

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

CONTRACT NUMBER: CLH31014

AMENDMENT NUMBER: 14

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:
Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2023
Executive Office of Resiliency & Health Security-WFD LHJ - Effective July 1, 2023

- Amends Statements of Work for the following programs:
Foundational Public Health Services (FPHS) - Effective July 1, 2023
HIV Client Services-HOPWA - Effective July 1, 2022
Maternal and Child Health Block Grant - Effective January 1, 2022
Office of Drinking Water Group A Program - Effective January 1, 2022
Office of Immunization-Perinatal Hepatitis B - Effective July 1, 2023
Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023
Office of Immunization-Regional Representatives - Effective July 1, 2023
Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022

- Deletes Statements of Work for the following programs:

2. Exhibit B-14 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-13 Allocations as follows:

- Increase of **\$1,773,892** for a revised maximum consideration of **\$17,282,903**.
- 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: <i>Keith Gallner</i>	Signature: <u>Brenda Henrikson</u> <small>Brenda Henrikson (Sep 6, 2023 07:32 PDT)</small>
Date: Sep 5, 2023	Date: Sep 6, 2023

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)
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY23 IAR SNAP Ed Prog Mgnt-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	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	(\$19,204)	\$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$23,000	\$126,989	\$126,989
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$103,989		
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	(\$103,989)	\$27,229	\$107,179
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	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	\$50,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$295,345	\$295,345	\$790,580
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	
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	NU52PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$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	\$127,324
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		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$250	\$2,750	\$2,750
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,500		

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FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,613	\$17,747	\$17,747
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$16,134		
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,800	\$30,800	\$30,800
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$28,000		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		
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	(\$199,494)	\$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		
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	\$192,500
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/23	04/28/24	\$24,482	\$24,482	\$73,446
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	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$2,000	\$82,000	\$149,000
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$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	\$15,000	\$67,000	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
FFY24 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$159,854	\$292,145
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$27,563)	\$132,291	
FFY23 HRSA 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		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563	\$37,563

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FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	\$51,755
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	(\$40,000)	\$0	\$20,000
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$20,000	\$20,000	\$40,000
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 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,333	\$33,333	
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	
Small Onsite Management (GFS)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$8,334	\$8,334
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$247,509	\$247,509	\$495,018
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	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$100,530	\$100,530	\$294,530
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	\$194,000	
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		
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$38,402	\$38,402	\$104,106
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	\$38,402	\$38,402	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$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	\$92,442	\$92,442	

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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	(\$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	\$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	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
RW FFY23 Grant Year Local (Rebate)		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/23	\$313,800	\$313,800	\$1,118,585
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438		
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,580	\$135,726	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146		
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
FPHS-LHJ-Proviso (YR2)		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$250,000	\$2,719,000	\$4,064,000
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
FPHS-Local Health Jurisdiction		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,180,000	\$3,649,000	\$3,649,000
FPHS-Local Health Jurisdiction		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,469,000		
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 14	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$500	\$13,750	\$32,750
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	\$13,250		
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	\$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	\$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	\$2,000	\$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	\$1,000	\$1,000	
TOTAL									\$17,282,903	\$17,282,903	
Total consideration:				\$15,509,011						GRAND TOTAL	\$17,282,903
				\$1,773,892							
GRAND TOTAL				\$17,282,903						Total Fed	\$6,932,627
										Total State	\$10,350,276

*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: Executive Office of Resiliency & Health Security-
PHEP - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

Period of Performance: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness (PHEP), resilience and response.

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

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

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY23 PHEP BP5 LHJ Funding	31602231	93.069	333.93.06	07/01/23	06/30/24	0	295,345	295,345
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	295,345	295,345

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP5 LHJ Funding				Reimbursement for actual costs not to exceed total funding allocation amount.
1 All LHJs	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Mid- and end-of-year reports on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2 All LHJs	Across Domains and Capabilities Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2023, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2023 Within 30 days of the change. December 31, 2023 June 30, 2024	
3 All LHJs	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2023 June 30, 2024	
4 All LHJs	Across Domains and Capabilities Participate with DOH in site visit (virtual or in person) to discuss LHJ's performance measure data and readiness to respond. Complete preparation and follow-up activities as requested by DOH. DOH will take notes during the discussion and send them to you for review.	Participation in site visit discussion. Preparation and follow-up activities as requested by DOH. Reviewed and returned discussion notes (sent to you for review by DOH).	Upon request from DOH	
5 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
6 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Assist DOH and the University of Washington in developing a tool to complete a public health disaster risk assessment tailored to the needs of LHJs and our state.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	LHJ participation in one or more 90-minute engagement sessions/focus groups is planned for this statement of work period.			
7 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness DOH/Executive Office of Resiliency and Health Security (ORHS) anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas: <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Trauma-Informed Systems • Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from ORHS required for training topics other than those listed above. <p>Note: Prior approval from DOH/ ORHS is required for any out-of-state travel.</p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
8 All LHJs Note for RERCs	Domain 1 Community Resilience Capability 1 Community Preparedness Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to: <ul style="list-style-type: none"> • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional Community Health Workers (CHWs). • Local and/or regional organizations that work with groups disproportionately impacted by public health 	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	emergencies or incidents. (For RERCs, this may include some or all the groups identified in #21.)			
9 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement. Notes: <ul style="list-style-type: none"> • Prior approval from DOH is required for any out-of-state travel. • Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. • Participation in the optional trainings listed in #7 and/or the communication drill (#15) does not meet the requirement for this activity. 	Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	December 31, 2023 June 30, 2024	
10 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise 10.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs. 10.2 Complete Integrated Preparedness Planning Workshop (IPPW) Workbook. 10.3 Participate in Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for February 2024.	10.2 IPPW Workbook 10.3 Participation in IPPW. End-of-year report on template provided by DOH.	10.2 December 31, 2023 10.3 As requested by DOH. June 30, 2024	
11 All LHJs	Domain 2 Incident Management Capability 3 Emergency Operations Coordination <ul style="list-style-type: none"> • Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>incidents involving use of emergency response plans and/or incident command structures.</p> <ul style="list-style-type: none"> Produce and provide situation reports (sitreps) documenting LHM activity during all incidents. Sitrep may be developed by the LHM or another jurisdiction that includes input from LHM. 			
<p>12 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>After a locally affected Emergency Support Function (ESF)-8 related incident or ESF-8 related exercise, participate in After Action Review and an After Action Report, including an Improvement Plan.</p> <p>Notes:</p> <ul style="list-style-type: none"> Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. Include list of organizations that participated in the After Action Review. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After Action Report(s)/Improvement Plan(s)</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>13 All LHJs, unless completed previously.</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>If not, completed and submitted in previous reporting period, develop and/or update a county COVID-19 Improvement Plan, including progress tracking and estimated dates of completion.</p> <p>If not, completed and submitted in previous reporting period, coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> Local Health Officer Public Health Official(s) Emergency Manager Regional Health Care Coalition Local and regional hospitals, if in your county Federally Qualified Health Center(s), if in your county 	<p>Mid-year report on template provided by DOH.</p> <p>County COVID-19 Improvement Plan, unless submitted previously.</p> <p>County ESF-8 AAR for COVID-19, unless submitted previously.</p>	<p>December 31, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. 			
<p>14</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>15</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in at least one risk communication drill offered by DOH between July 1, 2023, and June 30, 2024.</p> <p>Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>Notes:</p> <ul style="list-style-type: none"> • DOH will offer one July 1 – December 31, 2023, and one drill between January 31 – June 30, 2024. • Drill will occur via webinar, phone, and email. • Identifying and implementing communication strategies in real-world incidents will satisfy need to participate in drill. Conduct a hot wash or After-Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. 	<p>Hot wash</p> <p>If you participated in a real-world incident, submit hotwash or AAR.</p> <p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> If the real-world incident response is ongoing, LHJ may conduct a hot wash or AAR evaluating communication strategies to date or include a summary of communication activities and one sample of communication in mid-year or end-of year report. 			
<p>16</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>Participate in DOH-led notification drills.</p> <p>Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in (or respond to an alert) quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	
<p>17</p> <p>All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEl)s during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>18</p> <p>All LHJs</p> <p>RERCs additional activity</p> <p>Note for CRI LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p>RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> • Number of local points of dispensing (PODs). • Number of local PODs for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). <p>Notes:</p> <ul style="list-style-type: none"> • DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • CRI LHJs – See also CRI Task #3. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	<p>December 31, 2023 June 30, 2024</p> <p>June 30, 2024</p>	
<p>19</p> <p>All LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.</p> <p>Note: This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.</p>	<p>Mid- and end-of-year reports on template provided by DOH, including progress on updating plan (meetings, draft, etc.).</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>20</p> <p>All LHJs</p>	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> • Northwest Healthcare Response Network (Network) • Regional Emergency and Disaster (REDi) Healthcare Coalition • Healthcare Alliance (Alliance) <p>During each reporting period (see notes below), participate in one or more of the following activities:</p> <ul style="list-style-type: none"> • Meetings - Communication <ul style="list-style-type: none"> ○ Regional meeting, in person or virtually. ○ Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) ○ Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities. ○ Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. • Planning <ul style="list-style-type: none"> ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. • Drills and Exercises <ul style="list-style-type: none"> ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. • Response <ul style="list-style-type: none"> ○ Information sharing process during incidents. ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. <p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024 	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. ○ REDI: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. 			
<p>Activities #21 – 27 are for LHJs with Regional Emergency Response Coordinators (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Tacoma-Pierce, Thurston, Seattle-King, Snohomish, and Spokane.</p>				
<p>21 RERCs for their LHJ</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.</p> <ul style="list-style-type: none"> • Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors appropriate for LHJ. • Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). • Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified above before, during and after an emergency or incident. • With the identified populations in the LHJ, describe the populations, and identify barriers and other issues they may face before, during and after an emergency or incident. 	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plans available upon request.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified before, during and after an emergency or incident. 			
22 RERCs for their LHJ	Domain 2 Incident Management Capability 3 Emergency Operations Coordination Participate in one or more exercises or real-world incidents testing each of the following: <ul style="list-style-type: none"> The process for requesting and receiving resource support. The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> The functionality of critical public health operations The functionality of critical healthcare facilities and the services they provide. The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) Number of disease cases Number of fatalities attributed to an incident. Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Note: The communication drill (#15) does not meet the requirement for this activity.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
23 RERCs for their PHEP region	Domain 3 Information Management Capability 6 Information Sharing Participate in quarterly DOH-led WASECURES Users Group. Provide technical assistance to LHJs in PHEP region as needed. (Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.)	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
24 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Notes: <ul style="list-style-type: none"> • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans. 	Mid- and end-of-year reports on template provided by DOH. Plans available upon request.	December 31, 2023 June 30, 2024	
25 RERCs for their LHJs	Domain 4 Countermeasures and Mitigation Capability 14 Responder Safety and Health Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.	Mid- and end-of-year reports on templates provided by DOH. Plan available upon request.	December 31, 2023 June 30, 2024	
26 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).	Mid- and end-of-year reports on templates provided by DOH. Agreements available upon request.	December 31, 2023 June 30, 2024	
27 RERCs for their LHJ	Domain 5 Surge Management Capability 10 Medical Surge Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum: <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications • Sanitation 	Mid- and end-of-year reports on templates provided by DOH. Lists available upon request.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Additional activities as requested by the LHJ:				
LHJ Request Kitsap 1	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
LHJ Request Kitsap 2	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
LHJ Request Kitsap 3	3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites. 3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.	Mid- and end-of-year reports on templates provided by DOH. Website screenshots available upon request.	December 31, 2023 June 30, 2024	
LHJ Request Kitsap 4	Coordinate and maintain a jointly shared Medical Reserve Corps (MRC) program with the Kitsap County Department of Emergency Management.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
LHJ Request Kitsap 5	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

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

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.
(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
WFD LHJ - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

Period of Performance: July 1, 2023 through July 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2024. LHJs will not be provided a fund allocation. Program will review invoices and manage use of funds across all LHJs who want to access these funds. Timely invoicing of costs by LHJs to DOH is essential. The program also asks LHJs to inform DOH as soon as possible if they do not plan to invoice for any of these funds.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY21 CDC COVID-19 PHWFD-LHJ	3190621G	93.354	333.93.35	07/01/23	06/30/24	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by September 15, 2023, and any changes within 30 days of the change.	September 15, 2023 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	December 31, 2023, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.			
3	<p>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ COVID-19 prevention, preparedness, response, and recovery initiatives.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> • Costs including, wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. • Costs of contractors and contracted staff. <p>Notes:</p> <ul style="list-style-type: none"> • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.) 	<p>Implementation Plan</p> <p>Data on form provided by DOH.</p>	<p>December 31, 2023, or sooner.</p> <p>January 10, 2024 July 10, 2024</p>	
4	<p>Data collection, as applicable, based on activities LHJ has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> • Total new hires • Describe challenges or experiences that have impacted progress toward achieving set hiring goals. 	Data on form provided by DOH.	January 10, 2024 July 10, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Describe promising practices or activities that should be considered for sustained funding. • Explain your approach and mitigation plans to address challenges in meeting these hiring goals. • Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. • Administrative Support Staff – New Hires • Professional or Clinical Staff – New Hires • Disease Investigation Staff – New Hires • Program Management Staff – New Hires • Existing Staff budget for this funding. <p>Note: Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024.</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

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.
(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Period of Performance: July 1, 2023 through June 30, 2024

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

Revision Purpose: Adding SFY24 funds and additional activities

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FPHS-LOCAL HEALTH JURISDICTION	99210840	N/A	336.04.25	07/01/23	06/30/24	2,469,000	1,180,000	3,649,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						2,469,000	1,180,000	3,649,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$1,278,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse – Infrastructure & Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$487,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<i>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>See below in <u>Program Specific Requirements - Deliverables</u></i>	<i>\$687,000</i>
6	<i>CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$225,000</i>
7	<i>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$150,000</i>
8	<i>FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$50,000</i>
9	<i>FC - NEW SFY 24 Public Health Communications – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$200,000</i>
10	<i>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$150,000</i>
11	<i>EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	<i>\$205,000</i>
12	CD – Hepatitis C – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$37,000
13	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$354,000
14	CD – Tuberculosis Program – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$21,000
15	MCH – Child Death Review – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$83,000
16	EPH – Radiation Emergency Preparedness – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$38,000
17	EPH Core Team – Climate Change Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$43,000
18	EPH Core Team – Water System Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$38,000

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

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

- For LHJ questions about the use of funds:
 - Chris Goodwin, FPFS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
 - Brianna Steere, FPFS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171

The intent of FPFS funding is outlined in [RCW 43.70.512](#).

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs.

Stable funding and an iterative decision-making process – The FPFS Steering Committee’s roles and responsibilities are outlined in the [FPFS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPFS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee use an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPFS Statement of Work (SOW) as funding decisions are made.

Spending of FPFS funds – FPFS funds do not require pre-approval or pre-authorization to spend. FPFS funds are to assure FPFS services are available in each jurisdiction based on the FPFS Definitions (link) and as reflected in the SOW. Assurance includes providing FPFS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPFS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ’s contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPFS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Annual Allocations – The legislature appropriates FPFS funding on an annual basis and the FPFS Steering Committee allocates funds annually through the FPFS Concurrence Process for the State Fiscal Year (SFY): July - June.

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

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

Deliverables – FPFS funds are to be used to assure FPFS services statewide. The FPFS accountability process measures how funds are spent, along with changes in system capacity through the FPFS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPFS Steering Committee via FPFS Support Staff.
2. FPFS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPFS Steering Committee via FPFS Support Staff. System results are published in the annual FPFS Investment Report available at www.doh.wa.gov/fphs.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

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

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)
[FPHS Committee & Workgroup Charter](#)
[FPHS Steering Committee Consensus Decision Making Model](#)

Activity Special Instructions:

Investments to Each LHJ:

1. **FPHS Funds to Each LHJ**

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

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

Targeted Investments to Each LHJ:

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**

Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. **Assessment – CHA/CHIP (FPHS definitions G.3)**

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

~~4. **Lifecourse – Infrastructure & Workforce Capacity (FPHS definitions D, E, F)**~~

~~Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.~~

*5. **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)***

Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80

*6. **CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)***

Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27

*7. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)***

These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53

*8. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)***

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 526.16

9. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 526.13
10. **Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response (FPHS definitions D.1-2, D.4, F.1-3, G.1-3, I.1-2, J.1-J.3, K.1-2)**
Capacity and infrastructure related to addressing overdose crisis. This includes but is not limited to: Overdose response trainings, convening stakeholders or coordination groups, data analysis, and community education. Use BARS expenditure codes: 562.13, 562.14, 562.15, 562.60, 562.70, 562.80
11. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12

Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:

12. **CD – Hepatitis C (FPHS definitions C.4.o-p)**
Address Hepatitis C cases per guidance developed by the FPHS CD SME Workgroup and [DOH’s Hepatitis C Prioritization document](#) with particular emphasis on lab surveillance and investigation of acute cases. Use BARS expenditure codes: 562.24.
13. **CD – Case Investigation Capacity (FPHS definitions C.2, C. 4)**
Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
14. **CD – Tuberculosis Program (FPHS definition C.4.q-v)**
Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.
15. **MCH – Child Death Review (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)**
This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and associated operating costs. Use BARS expenditure codes: 562.60.
16. **EPH – Radiation Emergency Preparedness (FPHS definitions B.2, B.3, B.5, B.6, B.7)**
The goal of this investment is to sustainably fund planning, training, and response for radiological emergencies. This will include training with agency Incident Management Team members and other Environmental Public Health Division staff outside of the Office of Radiation Protection (ORP) to allow for smoothly coordinated response actions and public messaging. This will allow agencies to respond, investigate, remove and dispose of unwanted and abandoned radioactive materials, and address responsibilities for protection of public health and reducing the inappropriate burden placed on licensees to fund activities outside of their permit/license or registration. Anticipated spending includes, but are not limited to staffing, materials and supplies to support training exercises. Use BARS expenditure code: 562.52

EPH -- Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response
- Safe & Healthy Communities

Kitsap is receiving funds to participate in these EPH Core Teams:

17. **EPH Core Team – Climate-Change Response**

This Core Team will address environmental health concerns related to climate and the effects of climate change.

- Model program development will start with Wildfire Smoke and Harmful Algal Blooms, and may include other priorities and topics.

18. **EPH Core Team – Water System Capacity**

The goal of this Core Team is to increase LHJ capacity for water resource management and planning.

- Use BARS expenditure code: 562.43 or 53.

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Period of Performance: October 1, 2022 through August 31, 2023

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

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

Revision Purpose: The purpose of this revision is to extend the period of performance and FFY22 funding from June 30, 2023 to August 31, 2023 and add funding to 12660222 (\$500 admin, \$8,000 to STRMU and \$14,500 to TBRA).

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY21 HOUSING-PEOPLE W/AIDS FORMULA	12660221	14.241	333.14.24	07/01/22	06/30/23	27,229	0	27,229
FFY22 HOUSING-PEOPLE W/AIDS FORMULA HUD	12660222	14.251	333.14.24	10/01/22	08/31/23	103,989	23,000	126,989
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						131,218	23,000	154,218

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS</p>	<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p> <p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10th of the month.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p>MI 12660221 (effective 7/1/22)</p> <p>Administrative: \$1,781.29</p> <p>Support Services: \$1,132.88</p> <p>STRMU: \$6,730.17</p>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).	-Submission of Consolidated Annual Performance Report (CAPER) by August 10. -Submission of Monitor responses by the due date requested.		Tenant Based Rental Assistance: \$17,583.97 TOTAL: \$27,228.31 MI 12660222 (effective 10/1/22) Administrative: \$7,302.71 \$6,802.71 Support Services: \$3,867.12 STRMU: \$27,519.83 \$19,519.83 Tenant Based Rental Assistance: \$88,300.03 \$73,800.03 TOTAL: \$126,989.69 \$103,989.69

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)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent. To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA Program. LHJ shall provide the following inputs:

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

Compensation and Payment:

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **September 25, 2023, July 31, 2023**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

- ii) The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- 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.**
 - (1) The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.
- iv) **Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.
 - E-mail invoices to: ID.Operations@doh.wa.gov
 - Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

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

Confidentiality Requirements:

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

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

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

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

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

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Period of Performance: January 1, 2022 through September 30, 2024

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to move \$27,563 from FFY23 HRSA MCHBG LHJ Contracts to FFY22 HRSA MCHBG Special Projects and add an additional \$10,000 in funding for the period ending September 30, 2023. It is also to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2023 to September 30, 2024 for continuation of MCHBG related activities, and update Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	134,581	0	134,581
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	159,854	-27,563	132,291
FFY22 HRSA MCHBG SPECIAL PROJECTS	7811022A	93.994	333.93.99	07/01/23	09/30/23	0	37,563	37,563
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	0	159,854	159,854
						0	0	0
						0	0	0
TOTALS						294,435	169,854	464,289

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	See Program Specific Requirements and Special Billing Requirements.
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
<i>1g</i>	<i>Report actual expenditures for October 1, 2022 through September 30, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 1, 2023</i>	
<i>1h</i>	<i>Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 8, 2023</i>	
<i>1i</i>	<i>Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 17, 2024</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress-Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	<i>Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.</i>	<i>Submit monthly reports to DOH contract manager.</i>	<i>September report due October 15, 2023 November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024</i>	
2f	<i>Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH contract manager.</i>	<i>Draft- August 16, 2024 Final- September 6, 2024</i>	
2g	<i>Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.</i>	<i>Submit updates as part of monthly reporting document as requested by DOH.</i>	<i>September 30, 2024</i>	
2h	<i>Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.</i>	<i>Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.</i>	<i>November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Monthly Reports must

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	
3d	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024</i>	
3h	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment.</i>	<i>30 days after forms are completed.</i>	
3i	<i>Review your program's entry on ParentHelp123.org annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.</i>	<i>September 30, 2024</i>	
<i>MCHBG Assessment and Evaluation</i>				
4a	<i>As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.</i>	<i>Submit documentation using guidance provided by DOH.</i>	<i>September 30, 2024</i>	<i>Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.</i>

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

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

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

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

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

Program Specific Requirements

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

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

[Children and Youth with Special Health Care Needs Manual \(wa.gov\)](#)

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

Health Services Authorization (HSA) Form

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

Restrictions on Funds:

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

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

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

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

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

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

~~Restrictions listed above continue to apply.~~

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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"/> FFATA (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 provide additional Sanitary Survey funding

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
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	13,250	500	13,750
YR 25 SRF - LOCAL ASST (15%) (FO-SW) TA	24239225	N/A	346.26.66	01/01/23	12/31/23	2,000	0	2,000
						0	0	0
						0	0	0
TOTALS						35,250	500	35,750

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

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

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

Data Sharing

The Office of Drinking Water will share water system information and files with the local health jurisdiction to support the work identified in this statement of work. To request water system data please contact the regional office with the name of the water system, water system ID#, specific information being requested and any timeline requirements. If allowable, please give administrative staff 3 to 5 business days to provide records.

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 ~~\$32,250~~ **\$32,750** for **Task 1**, and **\$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~~ **26** 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-Perinatal Hepatitis B - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to define required Perinatal Hepatitis B activities, deliverables, and funding

Revision Purpose: The purpose of this revision is to increase the allocation by 10%

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC PPHF Ops	74310246	93.268	333.93.26	07/01/23	06/30/24	2,500	250	2,750
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						2,500	250	2,750

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

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

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.

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

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates

Revision Purpose: The purpose of this revision is to increase the allocation by 10%

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	16,134	1,613	17,747
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						16,134	1,613	17,747

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods) <u>Examples of qualitative & quantitative methods/measures:</u> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	Written proposal summarizing project plan and method of assessing/observing change in target population. (Template will be provided)	August 1, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 15, 2024	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) (Applies to federal grant awards.)

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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.

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

DOH Program Name or Title: Office of Immunization-Regional Representatives - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

Period of Performance: July 1, 2023 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives.

Revision Purpose: The purpose of this revision is to increase the allocation by 10%

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC IQIP Regional Rep	74310244	93.268	333.93.26	07/01/23	06/30/24	28,000	2,800	30,800
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						28,000	2,800	30,800

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.				
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.	a) Provider Agreement New Enrollment Packet with original or electronic signature – DOH 348-022 b) New Enrollment Training Guide (CVP SharePoint Site) c) Information Sharing Agreement with original signature - DOH 348-576. This document must be mailed to DOH.	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.	Within ten (10) days of vaccine transfer or removal	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	<p>Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <ul style="list-style-type: none"> ▪ Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR. 	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable s documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p> <p>All CVP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee annually.</p>	<p>a) Submit completed CVP Compliance Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p>	<p>a) By July 31</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p> <p>d) Within five (5) business days of receiving the</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		e) Respond to requests from DOH to schedule observation visit.	document(s) follow-up action was completed. e) Within 5 business days of DOH request.	
5	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 30% of total visits assigned per region must be initiated within the first half Project year and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2), six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider’s Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur within four (4) months of the annual/ initial training.</p>	<p>a) Copy of project management plan (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up.</p> <p>Complete and submit IQIP visit evaluation survey</p>	<p>a) Within five (5) business days of the IQIP Annual Training</p> <p>b) Within five (5) business days of visit</p> <p>c) Within five (5) business days of contact</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Period of Performance: July 1, 2022 through June 30, 2024

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding for cannabis & commercial tobacco (including vaping products) prevention and control activities as a regional contractor for the Youth Cannabis and Commercial Tobacco Prevention Program through four sources of funding: SFY23 Dedicated Cannabis Account, SFY23 Tobacco Prevention, SFY23 Youth Tobacco Vapor Products, and FFY22 Tobacco-Vap Prevention Component 1.

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

** PLEASE NOTE: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for FFY22, SFY23, FFY24 and SFY24.

Revision Purpose: The purpose of this revision is add a Chart of Accounts Master Index Title and funding for the state tobacco prevention proviso account that was allocated by the legislators.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	06/30/23	38,402	0	38,402
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	04/28/23	24,482	0	24,482
SFY23 TOBACCO PREVENTION PROVISO	77410823	N/A	334.04.93	07/01/22	06/30/23	194,000	0	194,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	06/30/23	247,509	0	247,509
FFY23 TOBACCO-VAPE PREV COMP 1	77410215	93.387	333.94.98	04/29/23	04/28/24	24,482	0	24,482
SFY24 YOUTH TOBACCO VAPOR PRODUCTS	77410640	N/A	334.04.93	07/01/23	06/30/24	38,402	0	38,402
SFY24 DEDICATED CANNABIS ACCOUNT	77420640	N/A	334.04.93	07/01/23	06/30/24	247,509	0	247,509
SFY24 TOBACCO PREVENTION PROVISO	TBD	N/A	334.04.93	07/01/23	06/30/24	0	100,530	100,530
						0	0	0
TOTALS						814,786	100,530	915,316

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

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

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	IMPLEMENT WORK PLAN AND REPORT PROGRESS	<p>Based on the specific timeline developed by the YCCTPP contract manager and the contractor, they will report on activities progress and data by the 20th of each month.</p> <p>Contractor will share network process on quarterly basis through electronic survey that focuses on successes and challenges of their organization and YCCTPP program.</p>	20th of each month	the month in which costs were incurred.
	ASSESS PROGRAM IMPLEMENTATION	<p>Contractor will participate in statewide evaluation of YCCTPP, Practice Collaborative, and CDC-funded programs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p> <p>Contractor will participate in community or population needs assessment every 2 years to update community/population data and needs.</p>	<p>Annual Report due 30 days after the period of performance</p> <p>Needs assessment due every 2 years</p>	
7	Policies, Systems & Environmental Work	<p>Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).</p> <p>Contractor will educate private and public organizations of current policies in place.</p> <p>Contractor will work to establish new policy, systems or environmental change that is equitable.</p> <p>Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.</p>	<p>04/28/22 – 04/29/23</p> <p>04/29/23 – 12/31/23</p>	
	Education & Technical Assistance	<p>Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.</p> <p>Contractor will host or speak at trainings or community events to education others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.</p>	<p>04/28/22 – 04/29/23</p> <p>04/29/23 – 12/31/23</p>	
	Collaboration & Engagement	Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.	<p>04/28/22 – 04/29/23</p> <p>04/29/23 – 12/31/23</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>		
	Media & Communication	<p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (doh.wa.gov/quit) and This is Quitting (doh.wa.gov/vapefreewa), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p>	04/28/22 – 04/29/23 04/29/23 – 12/31/23	

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

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

For MI Codes 77410893, 77410823, 77420823, TBDYTV, TBDMJ, TBDTP To be in compliance with grant requirements, contractor will:

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.

2. Maintain a regional network of prevention partners.
 - i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
 - ii. **Minimum Requirements for A Network** (See Implementation Guide for further guidance):
 1. A Network Coordinator (minimum of 1.0 FTE)
 2. Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
 3. A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
 4. A Network Administrative Plan
3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
 - i. YCCTPP quarterly meetings, tentatively scheduled for July 11, 2023, November 7-9, 2023, March 12, 2024, and May 14-16, 2024.
 - ii. Monthly check-ins with contract manager
 - iii. Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
 - iv. Optional: Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.
 - v. Contractor will participate in a DOH site visit once per biennium.
4. Contractor will serve as YCCTTP Representative of their region/population for Washington State.
5. Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

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

1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

For MI Code: 77410215, To be in compliance with grant requirements, the contractor will:

1. Hire and maintain program staff, which includes at least .25 FTE (that can be split among two people). They shall ensure that DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
2. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
3. Submit an Annual Budget according to the deadlines in Section E below.
4. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines in Section E below.
5. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
6. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
7. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
8. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

DOH will support Contractor by providing:

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

Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the YCCTPP Contractor is required to include language in these contracts that reflects the following:
 - Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by DOH or the YCCTPP Contractor. **Monthly progress reports for subcontractors should be due by the 15th of each month.**
2. When subcontracting with an organization to work directly with youth (ages 0-17), the YCCTPP Contractor is required to include language in these contracts that reflects the following:
 - Provide verification that background checks have been completed for any staff and volunteers who will work with youth(ages 0-17) and are on file.

BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE

Deliverable	Due Date	Funding Source
Update Annual Network Workplan & Submit budget proposal	Due within 15 days of Contract Execution July 16, 2023	YTVP DCA
Submit Organization Administrative Plan	Due within 30 Days of Contract Execution July 31, 2023	YTVP DCA
Network Administrative Plan	Due within 90 days of contract execution September 30, 2023	YTVP DCA
Community/Population Data Evaluation and Needs & Resource Assessment	Due by last day of the contract June 30, 2024	YTVP DCA
Monthly Progress Reporting	Due the 20 th of each month	YTVP DCA
Annual Report	Due within 30 days after the period of performance. July 31, 2024	YTVP DCA

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

EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -

A19s and updated budget workbook due the 30th of the month following the month in which costs are incurred. Reimbursement for actual expenditures, not to exceed total funding consideration.

Consolidated Contracts (Health Departments):

- A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
- Year-end projections are due as follows: FY23: May 15, 2023. **Final Expenditure Reports and invoices are due no later than August 14, 2024, and must be marked FINAL INVOICE**

Payment

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY July 1, 2022 – June 30, 2023, FFY April 29, 2022 – April 28, 2023 & April 29, 2023 – April 28, 2024 & SFY24 July 1, 2023 – June 30, 2024. Billings for services on a monthly fraction of the budget will not be accepted or approved.
- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.
- Final expenditure projections must be submitted by the 15th of May for state funds and the 15th of March for federal funds to allow DOH to appropriately accrue funds to make final payments.
- The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.

- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.

Evaluation of YCCTPP Contractor's Performance

The YCCTPP Contractor performance will be evaluated through submission of project deliverables, annual budget tracking, network partnership and collaboration efforts. More information on evaluation can be found in the Implementation Guide.

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

Federal Funding Restrictions and Limitations:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Dedicated Cannabis Account Restrictions:

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

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

Special References

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

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

In ESSB 5187, Section 222 (67) - \$2,500,000 of the general fund—state appropriation for fiscal year 2024 and \$2,500,000 of the general fund—state appropriation for fiscal year 2025 are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment, and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.