

**Kitsap Public Health District
Consent Agenda
April 1, 2025**

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2233 Amendment 4 (2457)	KC-192-22-D	Kitsap County <i>GIS Services</i>	Amendment	11/01/2021- 10/31/2025	\$0	\$20,000
Description: Amendment to extend the agreement for an additional year with the new term ending 10/31/2025.						
2441 Amendment 3 (2456)	CLH32054-3	WA State Dept. of Health <i>Consolidated Contract</i>	Amendment	01/01/2025- 12/31/2027	\$687,131	\$0
Description: Adds statements of work for Executive Office of Resiliency & Health Security-WFD LHJ, Office of Immunization-COVID-19 Vaccine, Office of Immunization-Regional Representatives, Office of People Services-HR-Public Health Infrastructure Grant, and OSS LMP Implementation. Amends statements of work for Injury & Violence Prevention-LHJ Opioid Campaign Proviso, Office of Immunization-Promotion of Immunizations to Improve Vaccine Rates, Office of Resiliency & Health Security-PHEP, and Supplemental Nutrition Assistance Program-Education, and adds \$687,131 in funding for a revised maximum consideration of \$5,701,869.						
2462	NA	Kitsap County Jail	MOU	05/01/2025- 04/30/2028	\$0	\$0
Description: Kitsap Public Health to provide 340B medication to Everhealth, LLC and Kitsap County Jail to treat persons incarcerated in the Kitsap County Jail.						
NOTE: Blue shading indicates the agreement was approved via email per KPHD's Contract Development and Administration Policy, March 27 th by Board Vice Chair Commissioner Rolfes and Board Chair Dr. Sell, and is on the April Consent Agenda for Board affirmation. Approves Contract Amendment 3 of the Consolidated Contract with WA State Department of Health.						

**KC-192-22-D
AMENDMENT TO AGREEMENT 2233**

This Amendment (“Amendment”) to Kitsap Public Health District Contract 2233 for Customized GIS Services (the “Contract”), is entered into between Kitsap County, Department of Information Services (County/IS) (“Contractor”) and Kitsap Public Health District (“District”).

RECITALS

WHEREAS, the parties entered into the Contract effective November 1, 2021; and

WHEREAS, the parties have agreed it is desirable to extend the term.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

1. Amendment of Contract, Section 3 (Period of Performance). Subject to its other provisions, the period of performance of this Agreement shall be extended to terminate on October 31, 2025.
2. Other Provisions Unchanged. The other provisions of the Contract remain unchanged.
3. Authorization. Each party signing below warrants to the other party that they have the full power and authority to execute this Amendment on behalf of the party for whom they sign.
4. Counterparts/Electronic Signature. The Contract may be executed in several counterparts, each of which will be deemed an original, but all of which together will constitute one and the same agreement. A facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and deemed to constitute duplicate originals.

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

Dated this ____ day of _____, 2025 Dated this 28 day of February, 2025

KITSAP PUBLIC HEALTH DISTRICT

KITSAP COUNTY, WASHINGTON

Signature



CRAIG ADAMS

Director
Department of Information Services
(Pursuant to Resolution 071-2010)

Print Name

Title

**KITSAP PUBLIC HEALTH DISTRICT
2025-2027 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH32054

AMENDMENT NUMBER: 3

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-WFD LHJ - Effective January 1, 2025
 - Office of Immunization-COVID-19 Vaccine - Effective January 1, 2025
 - Office of Immunization-Regional Representatives - Effective January 1, 2025
 - Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025
 - OSS LMP Implementation - Effective January 1, 2025
 - Amends Statements of Work for the following programs:
 - Injury & Violence Prevention-LHJ Opioid Campaign Proviso - Effective January 1, 2025
 - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025
 - Office of Resiliency & Health Security-PHEP - Effective January 1, 2025
 - Supplemental Nutrition Assistance Program-Education - Effective January 1, 2025
 - Deletes Statements of Work for the following programs:

2. Exhibit B-3 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-2 Allocations as follows:
 - Increase of **\$687,131** for a revised maximum consideration of **\$5,701,869**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate January 1, 2025 through December 31, 2025: 38.5% Admin, Facilities & CH Pgms; 40.30% EH Pgms

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			
FFY25 SNAP Ed Prog Mgmt Admin IAR	202525Q390347	Amd 3	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$16,538	\$79,882	\$79,882
FFY25 SNAP Ed Prog Mgmt Admin IAR	202525Q390347	Amd 1	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$63,344		
FFY23 Hsng-PPL w/AIDS Formula HUD	WAH23-F999	Amd 1	14.241	333.14.24	01/01/25	09/30/25	08/10/23	08/09/26	\$104,300	\$104,300	\$104,300
FFY25 SWIMMING BEACH ACT IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/25	10/31/25	01/01/25	11/30/25	\$22,500	\$22,500	\$22,500
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 3	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$75,614	\$193,752	\$193,752
FFY24 PHEP BP1-CDC-LHJ Partners	NU90TU000055	Amd 1	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$118,138		
FFY24 State MH Innovation Prog State Mat	U7AMC50511	Amd 1	93.110	333.93.11	01/01/25	09/30/25	09/30/24	09/29/25	\$5,000	\$5,000	\$5,000
FFY25 CDC IQIP Regional Reps	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$27,470	\$27,470	\$27,470
FFY24 CDC PPHF Ops	NH23IP922619	Amd 1	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$5,000	\$5,000	\$5,000
FFY25 CDC VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/24	06/30/25	\$12,016	\$12,016	\$12,016
COVID 19 Vaccines R4	NH23IP922619	Amd 3	93.268	333.93.26	01/01/25	06/30/25	07/01/20	06/30/25	\$175,327	\$175,327	\$175,327
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 3	93.354	333.93.35	01/01/25	06/30/25	07/01/23	06/30/25	\$125,765	\$125,765	\$125,765
FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 1	93.387	333.93.38	01/01/25	04/28/25	04/29/23	04/28/25	\$5,281	\$5,281	\$5,281
FFY22 PH Infrastructure Comp A1-LHJ	NE11OE000053	Amd 3	93.967	333.93.96	01/01/25	11/30/27	12/01/22	11/30/27	\$200,000	\$200,000	\$200,000
FFY25 HRSA MCHBG LHJ Contracts	B04MC54583	Amd 1	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$119,891	\$119,891	\$119,891
SFY2 GFS - Group B		Amd 1	N/A	334.04.90	01/01/25	06/30/25	07/01/23	06/30/25	\$25,877	\$25,877	\$25,877
SFY25 LHJ Opioid Campaign Proviso		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$21,068	\$52,594	\$52,594
SFY25 LHJ Opioid Campaign Proviso		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,526		
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$6,700	\$6,700	\$6,700
Small Onsite Management (ALEA)		Amd 3	N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$33,333	\$33,333	\$33,333
SFY25 Dedicated Cannabis Account		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$123,755	\$123,755	\$123,755
SFY25 Nicotine Addict Prev & Ed Pro		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$50,265	\$50,265	\$50,265

Indirect Rate January 1, 2025 through December 31, 2025: 38.5% Admin, Facilities & CH Pgms; 40.30% EH Pgms

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			
SFY25 Youth Tobacco Vapor Products		Amd 1	N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$26,161	\$26,161	\$26,161
FFY25 TBI Safe Kids IAR		Amd 2	N/A	334.04.96	03/01/25	06/30/25	07/01/24	06/30/25	\$8,000	\$8,000	\$8,000
FFY25 RW Grant Year Rebate		Amd 1	N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$195,500	\$195,500	\$391,000
FFY24 RW Grant Year Rebate		Amd 1	N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$195,500	\$195,500	
SFY25 FPHS-LHJ Funds-GFS		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$3,649,000	\$3,649,000	\$3,649,000
SFY25 FPHS-LHJ-Redirect Funds		Amd 1	N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$250,000	\$250,000	\$250,000
YR 27 SRF - Local Asst (15%) SS		Amd 1	N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$7,000	\$7,000	\$7,000
YR 27 SRF - Local Asst (15%) TA		Amd 1	N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$2,000	\$2,000	\$2,000
TOTAL									\$5,701,869	\$5,701,869	
Total consideration:				\$5,014,738						GRAND TOTAL	\$5,701,869
				\$687,131							
GRAND TOTAL				\$5,701,869						Total Fed	\$1,076,184
										Total State	\$4,625,685

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Executive Office of Resiliency & Health Security - WFD LHJ - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2025 through June 30, 2025

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, 2025.

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			
FFY21 CDC COVID-19 PHWFD-LHJ	3192621G	93.354	333.93.35	01/01/25	06/30/25	0	125,765	125,765
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	125,765	125,765

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 April 15, 2025, and any changes within 30 days of the change.	April 15, 2025 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. Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your	Implementation Plan	April 15, 2025, unless previously submitted. Submit updates as changes occur.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • 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 period is January 1 – June 30, 2025.</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.

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: 2025-2027**

DOH Program Name or Title: Injury & Violence Prevention-LHJ Opioid Campaign
Proviso – Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2025 through June 30, 2025

Statement of Work Purpose: Opioid abatement settlement account—state appropriation is provided solely for the department to administer grants to local health jurisdictions for opioid and fentanyl awareness, prevention, and education campaigns.

Revision Purpose: To increase the funding allotment with unspent funds from the 2022-2024 ConCon.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY25 LHJ OPIOID CAMPAIGN PROVISIO	77550853	N/A	334.04.93	01/01/25	06/30/25	31,526	21,068	52,594
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						31,526	21,068	52,594

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	The LHJ will purchase 80 t-shirts from the International Overdose Awareness website to be used to support International Overdose Awareness Day.	<ul style="list-style-type: none"> Timeline of receiving the shirts. Show finished product. 	Monthly progress reports to DOH for updates on the implementation of all tasks.	Monthly invoices for actual cost reimbursement will be submitted to DOH.
2	The LHJ will purchase posters from the International Overdose Awareness website to post and distribute around the community.	<ul style="list-style-type: none"> Timeline on receipt of posters? Areas where posters are being distributed and posted. Audience the posters are reaching. 	Due Dates: January due February 1, 2025. February due March 1, 2025 March due April 1, 2025 April due May 1, 2025 May due June 1, 2025 All June due June 30, 2025	Total of all invoices will not exceed \$31,526 \$52,594 through June 30, 2025.
3	The LHJ will purchase marketing video billboard spots for the Ferry Docks at the Bremerton/Seattle and Bainbridge Island/Seattle to show awareness of addiction and stigma related to Opioid and Fentanyl use.	<ul style="list-style-type: none"> What kinds of messaging will be developed? How many and how long will this messaging be played? Is it monthly, weekly? 		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> What source is the messaging coming from? The progress on creating the marketing video billboards. 		
4	The LHJ will purchase 2 billboards in Kitsap for marketing and share materials with Outfront media for display.	<ul style="list-style-type: none"> What kinds of messaging will be developed? How many and how long will this messaging be played? Is it monthly, weekly? What source is the messaging coming from? The progress on creating the marketing video billboards. 		

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

Program Specific Requirements

Billing Requirements:

DOH awards funding through reimbursement-based billing. Invoices must be submitted monthly on an A19-1A invoice voucher. DOH must receive all complete final invoices within 60 days of the end of the budget period for this statement of work.

Special Instructions:

This SOW is the Consolidated Contracts period 2025-2027 that ends on June 30, 2025. Activities and due dates in this SOW are for the state fiscal year 25 that ends on 6/30. The budget allocation in this contract reflects a portion of the total budget shown in the below budget table.

Budget Table

Line Item	Allocation	Justification
Salaries	\$9,333	0.2 FTE for liaison staff for 8 months
Benefits	\$4,200	45% of salaries
Goods and Services	\$29,995	
T-Shirts	\$1,920	For OD awareness day. 80 shirts x \$24 each
Pre-paid marketing	\$75	For OD awareness day. 5 posters x \$15 each
LCD Screens	\$10,000	At the Bremerton & Bainbridge/ Seattle Kitsap ferry terminal

Billboards	\$10,000	2 billboards x \$5,000 each
Targeted ads for parents	\$7,500	Google display ads for \$2,500; Outfront media targeted mobile ads for \$5,000
Printed materials	\$500	From Blu Sky printing for school district specific resources
Administrative costs/indirect	\$12,519	28.76% indirect rate
TOTAL	\$56,046	

The LHJ must receive written approval from DOH before making any changes to the SOW activities or itemized budget.

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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: January 1, 2025 through June 30, 2025

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
COVID19 VACCINES R4	74310259	93.268	333.93.26	01/01/25	06/30/25	0	175,327	175,327
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	175,327	175,327

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.				
1.	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	Written report describing activity/activities and progress made to-date and strategies used (template to be provided) Forecast of expected spend down of remaining funds through remainder of contract (June 2025)	April 30, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2.	Catalog activities and conduct an evaluation of the strategies used	Written report, showing the strategies used and the final progress of the reach (template to be provided)	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners (see Restriction on Funds below).	Reports summarizing quantity, type, and frequency of activities	June 30, 2025	

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

Invoicing:

Invoices must be submitted monthly to include the previous month's reimbursements/costs to DOH using the ConCon A19-1A invoice voucher form and required back-up documentation. Final invoices are due within 45 days of the end of the period of performance for this statement of work.

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use

- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

Period of Performance: January 1, 2025 through June 30, 2025

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates.

Revision Purpose: The purpose of this revision is to add additional funds and new chart of accounts code and to include 45 days to invoice section.

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			
FFY25 CDC VFC OPS	74310251	93.268	333.93.26	01/01/25	06/30/25	0	12,016	12,016
FFY24 CDC PPHF OPS	74310246	93.268	333.93.26	01/01/25	06/30/25	5,000	0	5,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						5,000	12,016	17,016

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	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)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Within six (6) months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remaining funds.	January 15, 2025	
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 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 16, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ▪ Increase in school district immunization coverage rates 			

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

Invoicing:

Invoices must be submitted monthly to include the previous month's reimbursements/costs to DOH using the ConCon A19-1A invoice voucher form and required back-up documentation. Final invoices are due within 45 days of the end of the period of performance for this statement of work.

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Office of Immunization-Regional Representatives - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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: January 1, 2025 through June 30, 2025

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: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY25 CDC IQIP REGIONAL REPS	74310254	93.268	333.93.26	01/01/25	06/30/25	0	27,470	27,470
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	27,470	27,470

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	Conduct enrollment site visits with all new providers and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with the CVP Operations Guide.	a) Email Provider Agreement New Enrollment Packet with provider’s original or electronic signature – DOH 348-022 if: <ol style="list-style-type: none"> Provider did not previously submit the provider agreement to DOH. Changes are made to the provider agreement during the enrollment visit. b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures	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 and when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.	Email completed Provider Disenrollment form DOH 348-423 or list to verify vaccine inventory transferred/removed from provider site.	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> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed.</p>	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
4	<p>Conduct Announced Vaccine Storage and Handling (ASH) visits upon DOH request after an enrolled site moves to a new physical location. All visits must be conducted in person, within sixty (60) days of DOH request, in accordance with the CVP Operations Guide.</p> <p>If site is due for a compliance visit within the current project period, conduct a compliance visit instead of an ASH visit.</p> <p>Complete Announced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>	<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each announced 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) and verifying follow-up actions were completed.</p>	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
5	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within twenty-four (24) months of previous site visit and/or six (6) months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with the 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>Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.</p>	<ul style="list-style-type: none"> a) Submit completed CVP Compliance Visit Project Schedule to DOH 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. c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR. d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit. 	<ul style="list-style-type: none"> a) By July 31 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. c) Within five (5) business days of the site visit. d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. e) Within five (5) business days of DOH request. 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount
6	<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, 2025. A minimum of 40% of total visits assigned per region must be initiated within the first half Project Year (December 31,2025) 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</p>	<ul style="list-style-type: none"> a) Copy of project management plan (template will be provided) b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted. c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up. 	<ul style="list-style-type: none"> a) By July 31, 2025 b) Within five (5) business days of visit c) Within five (5) business days of contact 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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 by December 31, 2025</p>		By December 31, 2025	

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

- Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunizations.
- Regional Representatives must have access to a digital data logger with current certificate of calibration and qualified pack outs or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan).
- Regional consultants will limit use of Immunization Information System (IIS) user accounts to view the data needed to conduct site visits with enrolled sites, and DOH reserves the right to limit regional consultant IIS access if used for unauthorized purposes, including but not limited to, editing, or approving Childhood Vaccine Program provider agreements or vaccine-related requests.

Invoicing:

Invoices must be submitted monthly to include the previous month's reimbursements/costs to DOH using the ConCon A19-1A invoice voucher form and required back-up documentation. Final invoices are due within 45 days of the end of the period of performance for this statement of work.

Unallowable Costs:

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria

- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Office of People Services-HR-Public Health Infrastructure Grant - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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: January 1, 2025 through November 30, 2027

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to establish, expand, train, and sustain the LHJ public health workforce in accordance with the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant (PHIG).

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 PH INFRASTRUCTURE COMP A1-LHJ	92321223	93.967	333.93.96	01/01/25	11/30/27	0	200,000	200,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	200,000	200,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a contact list of staff responsible for the statement of work (SOW).	Submit to DOH Program Contact 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 by email to DOH Program Contact any staff change(s) within 30 days	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop an implementation plan to use these funds for one or more of the allowable costs listed below. Funding is intended to establish, expand, train, and sustain public health staff to support LHJ prevention, preparedness, response, and recovery initiatives. These include the following short-term outcomes: increased retention of existing public health staff, and improved workforce systems	Submit implementation 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.	Implementation plans must be submitted by email to DOH Program Contact before using funds and any changes within 30 days	Invoice Vouchers must be billed monthly and received by DOH within 45 days of the close of the month in which services were provided.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and processes. Washington will also move toward the following intermediate outcome measures as part of this Workforce initiative: increased size [and capabilities] of the public health workforce, increased job satisfaction, stronger public health foundational capabilities, and increased reach of public health services. Ultimately, these workforce investments will support accelerated prevention, preparedness, and response to emerging threats, and improved other public health outcomes.</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, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. • Costs of allowed 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 \$10,000 or more.) 			
3	<p>Data collection, as applicable, is based on:</p> <ul style="list-style-type: none"> • Hiring and Retention goals for the Public Health Infrastructure Grant (PHIG) period. • Hiring and retention activities the LHJ has at the end of the reporting period. 	<p>Data on form provided by DOH</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> • Number of funded positions filled by job classification and program area since the inception of the grant (December 1, 2022), as of the end of the reporting period. 	<p>Reporting periods are:</p> <ul style="list-style-type: none"> • December 1, 2024– May 31, 2025 • June 1, 2025– November 30, 2025 • December 1, 2025– May 31, 2026 	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<ul style="list-style-type: none"> ○ Including positions filled with current employees, new hires, and PHIG funded positions vacated during the reporting period. ● Data Quality and Context <ul style="list-style-type: none"> ○ Are the data provided questionable or low/poor quality? ○ Does the data provided adhere to the definitions established by CDC in the performance measure guidance? ○ Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe. ○ Provide any additional context or information related to this measure. <p>Note: 6-month Reporting periods see Due Date/Time Frame</p>	<ul style="list-style-type: none"> ● June 1, 2026–November 30, 2026 ● December 1, 2026–May 31, 2027 ● June 1, 2027–November 30, 2027 <p>Report due dates are a month and 10 days after the end of the reporting period:</p> <ul style="list-style-type: none"> ● July 10, 2025 ● January 10, 2026 ● July 10, 2026 ● January 10, 2027 ● July 10, 2027 ● January 10, 2028 	

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 response)

- Equipment not primarily used by or for public health employees.
- Food or beverages (unless employee is in travel status)
- Incentives (except for retention 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 \$10,000 or more.)
- Disposition of equipment with a current value of \$10,000 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: See also DOH A19 Documentation Matrix for additional expenses that may require preapproval.

Billing Requirements:

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 statement of work for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 45 days of the end of the period of performance for this statement of work.

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Office of Resiliency & Health Security-PHEP - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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: January 1, 2025 through June 30, 2025

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks for LHJs to strengthen their capacity and capability around the Public Health Response Readiness Framework (CDC) to prepare for, respond to, and recover from public health threats and emergencies through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions as described in the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Many LHJs support a position responsible for public health emergency preparedness and response. LHJs use different titles for these positions. DOH wants to be respectful of this diversity and refers to the people who fill these important roles as Public Health Emergency Response Coordinators.

This Statement of Work includes 40% of the total allocation of these funds. Once all invoices from the July - December 2024 Statement of Work have been submitted and paid, any funds remaining from the previously awarded 60% will be added in an amendment to this January - June 2025 Statement of Work.

Guidance Documents - LHJs are strongly encouraged to use the Guidance Documents listed in the Program Specific Requirements in the bottom section of this Statement of Work.

Revision Purpose: The purpose of this revision is to add funds. These are remaining funds from the July - December 2024 statement of work. There is no change to the activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	01/01/25	06/30/25	118,138	75,614	193,752
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						118,138	75,614	193,752

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
1 Contact Information Framework 2 – Enhance Partnerships	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 any changes within 30 days of the change. End-of-year reports on template provided by DOH. Note any changes or no changes.	Within 30 days of the change. June 30, 2025	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
2 LHJ Performance Measures Framework 6 – Modernize data collection and systems	Submit LHJ Performance Measure Data as requested on the form provided by DOH.	LHJ Performance Measure Data on the form provided by DOH.	June 30, 2025	
3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems	Submit additional information as requested by DOH to comply with federal grant requirements. Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including the mid-year and end-of-year reports.	Information requested by DOH.	As requested by DOH.	
4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices	Complete the public health disaster risk assessment developed by the University of Washington (UW) (available early February 2025) reflecting the needs of the whole LHJ. DOH and/or UW will provide the tool and technical assistance.	Public Health Disaster Risk Assessment	June 30, 2025	
5 Planning Framework 4 – Improve administrative and budget preparedness systems Framework 8 –	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles. Including (but not limited to): <ul style="list-style-type: none"> • Administrative preparedness plans. • Recovery operations. • Incident response improvement plan data elements. 	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
Incorporate health equity practices				
<p>6 Planning - IPPW</p> <p>Framework 2 – Enhance Partnerships</p> <p>Framework 5 – Build workforce capacity</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.</p>	<p>End-of-year reports on template provided by DOH.</p> <p>Participation in IPPW.</p>	<p>June 30, 2025</p>	
<p>7 Communication & Planning</p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Develop or update crisis and emergency risk communication and information dissemination plans.</p>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	
<p>8 Training</p> <p>Framework 5 – Build workforce capacity</p>	<p>Complete training to ensure baseline competency and integration with preparedness requirements.</p> <p>Participate in at least one public health emergency preparedness, response, or recovery training.</p> <p>Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</p> <p>Work with Public Health Emergency Response Coordinators to review public health preparedness and response plans and identify gaps, priorities, and training needs.</p> <p>Integrate administrative and budget preparedness recommendations into training.</p>	<p>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.</p>	<p>June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>Recommended Training:</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> • Incident Command System (ICS) 100: Introduction to ICS • ICS 700: An Introduction to the National Incident Management System (NIMS) • ICS 800: National Response Framework. An Introduction • IS-120.C: An Introduction to Exercise • IS-2900.A: National Disaster Recovery Framework (NDRE) Overview • Homeland Security Exercise and Evaluation Program • Preparation for Resource Providers <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> • ICS 200: Basic ICS for Initial Response • Independent Study (IS)-2200: Basic Emergency Operations Center Functions <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> • ICS 300: Intermediate ICS for Expanding Incidents • Crisis and Emergency Risk Communication (CERC) <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> • ICS 400: Advanced ICS <p>Notes:</p> <p>Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>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.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<p>9 Exercising</p> <p>Framework 2 – Enhance Partnerships</p> <p>Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies</p>	<p>Participate in at least one exercise by June 30, 2025.</p> <ul style="list-style-type: none"> • Include critical response and recovery partners. • Engage partners to incorporate health equity principles. • Integrate administrative and budget preparedness recommendations. • Complete AAR/IP for the exercise by June 30th, 2025. <p>Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.</p>	<p>End-of-year reports on template provided by DOH.</p> <p>Improvement Plans available upon request.</p>	June 30, 2025	
<p>10 Communication & Exercising</p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Identify and implement communication monitoring media relations, and digital communication strategies in exercises.</p> <p>Include communications and/or Public Information Officer in exercises or real world event to identify and implement communication monitoring, media relations, and digital communication. This may include one or more exercises by June 30, 2025.</p>	<p>End-of-year reports on template provided by DOH.</p>	June 30, 2025	
<p>11 MCM</p> <p>Framework 1 – Develop threat-specific approach</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Maintain ability to procure, store, manage, and distribute medical materiel.</p> <p>Maintain ability to dispense and administer medical countermeasures (MCM).</p> <p>Attend an MCM quarterly meeting for the non-CRI LHJs.</p> <p>Continue to show capabilities by submitting updated MCM plans as needed.</p>	<p>End-of-year reports on template provided by DOH.</p>	June 30, 2025	
<p>12 DOH Duty Officer</p> <p>Framework 7 – Strengthen risk communications activities</p>	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep</p>	<p>End-of-year reports on template provided by DOH.</p>	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>			
<p>13 WASECURES</p> <p>Framework 7 – Strengthen risk communication activities</p>	<p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as the primary notification system.</p> <p>Participate in DOH-led notification drills. Conduct at least one LHJ drill using the 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 in addition to WASECURES to alert staff during incidents. 	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	
<p>14 Communication & Communities of Focus</p> <p>Framework 10 – Prioritize community recovery efforts</p>	<p>Identify and implement specific crisis and emergency risk communication activities that meet the diverse needs of local community based organizations that support people who may be disproportionately impacted by the public health impacts of a disaster.</p> <p>DOH will work with LHJs to serve the needs of the socially vulnerable community members in their jurisdictions with a focus on public health equity.</p>	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	
<p>15 Healthcare Coalition (HCC) Participation</p> <p>Framework 3 – Expand local support</p>	<p>During each reporting period (Jul – Dec and Jan- Jun), participate in two or more of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA):</p> <ul style="list-style-type: none"> • Meetings • Communication • Planning • Training • Exercises 	<p>End-of-year reports on template provided by DOH.</p>	<p>June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
Additional Request Activities 1	Provide consultation and grant support to Clallam and Jefferson Public Health Emergency Response Coordinators as requested. Provide consultation to DOH on behalf of PHEP Region 2 as requested.	End-of-year reports on templates provided by DOH.	June 30, 2025	
Additional Request Activities 2	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 LHI websites. Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.	End-of-year reports on templates provided by DOH.	June 30, 2025	
Additional Request Activities 3	Coordinate and maintain a jointly shared Medical Reserve Corps (MRC) program with the Kitsap County Department of Emergency Management.	End-of-year reports on templates provided by DOH.	June 30, 2025	

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

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

Program Specific Requirements

Special Requirements:

Guidance Documents - LHJs are strongly encouraged to use the following documents to inform their implementation of activities in this statement of work:

Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery.
DOH will provide a copy.

Public Health Response Readiness Framework (CDC) -- 2024-2028 PHEP Program Priorities – Defines Excellence in Response Operations
[Implementing Public Health Response Readiness Framework | State and Local Readiness | CDC](#)

Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health
[Public Health Emergency Preparedness and Response Capabilities | State and Local Readiness | CDC](#)

2024 PHEP Cooperative Agreement Guidance/Budget Period 1

[2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 | State and Local Readiness | CDC](#)

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

[CFR :: 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).
- 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 food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- 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 invoices include indirect costs, there must be a DOH approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: OSS LMP Implementation - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH32054

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

Period of Performance: January 1, 2025 through June 30, 2025

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 checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP). This funding is what remains of the 2023-2025 biennium and of SFY25 funding allocations.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	01/01/25	06/30/25	0	33,333	33,333
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	33,333	33,333

GOALS & MEASURABLE OBJECTIVES

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported on an ongoing basis in the semiannual progress reports.

Description (e.g., "OSS compliance")	Units (e.g. "systems")	Starting Amount	Targets
OSS compliant with inspections in Marine Recovery Areas (MRAs) and/or Sensitive Areas (SA)	Number of OSS	2,600	3,000
OSS compliant with inspections countywide	Number of OSS	28,000	30,000
OSS failures identified/corrected in MRA/SA	Number of OSS failures identified and repaired/replaced	0/0	75%
OSS failures identified/corrected countywide	Number of OSS failure identified and repaired/replaced	0/0	75%

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.1	<p>Bi-monthly Invoicing and Progress Reports DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. Local or County Health subrecipients will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices.</p>	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period	Reimbursement up to \$0 based on actual costs.
1.2	<p>Semi-Annual Progress Reports Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.</p>	<p>Data about the following:</p> <ul style="list-style-type: none"> • Qualitative: <ul style="list-style-type: none"> ○ Summary of work ○ Barriers to LMP Implementation • Quantitative: <ul style="list-style-type: none"> ○ OSS inventory metrics ○ Enforcement actions ○ Outreach and Education efforts 	Due July 15 for the duration of the contract period	
2.1	<p>Operations and Maintenance (O&M) Program Administration</p> <ul style="list-style-type: none"> • Mail inspection reminders to homeowners as needed. • Inspection compliance tracking/mapping • Failure and repair tracking/mapping • Compliance enforcement • Complaint response • O&M data reports about inventory and deficiencies 	<p>a. Enforcement Protocol</p> <p>b. Data on the following:</p> <ul style="list-style-type: none"> • Number of OSS with current inspections • Number of OSS failures and calculated risk using DOH-provided risk assessment. • Number of repairs 	<p>a. At contract execution</p> <p>b. Report in semi-annual progress report in Subtask 1.2.</p>	Reimbursement up to \$ based on actual costs.
3.1	Indirect rate on TMDC at a rate of 30.08% . Annual rate may change during contract period.	Submit current approved indirect rate to DOH Grants Management Office for approval.	Before indirects can be approved for reimbursement	Reimbursement up to \$ based on actual costs.

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.

**Exhibit A
Statement of Work
Contract Term: 2025-2027**

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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: January 1, 2025 through December 31, 2027

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

Revision Purpose: To add funding to FFY25 SNAP ED PROG MGNT ADMIN IAR (\$16,538) and remove budget table under Special Billing Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 SNAP ED PROG MGNT ADMIN IAR	76701950	10.561	333.10.56	01/01/25	09/30/25	63,344	16,538	79,882
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						63,344	16,538	79,882

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WA SNAP-ED STATE PLAN EXECUTION			See "Billing Requirements" below.
1.0	Develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient's project work plan approved by Department of Health (DOH).	1. Project(s) provide(s) 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences. 2. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan. 3. Satisfactory progress towards State SNAP-Ed project(s) selected by	Ongoing - entire contract period	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Subrecipient is demonstrated and reported.</p> <p>Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.</p>		
1.1	Be in full compliance with the approved WA SNAP-Ed Federal Fiscal Year (FFY) 24-26 State Plan and the USDA SNAP-Ed Plan Guidance. DOH reserves the right to complete any additional monitoring activities deemed necessary in the contract year to ensure full compliance with the program.			Payment withheld if not received by due date.
1.1a	Maintain communication with DOH	<p>Be available for regular and intermittent meetings, both in-person and virtual, with DOH SNAP-Ed, as agreed upon or as needed.</p> <p>Respond to all DOH and SNAP-Ed Statewide initiative requests within the timeline requested.</p> <p>Submit updates to DOH following any change in contact information for the project coordinator, fiscal agent, contract signatory, or any SNAP-Ed funded staff within 10 business days of the change.</p>	Ongoing	Payment withheld if not received by due date.
1.1b	Follow the budget amendment guidance in the SNAP-Ed LIA Handbook. Changes to the work plan or budget must be approved by DOH in accordance with DSHS and/or USDA Guidance.	Workplan and budget are up-to-date and approved.	Ongoing	
1.1c	Conduct all work in accordance with local health guidance including that for COVID-19 and other environmental or public health hazards.		Ongoing	
1.2	Develop relationships with and engage partners and members of the SNAP-Ed audience in developing, implementing, and evaluating culturally relevant SNAP-Ed programs, messages, and educational activities.	<p>Work plan includes a plan to engage partners and members of the SNAP-Ed audience in developing, implementing, and evaluating culturally relevant SNAP-Ed programs, messages, and educational activities.</p> <p>Document work engaging partners and members of the SNAP-Ed audience in PEARS.</p>	Ongoing	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.3	Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences.	Document all sites and the data that indicates that sites are eligible on your work plan(s).	Ongoing	
2	PAYMENT AND FISCAL RESPONSIBILITIES			
2.1	Submit timely invoice vouchers for SNAP-Ed specific activities. Use current approved SNAP-Ed Contractor budget workbook budget line items and amounts to track expenses with each invoice.	Prepare and submit an invoice using the A19-1A Invoice Vouchers and include supporting documentation, if applicable. <ul style="list-style-type: none"> Total costs billed will not exceed the USDA-approved budget amount. Bills must only be for SNAP-Ed specific activities. 	Monthly: due no later than thirty (30) days after the end of the preceding month. (e.g., October invoice submitted no later than November 30 and so on.) Final invoice is due October 30, 2025.	Payment withheld if not received by due date.
2.2	Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.	Documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit with corresponding reports, where applicable. Fiscal monitoring completed in person, web conference, phone, or via email, as needed.	Every other year: can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.	See “Billing Requirements” below.
3	DOH and State-wide Reporting, Calls and Meetings, and Training			
3.1	Fully cooperate with DOH SNAP-Ed to implement all related program activities and report progress on all activities.	Prepare and submit four (4) quarterly reports, due to DOH. Prepare and submit an (1) annual report, due to DOH. Report SNAP-Ed activities and progress in PEARS.	Quarter Reports: First quarter report due by Wednesday, January 8, 2025. Second quarter report due by Wednesday, April 9, 2025. Third quarter report due by Wednesday, July 9, 2025. Fourth quarter report due by Wednesday, September 17, 2025. Annual Report: The annual report	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<p>deadline is set by DSHS and LIAs will be notified by email as soon as the date is known.</p> <p>PEARS: Update Direct Education in the Program Activity Module within two weeks of delivery. Update all other SNAP-Ed work monthly, no later than the last business day of the following month.</p>	
3.2	Fully cooperate with the statewide SNAP-Ed Curriculum, Training and Website Team to implement consistent evidence-based curricula .	Train for and implement direct education curricula in accordance with defined requirements		
3.3	Fully cooperate with the statewide SNAP-Ed Evaluation team and follow the <i>most up to date</i> SNAP-Ed Evaluation Guidance to meet programmatic outcomes and reporting measures.	Collect and submit program data in accordance with defined requirements.		
3.4	Participate in DOH, DSHS, Evaluation Team, Curriculum Training & Website Team conference calls and meetings.	Participate in scheduled Coordinator calls, Statewide SNAP-Ed Forum.	<ul style="list-style-type: none"> • Coordinator calls – monthly. • Statewide Forum – as scheduled by DSHS. 	
3.5	Participate in DOH, DSHS, Evaluation team, or Curriculum Training & Website Team trainings, as relevant to your program and skill development. Agencies will conduct, manage, and record all trainings. If agencies cannot access training, they will contact DOH.	Document required trainings on the Contractor Required Training Tracking Sheet.		
3.5a	<p>Complete and document required Civil Rights Training. If training is not documented the agency will have to repeat training.</p> <p>This training is required for all SNAP-funded staff.</p> <p>Frequency: Annually, for each Federal Fiscal Year (Oct-Sept).</p> <p>Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.</p>	Document completed Civil Rights Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.	Due December 31 each calendar year for all SNAP-Ed funded staff. New hires to complete within 30 days of hire.	Payment withheld if not received by due date.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.5b	<p>Complete and document required Fiscal Training. If training is not documented the agency will have to repeat training.</p> <p>This training is required for Fiscal agent or project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program.</p> <p>Frequency: Annually, for each Federal Fiscal Year (Oct-Sept).</p> <p>Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.</p>	<p>Document completed Fiscal Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.</p>	<p>Due no later than March 31 each year.</p> <p>New hires to complete within 30 days of hire.</p>	
3.5c	<p>Complete and document required Systems Approaches to Healthy Communities Training (online version). If training is not documented the agency will have to repeat training.</p> <p>This training is required for the Project coordinator and all staff involved in planning, implementing, and evaluating SNAP-Ed project activities.</p> <p>Frequency: To be completed by new staff who have not previously taken this or similar PSE training.</p> <p>Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.</p>	<p>Document completed Systems Approaches to Healthy Communities Training (online version) Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.</p>	<p>New staff to complete within 6 months of hire.</p>	
3.5d	<p>Complete and document required Food Handler Training, if applicable. If training is not documented the agency will have to repeat training.</p> <p>This training is required for staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public.</p> <p>Frequency: WA food handler cards expire two years after first issuance, three-five years if card renewed.</p> <p>Refer to the Required Trainings section of the SNAP-Ed LIA Handbook for more information.</p>	<p>Document completed Food Handler Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.</p>	<p>Due prior to handling, preparing, cooking, assembling and/or serving food or drink.</p>	
3.5e	<p>Complete and document required Data Collecting and Reporting Training. If training is not documented the agency will have to repeat training.</p>	<p>Document completed Data Collection and Reporting Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.</p>	<p>Annually, or more often as needed.</p> <p>If approved data collection system changes, every SNAP-Ed funded staff member</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>This training is required for Project coordinator or any staff person responsible for collecting, reporting, or entering SNAP-Ed related data.</p> <p>Frequency: Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided.</p> <p>Refer to the Required Trainings section of the LIA Handbook for more information.</p>		<p>entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided.</p>	
3.5f	<p>Complete and document required Curriculum Training, if applicable. If training is not documented the agency will have to repeat training.</p> <p>This training is required for Project coordinator and all staff involved in planning, implementing, and evaluating direct education.</p> <p>Frequency: New direct education staff trained within 30 days for specific curriculum to be used in direct education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator or qualified designated staff person to complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy.</p> <p>Refer to the Required Trainings section of the LIA Handbook for more information.</p>		<p>New direct education staff trained within 30 days for specific curriculum to be used in direct education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator or qualified designated staff person to complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy.</p>	
3.5g	<p>Complete and document required WA SNAP-Ed Nondiscrimination Statements Training. If training is not documented the agency will have to repeat training.</p> <p>This training is required for all SNAP-funded staff.</p> <p>Frequency: To be completed by new staff who have not previously taken this training.</p> <p>Refer to the Required Trainings section of the Provider Handbook for more information</p>	<p>Document completed Data Collection and Reporting Training in your DOH SNAP-Ed Required Training Tracking sheet. Fill out all requested fields.</p>	<p>New staff to complete within 30 days of hire.</p>	

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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

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

Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)

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

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

Additional Details Regarding Deliverables

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

Monitoring Expectations

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

Staff Requirements

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

Project Coordinator Requirements

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

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

Communication Requirements

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

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

SNAP-Ed Assurances:

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

- The Subrecipient is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Programming is provided to approved SNAP-Ed eligible audiences.

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

SNAP-Ed Statewide Initiatives

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

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

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

Health and Safety

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

Audits

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

Indirect Rate/Allocation Plan

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

Annual Civil Rights Training Requirement (see USDA Instruction Number 113-1 Chapter XI <http://www.fns.usda.gov/sites/default/files/113-1.pdf>) "Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Local agencies are responsible for training their sub recipients, including 'frontline staff.' 'Frontline staff' who interact with program applicants or participants, and those persons who supervise 'frontline staff' must be provided civil rights training an annual basis."

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

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

Travel

The Subrecipient is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10 (<http://www.ofm.wa.gov/policy/10.htm>), with the travel requirements found in the current year's SNAP-Ed federal guidance, and with any travel related DOH SNAP-Ed policy and procedures. If the Subrecipient organization's travel related policy and procedures are in conflict with any of the aforementioned travel related federal or state policies and procedures, the Subrecipient organization will follow the stricter of the travel related policy and procedures unless otherwise approved and allowable by DOH or higher authority.

Amendments

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

Overtime

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

Special Funding Requirements

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this contract and prior to normal completion, DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the Subrecipient within 10 working days upon notice by the funding source of funding availability.

Special Billing Requirements

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
 - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher.
 - A SNAP-Ed specific A19-1A must be submitted to the subrecipient's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
 - A Subrecipient may request pre-approval to bill every 2 months instead, in which case, that Subrecipient is required to adhere to the billing due dates provided by DOH.
3. The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a Subrecipient is unable to submit the SNAP-Ed A-19-1A on the due date, the Subrecipient is required to submit a request for an exception to the DOH no later than 7 days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
 - At the very least this means a copy of a Subrecipient's financial expanded/detailed general ledger level report.

- Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
5. If a Subrecipient meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH.
- All new SNAP-Ed Subrecipients within their 1st fiscal year.
 - Subrecipients with current fiscal findings.
 - Subrecipients who have not submitted adequate or accurate backup documentation within the last year.
 - Subrecipients who receive a rating of “High” from the DOH Federal Subrecipient Risk Assessment Tool.

BUDGET	
Source	Amount
USDA	63,344

KC - _____
AMENDED AND RESTATED MEMORANDUM OF UNDERSTANDING
KITSAP PUBLIC HEALTH DISTRICT,
EVERHEALTH LLC, AND KITSAP COUNTY
[340B Medications for the Kitsap County Jail]

THIS AMENDED AND RESTATEMENT MEMORANDUM OF UNDERSTANDING (“Agreement”) is between the Kitsap Public Health District (“KPHD”), Everhealth LLC (“Everhealth”), and Kitsap County (“County”) on behalf of the Kitsap County Sheriff’s Office Jail (“Jail”).

WHEREAS, since 2010, the prevalence of syphilis has continued to increase overall in Washington state, including Kitsap County, with rates of syphilis rising among cisgender women and heterosexual men.

WHEREAS, the Centers for Disease Control and Prevention (CDC) 2021 treatment guidelines note that addressing sexually transmitted diseases (STIs) in correctional settings is vital for addressing the overall impact among affected populations.

WHEREAS, the KPHD has access to 340B medications, including Bicillin, which KPHD is willing to make available to Everhealth, at no cost, to treat incarcerated individuals housed in the Jail who meet the appropriate medical criteria.

WHEREAS, it is in the best interests of all parties involved to medically treat the inmate population testing positive for syphilis and thereby reduce the prevalence of syphilis in the community, subject to the terms and conditions of this Agreement.

NOW, THEREFORE, the parties agree as follows:

1. **PURPOSE.** The purpose of this Agreement is to identify the scope, role, and responsibilities of the parties for the provision of 340B medication to treat persons with syphilis incarcerated in the Jail as provided in this Agreement and Attachments A (Scope of Work), B (340B Bicillin Administration Notification), and C (Bicillin Inventory), which are incorporated in full by reference.
2. **DEFINITIONS.** The following definitions shall apply unless otherwise provided in the Agreement.
 - A. The 340B program is a federal program under which manufacturers provide drugs covered by Medicaid and Medicare Part B at a discounted rate to specific covered entities that serve the nation’s most vulnerable patient populations. This enables these covered entities to stretch federal resources to reach more eligible patients and provide more comprehensive services.
 - B. Medication means the 340B medication provided pursuant to the 340B program.
 - C. Bicillin means the preferred medication used to treat syphilis and the only recommended medication to treat pregnant women infected with or exposed to syphilis.
 - D. In-patient treatment means treatment provided to a person that has been admitted to a general hospital, psychiatric hospital, residential treatment facility or treatment facility.
 - E. Recipient means a Kitsap County Sheriff’s Office Jail inmate.
3. **COMPENSATION.** No compensation will be exchanged by the parties to this Agreement.
4. **EFFECTIVE DATE/TERM.** This Agreement shall be effective on May 1, 2025, and remain in effect until April 30, 2028, unless terminated or extended.

5. **TERMINATION.** Any party may terminate this Agreement by giving 30 days prior written notice to the other parties.
6. **JOINT RESPONSIBILITIES.** The parties agree to work cooperatively to carry out the intent of this Agreement.
7. **INSURANCE.** The parties shall maintain adequate general and professional liability insurance during the term of this Agreement to protect against losses and risks arising out of or related to the Services provided under this Agreement as are prudent and customary for the jurisdiction.
8. **NONDISCRIMINATION.** No party will discriminate against any person based on race, color, creed, religion, national origin, age, sex, marital status, sexual orientation, veteran status, disability, or other circumstances prohibited by federal, state, or local law, and shall comply with Title VI of the Civil Rights Act of 1964, P.L. 88-354 and Americans with Disabilities Act of 1990 in the performance of this Agreement.
9. **ASSIGNMENT.** No party may assign its rights and duties under this Agreement without the prior written consent of the other parties.
10. **COMPLIANCE WITH LAWS.** The parties shall comply with all applicable laws, rules, and regulations pertaining to matters covered in the Agreement.
11. **INDEPENDENT CAPACITY.** The employees and agents of each party engaged in the performance of this Agreement shall continue to be the employees or agents of that party and shall not be considered, for any purpose, to be employees or agents of the other party to this Agreement. Neither party shall have the authority to bind the other nor control the employees, agents, or contractors of the other party to this Agreement. All rights, duties and obligations of a party shall remain with that party. Each party shall be solely and exclusively responsible for the compensation, benefits, training expenses, equipment, costs, and all other costs, benefits, and expenses for its employees. Each party will be responsible for ensuring compliance with all applicable laws, collective bargaining agreements, and civil service rules and regulations regarding its own employees.
12. **PUBLIC RECORDS ACT.** Notwithstanding any provisions of this Agreement to the contrary, the parties agree to comply with all applicable requirements of the Washington Public Records Act, chapter 42.56 RCW (as may be amended), in the performance of this Agreement.
13. **AMENDMENTS.** This Agreement may be modified or amended only by written agreement of the parties.
14. **NO THIRD-PARTY RIGHTS.** This Agreement is intended to be solely between the parties. No part of this Agreement shall be construed to add, supplement, or amend existing rights, benefits, or privileges of any third party, including, without limitation, incarcerated individuals or employees of either party.
15. **WAIVER.** A failure by any party to exercise its rights under this Agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Agreement unless expressly provided in writing and signed by an authorized party representative.
16. **SEVERABILITY.** The provisions of this Agreement are severable. Any term or condition of this Agreement or application thereof deemed to be illegal, invalid, or unenforceable, in whole or in part, shall not affect any other terms or conditions of the Agreement, and the parties rights and obligations will be construed, and enforced as if the Agreement did not contain the particular provision.
17. **SURVIVAL.** Those provisions of the Agreement that by their sense and purpose should survive expiration or termination of the Agreement shall so survive.

18. HEADINGS. Headings of this Agreement are for convenience only and shall not affect the interpretation of this Agreement.
19. ENTIRE AGREEMENT. The parties acknowledge that the Agreement is the product of negotiation between them and represents the entire Agreement of the parties with respect to its subject matter. All previous Agreements and representations, whether oral or written, entered into prior to this Agreement are hereby revoked and superseded by the Agreement.
20. GOVERNING LAW, VENUE. The Agreement will be governed in all respects by the laws of the State of Washington, both as to interpretation and performance, without regard to conflicts of law or choice of law provisions. Any action arising out of or in connection with the Agreement may be instituted and maintained only in a court of competent jurisdiction in Kitsap County, Washington or as provided by RCW 36.01.050.
21. COUNTERPARTS, ELECTRONIC SIGNATURE. The Agreement may be executed in several counterparts, each of which will be deemed an original, but all of which together will constitute one and the same Agreement. A facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and deemed to constitute duplicate originals.
22. AUTHORIZATION. Each party signing below warrants to the other party that they have the full power and authority to execute this Agreement on behalf of the party they sign.
23. SIGNATURES. In witness whereof, the parties to this Agreement through their duly authorized representatives have executed this Agreement on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Agreement as set forth herein.

Dated this ____ day of _____, 2025

Dated this ____ day of _____, 2025

KITSAP PUBLIC HEALTH DISTRICT

KITSAP COUNTY SHERIFF'S OFFICE

By _____

By _____

JOHN GESE, SHERIFF

Dated this ____ day of _____, 2025

EVERHEALTH, LLC

By _____
BYRON HARRISON, PRESIDENT AND DIRECTOR

ATTACHMENT A
SCOPE OF WORK

The following identifies the responsibilities of the parties to this Agreement.

1. JAIL AND EVERHEALTH RESPONSIBILITIES

- A. Admission Requirements: Prior to administration of any 340B medications, Everhealth will ensure the following:
1. The recipient must be eligible to receive 340B Bicillin (as outlined below)
 2. The recipient must be treated as an outpatient.
 3. The 340B Bicillin medication cannot be billed to insurance.
- B. Eligibility Requirements:
1. A recipient is eligible to receive 340B Bicillin as part of syphilis treatment if they meet one or more of the following criteria:
 - a. The recipient has a confirmed diagnosis of syphilis that has not been treated or has not been treated adequately.
 - b. Clinical manifestations support suspicion of syphilis, and test results are pending.
 - c. The recipient is a partner to someone with a confirmed case of syphilis, and test results are pending (or testing is refused).
 - d. Everhealth agrees to notify KPHD as outlined in Notification Requirements below.
- C. Inventory Requirements
1. A low and high inventory level will be agreed upon by KPHD and Everhealth.
 2. KPHD proposes a minimum of one dose, and a maximum of three doses are maintained on-site at the Jail.
 3. One dose is equal to 2.4MU, which may be contained within a single syringe or separated into two syringes, each with 1.2MU.
 4. Everhealth agrees to participate in monthly inventory monitoring. Monthly monitoring will occur on or around the 5th of each month. Monitoring will be initiated by KPHD and require a Everhealth staff to confirm the number of syringes on site, along with Lot # and expiration date, to compare and confirm with KPHD records.
- D. Notification Requirements
1. Everhealth will notify KPHD within one business day of administration of a 340B medication via the KPHD Confidential fax line (360) 813-1168) using Attachment A. ShareFile is a HIPAA-compliant electronic alternative to fax that can be utilized.
 - a. Notification will provide an opportunity to request a restock of medication.
 - b. Notification will provide KPHD the ability to properly document administration of the dose(s) per 340B medication requirements in the state database (PHIMS).
 2. Everhealth will also notify KPHD of any positive syphilis results within three days of diagnosis in accordance with Washington Notifiable Conditions reporting requirements.
 - a. Notification is provided by sending the positive lab results and a completed STI Case Report to the KPHD confidential fax at (360) 813-1168. STI Case Reports are located at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/347-102-KitsapCsRpt.pdf?uid=63ed2a7328985>
 - b. Reports received from the Jail/ Everhealth are retained by KPHD for three years in accordance with record retention laws and KPHD policy.
- E. Request for Additional Doses
1. JAIL / Everhealth may request additional doses using Attachment A, by fax (360) 813-1168,

phone (360)728-2235, or an email to cd@kitsappublichealth.org. PHI shall be kept confidential and may not be sent via email.

2. Upon receipt of a medication request, KPHD staff will:
 - a. Coordinate a delivery date and time with staff from the Jail/ Everhealth.
 - b. KPHD will process and deliver medications in accordance with KPHD policy. Normal processing time is 1-2 days, excluding holidays and weekends.
 - c. If an urgent replacement is required, same-day or next-day delivery can be arranged by calling the KPHD main line at (360)728-2235 and requesting to talk to the Communicable Disease program. This line is monitored on evenings and weekends.
 - d. On the agreed delivery day, KPHD will package and deliver the medication to the Jail. KPHD and Everhealth staff will ensure the cold chain complies with the CDC transfer requirements. <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>.

F. Receipt and Inventory

1. Once received by Everhealth., the medication will be inventoried and placed in an electronically monitored, temperature-controlled refrigerator that meets CDC storage requirements, including but not limited to:
 - a. Stand-alone refrigerator(s) with enough storage to accommodate your maximum inventory without crowding that maintains temperatures between 2° C and 8° C (36° F and 46° F).
 - b. Medication may not be stored in a dormitory-style or bar-style combined refrigerator and/or freezer is prohibited under any circumstances.
 - c. Medication storage in a combination unit (refrigerator/freezer in one unit) should be avoided and shall not occur without prior consultation with KPHD to ensure compliance with storage requirements.
 - d. Each unit shall be equipped with a digital data logger (DDL) with a current and valid Certificate of Calibration Testing. Everhealth shall maintain at least one backup DDL in case of a broken or malfunctioning device.
 - e. The DDL unit shall be kept near the medication storage location.
 - f. A safety-lock plug or outlet cover shall be used to prevent the unit from being unplugged, along with a posted sign that states “DO NOT UNPLUG.”
 - g. If a new or repaired storage unit is to be used, the minimum and maximum temperatures shall be checked and recorded daily for two to seven days. The unit is stable and ready to use after two consecutive days of temperatures recorded within the recommended range.

G. Medication Storage

1. The medication shall be stored in the center refrigerator space in the original packaging as the top and bottom shelves may be 1-2° C colder than the main space.
2. No medications should be placed in crisper drawers. If the refrigerator unit contains crisper drawers, it is recommended the drawers be filled with water bottles to reduce temperature fluctuations
3. In the event of a fridge malfunction or other medication handling incident while the medication is stored at the Jail, Everhealth staff will use the following stability calculator to determine the viability of the medication (Temperature Stability Calculator | Pfizer Medical Information - US available online here: <https://www.pfizermedicalinformation.com/en-us/stability-calculator?product=BICILLIN%C2%AE%20L-A%20%7C%20penicillin%20G%20benzathine>)
4. Everhealth will notify KPHD of temperature excursions within 3 business days.

H. Medications

1. Everhealth will notify KPHD via fax or email (as provided above) when a 340B medication in their custody is within 60 days of expiration to allow for coordination of replacement medication.
2. KPHD will take custody of all 340B medications for use or disposal within 60 days of expiration.

I. Documentation/Retention

1. Everhealth will maintain temperature logs on the storage refrigerator(s) used to store any refrigerated 340B medications. The temperature logs maintained and submitted for DOH COVID Vaccines meet this requirement if stored within the same refrigerator.
2. The Jail / Everhealth will ensure all medications are properly documented at receipt and administered in accordance with this Agreement.
3. All medication shall be inventoried monthly. A sample monthly inventory sheet is provided in Attachment B.
4. All documentation of medication receipt, inventory, and administration will be conducted on the Washington State Department of Health (DOH) approved forms.
5. KPHD will provide the forms and training regarding the forms.
6. Everhealth will retain all records for three (3) years plus the current year. Upon reasonable request, Everhealth will provide KPHD and DOH a copy of the records at no cost KPHD and DOH.
7. KPHD staff will document the use of 340B Bicillin in the PHIMS STD. If Bicillin is provided to a recipient that does not have a PHIMS ID and cannot be linked to an existing case (for example, treated empirically and results return as not reportable), KPHD staff will create a new case as a "Contact" and report Bicillin administration in Pharmacy Tab per DOH requirements.

340B BICILLIN ADMINISTRATION NOTIFICATION

To be filled out by Everhealth and faxed to KPHD at (360) 813-1168 within one business day of administration of state-provided (340B) Bicillin in accordance with 340B medication requirements.

Name of Patient (Last, First): _____

Date of Birth: _____ **Date of Bicillin Administration:** _____

Bicillin Administration Route:

2.4 MU IM x 1

Lot number: _____ Expiration Date: _____

OR

1.2 MU IM x 2 doses (2.4 MU IM total)

Lot number: _____ Lot number: _____

Expiration Date: _____ Expiration Date: _____

If case was treated empirically (no testing performed) also include:

Reason for Treatment (*partner of confirmed case, high clinical suspicion based on symptoms, etc.*):

Sex at birth: Male Female Intersex Refused

Gender identity:

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender FTM |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender MTF |
| <input type="checkbox"/> Nonbinary/Genderqueer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Refused | |

Submitted by: _____ **Date:** _____

Check this box if this was your last dose of Bicillin. If this box is checked, KPHD will follow-up within 1-2 business days to coordinate delivery of additional doses. If you have a more urgent need, call (360)728-2235 and ask to speak with the Communicable Disease team.

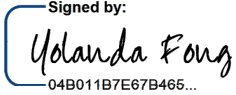
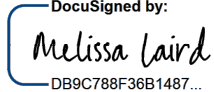
New or Renewed Contracts for the Period of 02/01/2025 through 02/28/2025

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (3 contracts)									
DOH, Washington State									
ID: 2449	Administration, Yolanda Fong	Amendment	Closed	02/04/25	\$4,984,238.00	02/05/25	01/01/25	12/31/27	CLH32054-1
<i>Description: Adds statements of work for Foundation Public Health Services (FPHS), HIV Client Services-HOPWA Formula, Infectious Disease-HIV Community Services Ryan White Part B, Injury & Violence Prevention-LHJ Opioid Campaign Proviso, Maternal & Child Health Block Grant, Office of Drinking Water Group A Program, Office of Drinking Water Group B Programs, Office Of Immunization-Promotion of Immunizations to Improve Vaccination Rates, Office of Resiliency & Health Security-PHEP, Perinatal Program-Blue Band Nurse Family Partnership, Recreational Shellfish Activities, Supplemental Nutrition Assistance Program-Education, Youth Cannabis & Commercial Tobacco Prevention Program. Adds \$4,984,238 in funding.</i>									
Jefferson County Public Health									
ID: 2451	Parent/Child Health, Yolanda Fong	Amendment	Closed	02/04/25	\$5,270.00	02/10/25	07/01/21	06/30/25	N-21-060-A5
<i>Description: Amendment 5: Adds \$5,270 for a total of \$197,138 for services rendered July 1, 2024 through June 30, 2025.</i>									
Suquamish Tribe									
ID: 2445	Parent/Child Health, Lynn Pittsinger	Contract for Services	Closed	02/04/25	\$60,000.00	02/04/25	09/01/24	12/31/26	
<i>Description: KPHD to provider NFP services for NFP SupervisorRole and will meet obligations as contained in Exhibit A, Statement of Work.</i>									

**Kitsap Public Health Board Meeting
Date: April 1, 2025**

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

Approvals:

	Signature	Date
Administrator	Signed by:  04B011B7E67B465...	3/27/2025
Finance Manager	DocuSigned by:  DB9C788F36B1487...	3/19/2025

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	2/6/2025	\$ 37,092.71
Accounts Payable	2/13/2025	173,468.27
Accounts Payable	2/20/2025	64,459.15
Accounts Payable	2/27/2025	141,808.49
NDGC Mortgage	2/3/2025	25,179.00
Miscellaneous	2/28/2025	5,671.59
Vital Records Transfer	2/20/2025	31,032.00
Accounts Payable Total		\$ 478,711.21
Payroll	2/28/2025	629,908.45
Payroll Benefits (PERS)	2/18/2025	132,563.38
Payroll Taxes	2/28/2025	237,894.56
Payroll Total		\$ 1,000,366.39
Grand Total		\$ 1,479,077.60

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information

Settlement Run STL-00004476
Name Kitsap Public Health District HH
Number STL-00004476
Status Complete
Date 02/06/2025
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 37,092.71
Inbound Total 0.00
Expense Report Count 10
Miscellaneous Payment Request Count 2
Supplier Invoice Count 6

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	02/06/2025	1	57.40	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/06/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	02/06/2025	9	1,072.15	USD	Payment Message: ID 3415 for Kitsap Public Health District on 02/06/2025	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	02/06/2025	2	890.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/06/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	02/06/2025	5	35,073.16	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/06/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011525	Kitsap Public Health District	Rebecca Chandler (435269)	Employee	EXP-0011525	02/06/2025		13.30	USD
Expense Report: EXP-0011526	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0011526	02/06/2025		13.64	USD
Expense Report: EXP-0011527	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0011527	02/06/2025		57.40	USD
Expense Report: EXP-0011528	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0011528	02/06/2025		175.00	USD
Expense Report: EXP-0011529	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0011529	02/06/2025		23.32	USD
Expense Report: EXP-0011532	Kitsap Public Health District	Laura Westervelt (434382)	Employee	EXP-0011532	02/06/2025		464.98	USD
Expense Report: EXP-0011537	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0011537	02/06/2025		44.10	USD
Expense Report: EXP-0011538	Kitsap Public Health District	Eric Evans (4565)	Employee	EXP-0011538	02/06/2025		235.00	USD
Expense Report: EXP-0011539	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0011539	02/06/2025		81.20	USD
Expense Report: EXP-0011541	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0011541	02/06/2025		21.61	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-20588	Kitsap Public Health District	JOHAN BESTER (Inactive)	MPR-20588	Check	POS Customer Refund	02/06/2025	160.00	USD
MPR-20589	Kitsap Public Health District	CHRISTOPHER CRATSENBERG (Inactive)	MPR-20589	Check	POS Customer Refund	02/06/2025	730.00	USD

Supplier Invoices



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-03442	Kitsap Public Health District	Daniel R. Niblock	FEB 2025 RENT -	Daniel R. Niblock	Net 30	SINV-2025-03442	02/06/2025		03/08/2025	0.00	0.00	1,071.00	USD
Supplier Invoice: SINV-2025-03443	Kitsap Public Health District	The Stratford Company LLC	JAN 2025 DEPOSIT	The Stratford Company LLC	Net 30	SINV-2025-03443	02/06/2025		03/08/2025	0.00	0.00	500.00	USD
Supplier Invoice: SINV-2025-03444	Kitsap Public Health District	Kitsap County	NOV 24 - TOB/CANN CNTRCT	Kitsap County - Remit-To: KC Human Services	Net 30	SINV-2025-03444	02/06/2025		03/08/2025	0.00	0.00	3,382.17	USD
Supplier Invoice: SINV-2025-03445	Kitsap Public Health District	Kitsap County	DEC 24 - TOB/CANN CNTRCT	Kitsap County - Remit-To: KC Human Services	Net 30	SINV-2025-03445	02/06/2025		03/08/2025	0.00	0.00	3,445.10	USD
Supplier Invoice: SINV-2025-03469	Kitsap Public Health District	Comcast	CCAST #4737 2.1 INV	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-03469	02/06/2025		03/08/2025	0.00	0.00	307.38	USD
Supplier Invoice: SINV-2025-03471	Kitsap Public Health District	US Bank National Association	01.27.25 INV ACCT #8591	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2025-03471	02/06/2025		03/08/2025	0.00	0.00	26,367.51	USD

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/06/2025 09:30:18 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3415 for Kitsap Public Health District on 02/06/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/06/2025	Successfully Completed



View Settlement Run

Business Process	Status
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/06/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/06/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/06/2025 09:30 AM	02/06/2025 09:30 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004476	Completed	00:00:10	Heather Hunsaker	



View Settlement Run

Settlement Run Information	
Settlement Run	STL-00004497
Name	Kitsap Public Health District HH
Number	STL-00004497
Status	Complete
Date	02/13/2025
Include Payments On Behalf Of	No
Exclude Negative Payments	Yes
Express Settlement	No

Additional Information	
Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information	
Display Currency	USD
Outbound Total	173,468.27
Inbound Total	0.00
Expense Report Count	19
Miscellaneous Payment Request Count	1
Supplier Invoice Count	17

Payment Groups									
View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	02/13/2025	19	3,071.22	USD	Payment Message: ID 3433 for Kitsap Public Health District on 02/13/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	02/13/2025	1	30.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/13/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	02/13/2025	9	145,440.02	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/13/2025	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	02/13/2025	6	24,927.03	USD	Payment Message: ID 3434 for Kitsap Public Health District on 02/13/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011582	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0011582	02/13/2025		180.95	USD
Expense Report: EXP-0011583	Kitsap Public Health District	Richard Bazzell (328436)	Employee	EXP-0011583	02/13/2025		736.70	USD
Expense Report: EXP-0011584	Kitsap Public Health District	Steven Brown (271677)	Employee	EXP-0011584	02/13/2025		136.49	USD
Expense Report: EXP-0011585	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0011585	02/13/2025		141.14	USD
Expense Report: EXP-0011586	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0011586	02/13/2025		19.04	USD
Expense Report: EXP-0011587	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0011587	02/13/2025		23.52	USD
Expense Report: EXP-0011588	Kitsap Public Health District	Jessica Howell (435293)	Employee	EXP-0011588	02/13/2025		161.42	USD
Expense Report: EXP-0011589	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0011589	02/13/2025		450.66	USD
Expense Report: EXP-0011590	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0011590	02/13/2025		59.50	USD
Expense Report: EXP-0011591	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0011591	02/13/2025		347.20	USD
Expense Report: EXP-0011600	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0011600	02/13/2025		185.30	USD
Expense Report: EXP-0011601	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0011601	02/13/2025		115.00	USD
Expense Report: EXP-0011602	Kitsap Public Health District	Nathan Sidell (435084)	Employee	EXP-0011602	02/13/2025		56.00	USD
Expense Report: EXP-0011604	Kitsap Public Health District	Kayla Tierney (434695)	Employee	EXP-0011604	02/13/2025		86.17	USD
Expense Report: EXP-0011605	Kitsap Public Health District	Aldrin Villahermosa II (435216)	Employee	EXP-0011605	02/13/2025		35.00	USD
Expense Report: EXP-0011606	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0011606	02/13/2025		171.68	USD
Expense Report: EXP-0011608	Kitsap Public Health District	Erica Whares (434641)	Employee	EXP-0011608	02/13/2025		69.48	USD
Expense Report: EXP-0011609	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0011609	02/13/2025		79.73	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011610	Kitsap Public Health District	Janet Wyatt (434415)	Employee	EXP-0011610	02/13/2025		16.24	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-20678	Kitsap Public Health District	City Cab Taxi Service LLC (Inactive)	MPR-20678	Check	One-Time Payment	02/13/2025	30.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-04373	Kitsap Public Health District	Acranet Cbs Branch	#27829	Acranet Cbs Branch	Net 30	SINV-2025-04373	02/13/2025		03/15/2025	0.00	0.00	69.00	USD
Supplier Invoice: SINV-2025-04374	Kitsap Public Health District	City of Bremerton	#BKAT000897	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2025-04374	02/13/2025		03/15/2025	0.00	0.00	433.33	USD
Supplier Invoice: SINV-2025-04388	Kitsap Public Health District	Dell Marketing L.P.	#10796808916	Dell Marketing L.P.	Net 30	SINV-2025-04388	02/13/2025		03/15/2025	0.00	0.00	3,014.94	USD
Supplier Invoice: SINV-2025-04389	Kitsap Public Health District	WA Health Care Authority	FEBRUARY 2025	WA Health Care Authority	Net 30	SINV-2025-04389	02/13/2025		03/15/2025	0.00	0.00	132,250.56	USD
Supplier Invoice: SINV-2025-04391	Kitsap Public Health District	Hummingbird Insights LLC	#0194	Hummingbird Insights LLC	Net 30	SINV-2025-04391	02/13/2025		03/15/2025	0.00	0.00	1,449.00	USD
Supplier Invoice: SINV-2025-04392	Kitsap Public Health District	Hummingbird Insights LLC	#0193	Hummingbird Insights LLC	Net 30	SINV-2025-04392	02/13/2025		03/15/2025	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2025-04393	Kitsap Public Health District	ODP Business Solutions, LLC	#406599106001	ODP Business Solutions, LLC	Net 30	SINV-2025-04393	02/13/2025		03/15/2025	0.00	0.00	88.20	USD
Supplier Invoice: SINV-2025-04394	Kitsap Public Health District	The People's Harm Reduction Alliance	KPHD-2024-Q4	The People's Harm Reduction Alliance	Net 30	SINV-2025-04394	02/13/2025		03/15/2025	0.00	0.00	19,166.38	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-04403	Kitsap Public Health District	Jefferson County	Cont: #2262 December 2024a	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2025-04403	02/13/2025		03/15/2025	0.00	0.00	4,236.80	USD
Supplier Invoice: SINV-2025-04404	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#25-00776	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-04404	02/13/2025		03/15/2025	0.00	0.00	704.00	USD
Supplier Invoice: SINV-2025-04405	Kitsap Public Health District	Staples	#6022995997	Staples - Remit-To: Staples	Net 30	SINV-2025-04405	02/13/2025		03/15/2025	0.00	0.00	82.96	USD
Supplier Invoice: SINV-2025-04406	Kitsap Public Health District	Staples	#6022261354	Staples - Remit-To: Staples	Net 30	SINV-2025-04406	02/13/2025		03/15/2025	0.00	0.00	80.46	USD
Supplier Invoice: SINV-2025-04407	Kitsap Public Health District	Taylor Communications Inc	#V666409	Taylor Communications Inc	Net 30	SINV-2025-04407	02/13/2025		03/15/2025	0.00	0.00	1,093.86	USD
Supplier Invoice: SINV-2025-04408	Kitsap Public Health District	Taylor Water Technologies, LLC	#538600	Taylor Water Technologies, LLC	Net 30	SINV-2025-04408	02/13/2025		03/15/2025	0.00	0.00	108.11	USD
Supplier Invoice: SINV-2025-04409	Kitsap Public Health District	United Business Machines of WA	#INV531948	United Business Machines of WA	Net 30	SINV-2025-04409	02/13/2025		03/15/2025	0.00	0.00	662.65	USD
Supplier Invoice: SINV-2025-04410	Kitsap Public Health District	VectorUSA	#102873	VectorUSA	Net 30	SINV-2025-04410	02/13/2025		03/15/2025	0.00	0.00	5,927.34	USD
Supplier Invoice: SINV-2025-04411	Kitsap Public Health District	Wex Bank	#102739754	Wex Bank	Net 30	SINV-2025-04411	02/13/2025		03/15/2025	0.00	0.00	724.46	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 3434 for Kitsap Public Health District on 02/13/2025	02/13/2025	6

Process History



View Settlement Run

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/13/2025 09:30:17 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3433 for Kitsap Public Health District on 02/13/2025	Successfully Completed
Payment Message: ID 3434 for Kitsap Public Health District on 02/13/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/13/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/13/2025	Successfully Completed
Remittance File: For Acranet Cbs Branch on 02/13/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 02/13/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 02/13/2025	Successfully Completed
Remittance File: For The People's Harm Reduction Alliance on 02/13/2025	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 02/13/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 02/13/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/13/2025 09:30 AM	02/13/2025 09:30 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004497	Completed	00:00:14	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run STL-00004516
Name Kitsap Public Health District JS
Number STL-00004516
Status Complete
Date 02/20/2025
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 64,459.15
Inbound Total 0.00
Expense Report Count 13
Miscellaneous Payment Request Count 2
Supplier Invoice Count 32

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	02/20/2025	13	1,308.64	USD	Payment Message: ID 3449 for Kitsap Public Health District on 02/20/2025	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	02/20/2025	2	389.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/20/2025	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	02/20/2025	17	50,202.97	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/20/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	02/20/2025	9	12,558.54	USD	Payment Message: ID 3450 for Kitsap Public Health District on 02/20/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011653	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0011653	02/20/2025		198.22	USD
Expense Report: EXP-0011654	Kitsap Public Health District	Nathan Anderson-Hobbs (435083)	Employee	EXP-0011654	02/20/2025		184.74	USD
Expense Report: EXP-0011655	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0011655	02/20/2025		67.90	USD
Expense Report: EXP-0011656	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0011656	02/20/2025		101.26	USD
Expense Report: EXP-0011659	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0011659	02/20/2025		26.37	USD
Expense Report: EXP-0011660	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0011660	02/20/2025		44.45	USD
Expense Report: EXP-0011661	Kitsap Public Health District	Cristian Inga Dominguez (434769)	Employee	EXP-0011661	02/20/2025		99.56	USD
Expense Report: EXP-0011662	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0011662	02/20/2025		30.31	USD
Expense Report: EXP-0011663	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0011663	02/20/2025		133.42	USD
Expense Report: EXP-0011664	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0011664	02/20/2025		114.87	USD
Expense Report: EXP-0011665	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0011665	02/20/2025		120.40	USD
Expense Report: EXP-0011667	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0011667	02/20/2025		138.00	USD
Expense Report: EXP-0011668	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0011668	02/20/2025		49.14	USD

Miscellaneous Payment Requests



View Settlement Run

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-20714	Kitsap Public Health District	AGATE RESTAURANT LLC (Inactive)	MPR-20714	Check	POS Customer Refund	02/20/2025	224.00	USD
MPR-20715	Kitsap Public Health District	LENEA FOLDEN (Inactive)	MPR-20715	Check	POS Customer Refund	02/20/2025	165.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-05101	Kitsap Public Health District	Ballyhoo Media Services, LLC	#6499	Ballyhoo Media Services, LLC	Net 30	SINV-2025-05101	02/20/2025		03/22/2025	0.00	0.00	24,500.00	USD
Supplier Invoice: SINV-2025-05102	Kitsap Public Health District	City of Bremerton	#BKAT000909	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2025-05102	02/20/2025		03/22/2025	0.00	0.00	433.33	USD
Supplier Invoice: SINV-2025-05103	Kitsap Public Health District	Comcast	#1975 - 2.9,25 INV	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2025-05103	02/20/2025		03/22/2025	0.00	0.00	473.81	USD
Supplier Invoice: SINV-2025-05104	Kitsap Public Health District	Comcast	#23667297	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2025-05104	02/20/2025		03/22/2025	0.00	0.00	597.53	USD
Supplier Invoice: SINV-2025-05105	Kitsap Public Health District	Iron Mountain	#202956101	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2025-05105	02/20/2025		03/22/2025	0.00	0.00	234.49	USD
Supplier Invoice: SINV-2025-05106	Kitsap Public Health District	Jefferson County	NFP SUPE CONTRACT - 1.30.25 INV	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2025-05106	02/20/2025		03/22/2025	0.00	0.00	335.00	USD
Supplier Invoice: SINV-2025-05107	Kitsap Public Health District	Lingo	#34325645	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2025-05107	02/20/2025		03/22/2025	0.00	0.00	12.92	USD
Supplier Invoice: SINV-2025-05109	Kitsap Public Health District	Loomis	#13655902	Loomis - Remit-To: Palatine, II	Net 30	SINV-2025-05109	02/20/2025		03/22/2025	0.00	0.00	867.72	USD
Supplier Invoice: SINV-2025-05111	Kitsap Public Health District	ODP Business Solutions, LLC	#411942539001	ODP Business Solutions, LLC	Net 30	SINV-2025-05111	02/20/2025		03/22/2025	0.00	0.00	366.86	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-05114	Kitsap Public Health District	Outfront Media LLC	#06826306	Outfront Media LLC	Net 30	SINV-2025-05114	02/20/2025		03/22/2025	0.00	0.00	2,400.00	USD
Supplier Invoice: SINV-2025-05116	Kitsap Public Health District	Outfront Media LLC	#06793386	Outfront Media LLC	Net 30	SINV-2025-05116	02/20/2025		03/22/2025	0.00	0.00	1,790.00	USD
Supplier Invoice: SINV-2025-05118	Kitsap Public Health District	Outfront Media LLC	#06792507	Outfront Media LLC	Net 30	SINV-2025-05118	02/20/2025		03/22/2025	0.00	0.00	2,400.00	USD
Supplier Invoice: SINV-2025-05119	Kitsap Public Health District	Outfront Media LLC	#06793113	Outfront Media LLC	Net 30	SINV-2025-05119	02/20/2025		03/22/2025	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2025-05120	Kitsap Public Health District	Outfront Media LLC	#06793114	Outfront Media LLC	Net 30	SINV-2025-05120	02/20/2025		03/22/2025	0.00	0.00	175.00	USD
Supplier Invoice: SINV-2025-05121	Kitsap Public Health District	Outfront Media LLC	#06793111	Outfront Media LLC	Net 30	SINV-2025-05121	02/20/2025		03/22/2025	0.00	0.00	2,100.00	USD
Supplier Invoice: SINV-2025-05122	Kitsap Public Health District	Outfront Media LLC	#06793112	Outfront Media LLC	Net 30	SINV-2025-05122	02/20/2025		03/22/2025	0.00	0.00	525.00	USD
Supplier Invoice: SINV-2025-05123	Kitsap Public Health District	Propio LS, LLC	#0310070125	Propio LS, LLC	Net 30	SINV-2025-05123	02/20/2025		03/22/2025	0.00	0.00	156.60	USD
Supplier Invoice: SINV-2025-05125	Kitsap Public Health District	Quadient Finance Usa Inc	#31232765	Quadient Finance Usa Inc	Net 30	SINV-2025-05125	02/20/2025		03/22/2025	0.00	0.00	2,500.00	USD
Supplier Invoice: SINV-2025-05127	Kitsap Public Health District	Quest Diagnostics	#9213674310	Quest Diagnostics	Net 30	SINV-2025-05127	02/20/2025		03/22/2025	0.00	0.00	858.19	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-05129	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	JAN 2025 PIC TESTING	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2025-05129	02/20/2025		03/22/2025	0.00	0.00	5,959.80	USD
Supplier Invoice: SINV-2025-05130	Kitsap Public Health District	Toyota Financial Services	2.10.25 LEASE INV	Toyota Financial Services	Net 30	SINV-2025-05130	02/20/2025		03/22/2025	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2025-05133	Kitsap Public Health District	United Business Machines of WA	#INV532594	United Business Machines of WA	Net 30	SINV-2025-05133	02/20/2025		03/22/2025	0.00	0.00	1,261.75	USD
Supplier Invoice: SINV-2025-05224	Kitsap Public Health District	Uline	#188998214	Uline	Net 30	SINV-2025-05224	02/20/2025		03/22/2025	0.00	0.00	377.64	USD
Supplier Invoice: SINV-2025-05225	Kitsap Public Health District	Verizon Wireless	#6105792465	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2025-05225	02/20/2025		03/22/2025	0.00	0.00	5,720.16	USD
Supplier Invoice: SINV-2025-05317	Kitsap Public Health District	Griffin Glen Apartments LLC	MARCH 2025 RENT	Griffin Glen Apartments LLC	Net 30	SINV-2025-05317	02/20/2025		03/22/2025	0.00	0.00	1,471.00	USD
Supplier Invoice: SINV-2025-05319	Kitsap Public Health District	Kania, Sharon Faye	MARCH 2025 RENT	Kania, Sharon Faye	Net 30	SINV-2025-05319	02/20/2025		03/22/2025	0.00	0.00	635.00	USD
Supplier Invoice: SINV-2025-05321	Kitsap Public Health District	Daniel R. Niblock	MARCH 2025 RENT	Daniel R. Niblock	Net 30	SINV-2025-05321	02/20/2025		03/22/2025	0.00	0.00	1,071.00	USD
Supplier Invoice: SINV-2025-05323	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	MARCH 2025 RENT	NSE Kitsap Fee Owner, LLC	Net 30	SINV-2025-05323	02/20/2025		03/22/2025	0.00	0.00	598.00	USD
Supplier Invoice: SINV-2025-05324	Kitsap Public Health District	Post Cottage Bay, LP	MARCH 2025 RENT	Post Cottage Bay, LP	Net 30	SINV-2025-05324	02/20/2025		03/22/2025	0.00	0.00	1,221.00	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-05325	Kitsap Public Health District	Paul Simmons	MARCH 2025 RENT	Paul Simmons	Net 30	SINV-2025-05325	02/20/2025		03/22/2025	0.00	0.00	950.00	USD
Supplier Invoice: SINV-2025-05326	Kitsap Public Health District	The Sinclair II, LLC of Washington	MARCH 2025 RENT	The Sinclair II, LLC of Washington	Net 30	SINV-2025-05326	02/20/2025		03/22/2025	0.00	0.00	888.00	USD
Supplier Invoice: SINV-2025-05327	Kitsap Public Health District	Washington Home Solutions	MARCH 2025 RENT	Washington Home Solutions	Net 30	SINV-2025-05327	02/20/2025		03/22/2025	0.00	0.00	721.00	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 3450 for Kitsap Public Health District on 02/20/2025	02/20/2025	9

Process History
Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/20/2025 09:29:57 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3450 for Kitsap Public Health District on 02/20/2025	Successfully Completed
Payment Message: ID 3449 for Kitsap Public Health District on 02/20/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/20/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/20/2025	Successfully Completed
Remittance File: For Quadiant Finance Usa Inc on 02/20/2025	Successfully Completed
Remittance File: For Kania, Sharon Faye on 02/20/2025	Successfully Completed
Remittance File: For United Business Machines of WA on 02/20/2025	Successfully Completed
Remittance File: For The Sinclair II, LLC of Washington on 02/20/2025	Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 02/20/2025	Successfully Completed



View Settlement Run

Business Process	Status
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 02/20/2025	Successfully Completed
Remittance File: For ODP Business Solutions, LLC on 02/20/2025	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 02/20/2025	Successfully Completed
Remittance File: For Uline on 02/20/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/20/2025 09:29 AM	02/20/2025 09:29 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004516	Completed	00:00:12	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run STL-00004536
Name Kitsap Public Health District HH
Number STL-00004536
Status Complete
Date 02/27/2025
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 141,808.49
Inbound Total 0.00
Expense Report Count 7
Miscellaneous Payment Request Count 1
Supplier Invoice Count 20

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	02/27/2025	1	175.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/27/2025	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	02/27/2025	6	623.97	USD	Payment Message: ID 3465 for Kitsap Public Health District on 02/27/2025	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	02/27/2025	1	350.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/27/2025	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	02/27/2025	13	136,670.73	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/27/2025	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	02/27/2025	4	3,988.79	USD	Payment Message: ID 3464 for Kitsap Public Health District on 02/27/2025	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011721	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0011721	02/27/2025		170.80	USD
Expense Report: EXP-0011722	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0011722	02/27/2025		175.00	USD
Expense Report: EXP-0011723	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0011723	02/27/2025		84.00	USD
Expense Report: EXP-0011725	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0011725	02/27/2025		205.80	USD
Expense Report: EXP-0011726	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0011726	02/27/2025		39.90	USD
Expense Report: EXP-0011727	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0011727	02/27/2025		31.63	USD
Expense Report: EXP-0011728	Kitsap Public Health District	Daisy Newland (435315)	Employee	EXP-0011728	02/27/2025		91.84	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-20787	Kitsap Public Health District	C. Eric Knight (Inactive)	MPR-20787	Check	One-Time Payment	02/27/2025	350.00	USD

Supplier Invoices



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-05952	Kitsap Public Health District	Bremerton Government Center Association	#1270	Bremerton Government Center Association	Net 30	SINV-2025-05952	02/27/2025		03/29/2025	0.00	0.00	37,469.13	USD
Supplier Invoice: SINV-2025-05954	Kitsap Public Health District	Bremerton Government Center Association	#1271	Bremerton Government Center Association	Net 30	SINV-2025-05954	02/27/2025		03/29/2025	0.00	0.00	37,469.13	USD
Supplier Invoice: SINV-2025-05956	Kitsap Public Health District	Canon Financial Services, Inc.	#38385159	Canon Financial Services, Inc.	Net 30	SINV-2025-05956	02/27/2025		03/29/2025	0.00	0.00	1,474.04	USD
Supplier Invoice: SINV-2025-05957	Kitsap Public Health District	Kitsap Sun	#0006890582	Kitsap Sun - Remit-To: Gannett PO Box 52173	Net 30	SINV-2025-05957	02/27/2025		03/29/2025	0.00	0.00	119.24	USD
Supplier Invoice: SINV-2025-05958	Kitsap Public Health District	Washington State Auditor's Office	#166399	Washington State Auditor's Office	Net 30	SINV-2025-05958	02/27/2025		03/29/2025	0.00	0.00	973.70	USD
Supplier Invoice: SINV-2025-05960	Kitsap Public Health District	Stericycle Inc	#8009733209	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2025-05960	02/27/2025		03/29/2025	0.00	0.00	141.21	USD
Supplier Invoice: SINV-2025-05961	Kitsap Public Health District	Taylor Communications Inc	#v2666409 / 2627179	Taylor Communications Inc	Net 30	SINV-2025-05961	02/27/2025		03/29/2025	0.00	0.00	364.62	USD
Supplier Invoice: SINV-2025-05968	Kitsap Public Health District	Taylor Communications Inc	#V2627179	Taylor Communications Inc	Net 30	SINV-2025-05968	02/27/2025		03/29/2025	0.00	0.00	305.32	USD
Supplier Invoice: SINV-2025-05971	Kitsap Public Health District	Taylor Communications Inc	#V2595156	Taylor Communications Inc	Net 30	SINV-2025-05971	02/27/2025		03/29/2025	0.00	0.00	152.66	USD
Supplier Invoice: SINV-2025-05979	Kitsap Public Health District	VectorUSA	#103137	VectorUSA	Net 30	SINV-2025-05979	02/27/2025		03/29/2025	0.00	0.00	5,927.34	USD
Supplier Invoice: SINV-2025-05991	Kitsap Public Health District	American Family Life Assurance Company	#042811	American Family Life Assurance Company	Net 30	SINV-2025-05991	02/27/2025		03/29/2025	0.00	0.00	2,231.65	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2025-05992	Kitsap Public Health District	Delta Dental of Washington	FEB 2025 BENEFITS	Delta Dental of Washington - Remit-To: Whit-Delta C/O Vilmy PO Box 6	Net 30	SINV-2025-05992	02/27/2025		03/29/2025	0.00	0.00	12,720.51	USD
Supplier Invoice: SINV-2025-06020	Kitsap Public Health District	Health Equity	FEB 2025 BENEFITS	Health Equity	Net 30	SINV-2025-06020	02/27/2025		03/29/2025	0.00	0.00	1,978.32	USD
Supplier Invoice: SINV-2025-06022	Kitsap Public Health District	Hra Veba Trust	FEB 2025 BENEFITS	Hra Veba Trust	Net 30	SINV-2025-06022	02/27/2025		03/29/2025	0.00	0.00	10,731.56	USD
Supplier Invoice: SINV-2025-06023	Kitsap Public Health District	Nationwide Retirement Solutions	FEB 2025 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2025-06023	02/27/2025		03/29/2025	0.00	0.00	7,366.50	USD
Supplier Invoice: SINV-2025-06025	Kitsap Public Health District	A.W. Rehn & Associates, Inc	FEB 2025 BENEFITS	A.W. Rehn & Associates, Inc	Net 30	SINV-2025-06025	02/27/2025		03/29/2025	0.00	0.00	1,399.84	USD
Supplier Invoice: SINV-2025-06027	Kitsap Public Health District	Prof & Technical Eng XPH	FEB 2025 UNION BENEFITS	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2025-06027	02/27/2025		03/29/2025	0.00	0.00	4,135.64	USD
Supplier Invoice: SINV-2025-06029	Kitsap Public Health District	Prof & Technical Eng XPH	FEB 2025 BENEFITS	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2025-06029	02/27/2025		03/29/2025	0.00	0.00	21.00	USD
Supplier Invoice: SINV-2025-06030	Kitsap Public Health District	Voya Institutional Trust Company	FEB 2025 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2025-06030	02/27/2025		03/29/2025	0.00	0.00	125.00	USD
Supplier Invoice: SINV-2025-06032	Kitsap Public Health District	Wash State Dept of Retirement	FEB 2025 BENEFITS	Wash State Dept of Retirement	Net 30	SINV-2025-06032	02/27/2025		03/29/2025	0.00	0.00	15,553.11	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 3464 for Kitsap Public Health District on 02/27/2025	02/27/2025	4



View Settlement Run

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	02/27/2025 09:26:21 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3464 for Kitsap Public Health District on 02/27/2025	Successfully Completed
Payment Message: ID 3465 for Kitsap Public Health District on 02/27/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 02/27/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 02/27/2025	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 02/27/2025	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 02/27/2025	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 02/27/2025	Successfully Completed
Remittance File: For Washington State Auditor's Office on 02/27/2025	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 02/27/2025	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
02/27/2025 09:26 AM	02/27/2025 09:26 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004536	Completed	00:00:11	Heather Hunsaker	

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2025 -Feb

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5700:Debt Service Principal	5780 - Intergovernmental Loans	JE-00073146 - Kitsap Public Health District - 02/03/2025 - 2025 Mortgage Payment - February	2/3/2025	0.00	17,500.00	-17,500.00
5800:Debt Service Interest	5830 - Interest on Long-Term External Debt	JE-00073146 - Kitsap Public Health District - 02/03/2025 - 2025 Mortgage Payment - February	2/3/2025	0.00	7,679.00	-7,679.00
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				-	25,179.00	(25,179.00)
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TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2025 -Feb

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 02/03/2025	2/3/2025	0.00	4,007.22	-4,007.22
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 02/04/2025	2/4/2025	-	62.50	(62.50)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 02/05/2025	2/5/2025	-	1,287.55	(1,287.55)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 02/28/2025	2/28/2025	-	10.82	(10.82)
5400:Other Services and Charges	5494 - Filing and Recording Fees	JE-00073408 - Kitsap Public Health District - 02/01/2025 - Jan 2025 Recording Fees - SPDs	2/1/2025	-	303.50	(303.50)
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				-	5,671.59	(5,671.59)
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TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
 For 2025 -Feb

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
3800:Other Increases in Fund Resources	3890.40 - Custodial Type Deposits	JE-00073423 - Kitsap Public Health District - 02/20/2025 - Public Health monthly vital stats transfer	2/20/2025	0.00	31,032.00	-31,032.00

-	31,032.00	(31,032.00)
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Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Ader (413193) Sam	173.33	\$8,901.00			\$5,979.24
Alexander (435070)	173.33	\$7,918.00			\$5,474.83
Anderson (419470) Amy	173.33	\$7,550.00			\$4,994.45
Anderson-Hobbs (435083)	173.33	\$5,916.00			\$4,462.18
Armstrong (434291) Jami	173.33	\$7,420.00			\$5,280.76
Atisme-Bevins (433909)	173.33	\$9,632.00			\$6,002.24
Baker (435044) Katie	173.33	\$6,661.00			\$4,940.51
Banigan (215189) Leslie	173.33	\$8,388.00			\$6,026.14
Baum (434397) Rudy	173.33	\$6,934.19			\$5,045.46
Bazzell (328436) Richard	173.33	\$8,388.00			\$5,837.30
Bell (419805) Gus	173.33	\$8,994.00			\$5,947.87
Berger (407902) Angeline	173.33	\$7,024.81			\$4,939.04
Bierman (404611) Dana	173.33	\$10,620.00			\$7,627.52
Borja (426250) Windie	173.33	\$7,254.00			\$5,021.62
Boysen-Knapp (2058)	173.33	\$8,857.19			\$6,327.60
Breitmayer (435259)	173.33	\$8,391.00			\$6,479.60
Bronder (434436) Christine	173.33	\$6,539.00			\$5,062.17
Brown (271677) Steven	173.33	\$10,114.00			\$5,918.16
Burchett (409212) Brian	173.33	\$7,210.00			\$5,195.60
Burke (434463) Lenore	173.33	\$5,558.00			\$3,975.36
Burton (434296) Callie	173.33	\$5,358.00			\$4,095.14
Cadorna (434932) Jessi	165.33	\$4,276.36			\$3,105.46
Camarena (434536) Daniel	173.33	\$6,750.00			\$4,624.62
Chandler (435269)	173.33	\$8,391.00			\$4,099.11
Chang (411387) Margo	173.33	\$5,991.00			\$4,261.70
Clark (435043) Cheryl	175.83	\$7,918.18			\$5,678.78
Collins (434101) Lori	173.33	\$8,323.00			\$5,739.72
Collins (435290) River	173.33	\$4,277.00			\$3,371.50
Currie (400651) Krista	173.33	\$5,591.00			\$4,246.34
Davis (433997) Elizabeth	173.33	\$9,632.00			\$6,669.13
Degracia (435196) Allison	173.33	\$6,661.00			\$4,946.76
Dowless (340919) Kelly	173.33	\$8,670.19			\$5,863.67
Duren (430735) Ashley	177.33	\$7,742.06			\$5,796.84
Evans (4565) Eric	173.33	\$11,930.00			\$6,460.27
Fergus (434648) Maria		\$0.00			\$0.00
Fine (421693) George	86.67	\$2,653.00			\$2,049.03
Fisk (321284) April	173.33	\$9,604.19			\$5,346.74
Fong (356883) Yolanda	173.33	\$14,090.00			\$9,140.41
Fuchs (435045) Molly	173.33	\$5,537.00			\$4,102.65
Fucini (434997) Heather	173.33	\$6,838.00			\$5,402.32
Giuntoli (337331) Paul	173.33	\$8,388.00			\$5,278.80
Gress (421427) Nicole	173.33	\$5,894.00			\$4,444.03
Griego (410072) Yaneisy	173.33	\$7,384.00			\$5,457.27
Guidry (355732) Jessica	173.33	\$11,362.00			\$8,080.15
Hammond (434978)	173.33	\$7,588.00			\$5,212.37
Hampton (434838)	173.33	\$8,670.19			\$6,071.86
Hansen (435085) Isabella	173.33	\$5,084.00			\$3,797.38
Harmon (434977) William	173.33	\$9,444.00			\$7,358.11
Holt (2726) Karen	173.33	\$11,149.19			\$7,240.16
Howard (434057) Anne	138.67	\$5,095.00			\$3,363.62
Howell (435293) Jessica	86.67	\$2,182.00			\$1,731.27
Hubert (435172) Joaquin	173.33	\$6,121.00			\$5,057.96
Hughes (434256) Jakob	173.33	\$7,210.00			\$5,152.97
Hunter (409213) Kari	173.33	\$10,114.00			\$6,547.63
Inga Dominguez (434769)	173.33	\$5,874.00			\$4,429.44
Inouye (434255) Wendy	173.33	\$9,824.00			\$6,836.22
Jenkins (434053) Andrea	173.33	\$5,558.00			\$4,171.32
Jones (358933) Kimberly	173.33	\$10,114.00			\$6,835.19
Jury (434709) Thomas	173.33	\$6,795.00			\$5,203.19
Katula (393427) Dayna	173.33	\$10,114.00			\$6,122.27
Kench (245476) Donald	173.33	\$5,123.00			\$3,233.96
Kiess (250913) John	173.33	\$12,527.00			\$8,767.74
Kimes (433908) Alexandra	173.33	\$9,608.00			\$6,728.25
Kindschy (421430)	173.33	\$7,950.00			\$5,922.19
Kinnear (434099) Sarah	173.33	\$6,848.00			\$5,292.14

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Knoop (16125) Melina	173.33	\$8,388.00			\$5,568.02
Kushner (327580) Siri	173.33	\$12,527.00			\$7,707.58
Laird (416539) Melissa	173.33	\$11,149.19			\$6,830.78
Lawver (434888) Albert	173.33	\$6,838.00			\$5,050.52
Levine (435209) Naomi	173.33	\$6,523.00			\$5,092.04
Lytle (285038) Ross	173.33	\$8,388.00			\$5,738.14
Madden (434318) Shannon	173.33	\$5,558.00			\$4,060.09
May (434674) Martha	173.33	\$5,424.00			\$3,811.59
Mazur (388104) Karina	148.00	\$8,814.96			\$5,844.98
McClung (435242) Carol	173.33	\$9,104.19			\$6,110.63
McMillan (434052) Michelle	173.33	\$6,794.00			\$4,899.55
Miller (435008) Christopher	173.33	\$9,266.00			\$6,207.86
Moen (279971) Anne	173.33	\$8,737.81			\$5,777.18
Moontree-Stewart (406607)	173.33	\$6,994.00			\$5,287.61
Moore (434254) Alexandra	173.33	\$6,867.00			\$4,923.68
Morris (312378) Dawn	173.33	\$8,321.81			\$5,800.02
Morris (433859) Molly	169.33	\$4,659.16			\$3,577.16
Morris (434567) Amanda	173.33	\$5,558.00			\$4,228.35
Morrow (433895) Nathan	173.33	\$17,903.00			\$9,306.13
Navarro (435294) Alee	173.33	\$4,837.00			\$3,671.27
Neff Warner (435082) Leah	173.33	\$7,226.00			\$4,150.08
Newland (435315) Daisy	168.08	\$5,737.06			\$4,573.13
Nguyen (295033) Loan	173.33	\$6,500.00			\$4,723.05
North (22459) Edwin	173.33	\$11,149.19			\$581.76
O'Brien (433907) Melissa	173.33	\$6,539.00			\$5,074.79
Onarheim (426938) Carin	40.00	\$1,743.60			\$1,435.33
Outlaw-Spencer (434984)	173.33	\$6,994.00			\$5,533.80
Pandino (419118) Linda	173.33	\$5,813.00			\$4,428.32
Perry (306605) Rachel	173.33	\$5,273.00			\$3,924.64
Pittsinger (435173) Lynn	173.33	\$12,527.00			\$8,281.61
Renteria (435276) Anna	173.33	\$5,443.00			\$4,203.20
Romaele (435094) Antonio	78.25	\$2,550.17			\$2,187.36
Rork (404613) Ian	173.33	\$7,989.00			\$5,739.44
Sample (434976) Brittany	173.33	\$6,211.00			\$4,660.22
Sauna (435096) Khushnum	31.25	\$993.13			\$904.85
Shelby (434658) Emmy	156.00	\$7,660.00			\$5,233.26
Sherman (434949) Linnea	173.33	\$5,558.00			\$4,117.67
Shoriz (434893) Justin	121.61	\$3,693.30			\$3,091.73
Shuhler (425553) Yana	173.33	\$5,215.00			\$3,583.76
Sidell (435084) Nathan	173.33	\$5,916.00			\$3,644.28
Sim (435339) Morgan	166.83	\$6,137.96			\$4,834.19
Simmons (434365) Nolan	173.33	\$6,867.00			\$5,105.88
Smith (361388) Terri	173.33	\$9,374.00			\$6,565.78
Snow (435021) Kelly	173.33	\$6,181.00			\$4,802.07
Sooter (427776) Thaddeus	173.33	\$10,114.00			\$7,110.97
Stedman (347366) Kelsey	173.33	\$10,114.00			\$6,601.98
Stewart (423168) Tobbi	173.33	\$6,838.00			\$4,833.70
Taveras (435217) Orpa	173.33	\$5,478.00			\$4,195.71
Tierney (434695) Kayla	173.33	\$5,358.00			\$4,105.80
Turner (1682) Denise	173.33	\$6,500.00			\$4,206.31
Van Ort (392243) Susan	173.33	\$8,388.00			\$5,815.25
Villahermosa II (435216)	173.33	\$5,916.00			\$4,246.27
Wagner (426251) Mary	121.34	\$3,727.00			\$2,719.01
Wellborn (14545) Brian	182.58	\$5,507.34			\$3,789.35
Wendt (397255) Jan	173.33	\$8,691.00			\$6,540.85
Westervelt (434382) Laura	14.00	\$554.54			\$508.47
Whares (434641) Erica	173.33	\$7,489.19			\$5,829.85
Whitford (434292) Tiffany	16.46	\$434.38			\$391.38
Wimpenny (434923) Jacob	173.33	\$8,679.70			\$6,173.13
Winchester (431493)	80.00	\$3,438.56			\$2,583.92
Wyatt (434415) Janet	173.33	\$8,391.00			\$5,509.79
	20,523.88	\$912,084.79	\$74,894.41	\$235,665.99	\$629,908.45

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
 For 2025 -Feb

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
2317:Payroll Tax Payable		Operational Journal: Kitsap Public Health District - 02/28/2025	2/28/2025	0.00	237,894.56	-237,894.56
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 02/18/2025	2/18/2025	0.00	132,563.38	-132,563.38
				<hr/>		
				-	370,457.94	(370,457.94)
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