W. Rehn & Associates, Inc	PR BENEFIT- JANUARY 2023/DEF COMP	A.W. Rehn & Associates, Inc	Net 30	SINV-2023-56411	01/20/2023		02/19/2023	0.00	0.00	852.00	USD
Supplier Invoice: SINV-2023-56412	Kitsap Public Health District	A.W. Rehn & Associates, Inc	PR BENEFIT- JANUARY 2023/DFSA	A.W. Rehn & Associates, Inc	Net 30	SINV-2023-56412	01/20/2023		02/19/2023	0.00	0.00	425.00	USD
Supplier Invoice: SINV-2023-56413	Kitsap Public Health District	Prof & Technical Eng XPH	PAYROLL BENEFIT- JANUARY 2023	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2023-56413	01/20/2023		02/19/2023	0.00	0.00	3,618.37	USD
Supplier Invoice: SINV-2023-56415	Kitsap Public Health District	Prof & Technical Eng XPH	PR BENEFIT- JANUARY 2023	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2023-56415	01/20/2023		02/19/2023	0.00	0.00	31.00	USD



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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2023-56416	Kitsap Public Health District	Voya Institutional Trust Company	PR BENEFIT- JANUARY 2023	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2023-56416	01/20/2023		02/19/2023	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2023-56418	Kitsap Public Health District	WA State Dept of Labor & Industries	PR BENEFIT- JANUARY 2023	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022	Net 30	SINV-2023-56418	01/20/2023		02/19/2023	0.00	0.00	5,338.11	USD
Supplier Invoice: SINV-2023-56419	Kitsap Public Health District	Wash State Dept Of Retirement	PR BENEFIT- JANUARY 2023	Wash State Dept Of Retirement	Net 30	SINV-2023-56419	01/20/2023		02/19/2023	0.00	0.00	14,172.71	USD
Supplier Invoice: SINV-2023-56420	Kitsap Public Health District	Wa Health Care Authority - Uniform	PR BENEFIT- JANUARY 2023	Wa Health Care Authority - Uniform	Net 30	SINV-2023-56420	01/20/2023		02/19/2023	0.00	0.00	121,999.20	USD
Supplier Invoice: SINV-2023-56422	Kitsap Public Health District	Vimly Benefit Solutions Inc	PR BENEFIT- JANUARY 2023	Vimly Benefit Solutions Inc	Net 30	SINV-2023-56422	01/20/2023		02/19/2023	0.00	0.00	5,654.46	USD
Supplier Invoice: SINV-2023-56423	Kitsap Public Health District	Whit-Delta Dental Of Washington	PR BENEFIT- JANUARY 2023	Whit-Delta Dental Of Washington	Net 30	SINV-2023-56423	01/20/2023		02/19/2023	0.00	0.00	11,076.74	USD

Process History
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	01/26/2023 10:04:42 AM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 1428 for Kitsap Public Health District on 01/26/2023	Successfully Completed
Payment Message: ID 1429 for Kitsap Public Health District on 01/26/2023	Successfully Completed



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Business Process	Status
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 01/26/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 01/26/2023	Successfully Completed
Remittance File: For Washington State University on 01/26/2023	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
01/26/2023 10:04 AM	01/26/2023 10:04 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001839	Completed	00:00:06	Kimberly Condon	

Kitsap Public Health District - Monthly (Regular) (Pay Group Detail)
01/01/2023 - 01/31/2023 (Monthly) (Period)

Employee ID	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Abazi (427227) Ornela	173.33	5,561.00		1,486.84	4,179.99
Abney (4563) Beverly	173.33	5,493.00		1,479.78	3,797.41
Acosta (278956) Nancy	144.40	7,913.92		1,731.31	4,874.68
Ader (413193) Sam	173.33	5,818.00		1,513.55	3,959.06
Ahlin (434420) Zachary	173.33	4,787.00		912.59	3,623.68
Anderson (419470) Amy	173.33	6,827.00		1,160.96	4,516.68
Archer (434384) James	173.33	4,311.00		1,356.97	3,262.88
Arias (433900) Jordan	173.33	6,159.00		1,548.98	4,439.94
Armstrong (434291) Jami	173.33	5,693.00		2,609.30	4,101.24
Atisme-Bevins (433909) Kandice	173.33	7,777.00		1,717.09	5,629.69
Banigan (215189) Leslie	173.33	7,464.00		1,190.73	5,378.01
Baum (434397) Rudy	173.33	5,277.00		1,457.34	3,912.15
Bazzell (328436) Richard	173.33	7,464.00		1,190.73	5,249.91
Bell (419805) Gus	157.92	7,272.61		1,664.67	4,983.41
Berger (407902) Angeline	173.33	5,866.00		1,482.12	4,186.27
Bierman (404611) Dana	156.00	7,717.00		1,308.69	5,747.45
Borja (426250) Windie	173.33	5,986.00		2,242.55	4,365.48
Boysen-Knapp (2058) Karen	156.00	6,684.00		2,101.98	4,479.38
Bronder (434436) Christine	173.33	4,787.00		1,406.42	3,644.29
Brown (271677) Steven	173.33	9,453.00		1,397.39	5,377.59
Burchett (409212) Brian	173.33	5,541.00		1,484.76	4,071.83
Burke (434463) Lenore	173.33	4,495.00		1,376.09	3,235.41
Burns (434416) Anne	173.33	7,219.00		2,160.78	3,838.68
Burton (434296) Callie	173.33	4,281.00		2,007.01	3,219.26
Byrd (434085) Stephanie	173.33	4,099.00		1,334.94	3,362.76
Camarena (434136) Lindsey	173.58	7,746.48		2,367.08	5,735.72
Camarena (434536) Daniel	173.33	5,378.00		974.00	3,468.48
Chang (411387) Margo	173.58	4,836.63		2,520.32	3,407.41
Ciulla (400655) Laura	80.97	3,623.48		591.71	1,881.65
Collins (434101) Lori	173.33	6,536.00		1,588.15	4,792.16
Crow (433648) Kayla		-		1,410.72	-
Davis (433997) Elizabeth	173.33	8,166.00		1,757.50	5,746.06
Deseamus (434593) Dara	173.33	4,342.00		1,360.19	3,301.98
Dowless (340919) Kelly	173.33	7,487.00		1,686.95	5,385.02
Duren (430735) Ashley	173.33	5,978.00		2,015.02	4,393.01
Ebbay (434566) Xinia	173.33	6,548.00		1,589.39	4,831.74
Evans (4565) Eric	173.33	10,943.00		3,154.77	2,983.57
Fergus (434648) Maria	171.71	4,741.34		907.86	2,964.32
Fine (421693) George	86.67	2,243.00		1,159.91	1,748.08
Fisk (321284) April	173.33	8,667.00		2,918.30	5,274.77
Fong (356883) Yolanda	173.33	11,490.00		2,646.11	7,681.72
Forte (434150) Harrison	173.33	5,541.00		1,484.76	3,745.00
Giuntoli (337331) Paul	173.33	7,464.00		1,684.56	4,571.89
Grellner (1264) Keith	173.33	13,685.00		1,925.01	8,629.41
Gress (421427) Nicole	230.68	6,433.67		-	5,402.68
Griego (410072) Yaneisy	173.33	5,263.00		1,455.88	4,042.64
Guidry (355732) Jessica	173.33	9,453.00		2,999.96	6,647.95
Hadly (434294) Gabrielle	173.33	9,453.00		1,891.22	6,486.70
Hartman (434642) Melissa	165.33	5,414.64		1,471.64	4,143.82
Holdcroft (270783) Jodie		-		15.22	-
Holdcroft (4579) Grant	173.33	9,453.00		2,544.38	5,472.04
Holt (2726) Karen	173.33	10,422.00		2,645.06	6,817.18
Howard Lindquist (434057) Anne	173.33	5,561.00		1,393.01	4,374.98
Howarth (434500) Rosalie	173.33	5,277.00		1,959.01	4,133.66
Hughes (434256) Jakob	173.33	5,277.00		1,457.34	3,925.08
Humphrey (434383) Talia	173.33	5,143.00		949.58	3,980.49
Hunter (409213) Kari	173.33	9,453.00		1,543.69	6,118.04
Inouye (434255) Wendy	173.33	8,667.00		1,809.56	5,942.80
Jenkins (434053) Andrea	169.67	4,410.64		873.49	3,362.67
Johanson (400651) Krista	173.33	5,182.00		1,515.78	3,872.16
Jones (358933) Kimberly	173.33	9,453.00		2,999.96	6,392.08
Katula (393427) Dayna	173.33	8,574.00		2,453.05	5,077.72
Kench (245476) Donald	173.33	4,393.00		2,018.65	2,737.71
Kiess (250913) John	173.33	11,990.00		3,205.17	8,679.48
Kindschy (421430) Brandon	173.33	6,109.00		2,652.52	4,322.04

Employee ID	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kinnear (434099) Sarah	173.33	5,616.00		2,145.72	4,333.04
Knoop (16125) Melina	173.33	7,464.00		1,684.56	5,108.78
Kruse (243184) Charles	173.33	7,566.00		2,348.32	4,938.53
Kushner (327580) Siri	173.33	10,943.00		3,154.77	6,558.58
Laird (416539) Melissa	173.33	10,422.00		2,043.40	6,475.15
Lehto (434317) Victoria	173.33	5,026.00		1,431.26	3,848.82
Lytle (285038) Ross	173.33	7,464.00		1,684.56	5,011.19
Madden (434318) Shannon	173.33	4,495.00		882.26	3,304.53
May (434674) Martha	173.33	4,606.00		1,387.62	3,315.01
Mazur (388104) Karina	173.33	8,400.00		1,781.81	5,499.05
McMillan (434052) Michelle	173.33	5,587.00		1,489.54	4,058.47
Moen (279971) Anne	173.33	6,827.00		2,120.05	4,687.91
Moontree (406607) Kaela	173.33	5,561.00		1,486.84	3,939.51
Moore (421227) Megan	156.00	6,144.00		2,455.90	4,188.31
Moore (434254) Alexandra	173.33	5,026.00		1,431.26	3,657.13
Morris (312378) Dawn	173.33	7,054.00		1,148.14	4,954.51
Morris (434567) Amanda	164.33	4,287.55		1,856.21	3,423.74
Morrow (433895) Nathan	173.33	16,876.00		2,626.06	10,276.05
Nguyen (295033) Loan	173.33	5,231.00		2,561.30	3,796.97
Nguyen (434026) Kevin	173.33	4,804.00		950.77	3,313.21
Nielson (434638) Brian	168.33	5,404.50		1,123.05	3,968.56
Noble (3128) Gregoria	173.33	5,541.00		1,078.84	3,645.74
North (22459) Edwin	173.33	10,422.00		2,493.57	550.93
Nuno (405301) Crystal	173.33	7,072.00		1,296.31	3,864.81
O'Brien (433907) Melissa	173.33	4,787.00		949.00	3,807.47
Onarheim (426938) Carin	173.33	5,194.00		1,042.80	3,699.25
Pandino (419118) Linda	173.33	4,982.00		1,426.68	3,747.76
Perales (434396) Sydney	173.33	5,143.00		1,443.41	4,010.60
Perry (306605) Rachel	173.33	4,519.00		1,378.58	3,357.90
Petersen (434695) Kayla	173.33	4,342.00		2,269.24	3,286.87
Phelps (434295) Tameka	173.33	6,236.00		2,210.14	4,504.19
Plemmons (433994) Suzanne	39.50	2,126.28		-	1,501.37
Power (434293) Allison	173.33	7,487.00		1,686.95	5,305.80
Preston (434195) Anne-Lisa	173.33	6,467.00		1,580.98	4,819.96
Quist-Therson (419860) Nii	173.33	8,341.00		2,884.42	5,987.96
Rhea (324654) Susan	173.33	4,519.00		1,378.58	3,442.47
Ridge (267073) Betti	114.83	4,933.10		(5.08)	3,636.20
Rork (404613) Ian		-		909.05	-
Schroeder (434395) Alena	173.33	4,575.00		1,384.40	3,488.87
Shelby (434658) Emmy	138.66	5,871.00		974.35	4,937.74
Shuhler (425553) Yana	173.33	4,219.00		1,398.91	3,085.34
Simmons (434365) Nolan	173.33	5,277.00		999.92	4,033.13
Smith (361388) Terri	173.33	8,641.00		1,806.85	6,023.33
Sooter (427776) Thaddeus	173.33	8,254.00		2,875.39	5,800.09
Stedman (347366) Kelsey	173.33	9,453.00		1,891.22	6,274.17
Stewart (423168) Tobbi	173.33	6,109.00		1,543.78	4,322.95
Tiemeyer (433908) Alexandra	173.33	7,730.00		2,820.95	5,394.68
Tjemsland (433192) Amanda	173.33	6,790.00		1,614.54	4,790.08
Tonti (434149) Mindy	173.33	4,575.00		1,384.40	3,648.00
Tran (434316) Meghan	173.33	4,804.00		950.77	3,820.59
Turner (1682) Denise	173.33	5,493.00		2,132.94	3,378.65
Van Ort (392243) Susan	173.33	7,464.00		1,684.56	5,095.44
Vinyard (434364) Hannah	41.42	1,115.85		-	1,024.00
Wagner (426251) Mary	121.34	3,013.00		928.47	2,169.84
Warren (434273) Lisa	173.33	7,580.00		1,696.62	6,109.33
Wellborn (14545) Brian	155.00	3,974.80		1,098.58	2,556.09
Wendt (397255) Jan	173.33	7,580.00		2,349.78	5,658.62
Westervelt (434382) Laura	173.33	6,109.00		2,652.52	4,394.85
White (434641) Erica	173.33	5,897.00		2,174.91	4,574.29
Whitford (434292) Tiffany	173.33	4,099.00		841.11	3,026.93
Wickhamshire (434070) Mark	86.67	2,035.00		1,110.11	1,636.90
Winchester (431493) Layken	173.33	5,026.00		1,932.93	3,641.55
Winters (426939) Christopher	173.33	5,561.00		1,486.84	4,142.56
Wyatt (434415) Janet	150.58	6,609.48		2,197.44	4,391.65
	21,056.16	809,513.97	-	214,669.21	555,157.04

TREAS RPT - Detail Cash Report - Cash

2/7/2023

Treasurer's Detail Report

For 2023 - Jan

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
		Operational Journal: Kitsap Public Health District - 01/31/2023	1/31/2023	0.00	211,088.82	-211,088.82
2317:Payroll Tax Payable						

-211,088.82

TREAS RPT - Detail Cash Report - Cash

2/7/2023

Treasurer's Detail Report
For 2023 - Jan

Fund: FD00969 Kitsap Public Health General

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
		Operational Journal: Kitsap Public Health District - 01/13/2023	1/13/2023	0.00	131,921.56	-131,921.56
2315:Employee Benefits Payable						

-131,921.56