

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

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 20**

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:  
Office of Immunization COVID-19 Vaccine - Effective July 1, 2024  
Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024  
Office of Immunization-Regional Representatives - Effective July 1, 2024  
Office of Resiliency & Health Security - PHEP-Effective July 1, 2024

- Amends Statements of Work for the following programs:  
Foundational Public Health Services (FPHS) - Effective July 1, 2024  
Infectious Disease Prevention Services-Ryan White Part B - Effective January 1, 2024  
Maternal & Child Health Block Grant - Effective January 1, 2022  
Supplemental Nutrition Assistance Program-Education - Effective January 1, 2022

Deletes Statements of Work for the following programs:



2. Exhibit B-20 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-19 Allocations as follows:

- Increase of **\$2,428,742** for a revised maximum consideration of **\$23,459,213**.
- Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
- No change in the maximum consideration of \_\_\_\_\_.  
Exhibit B Allocations are attached only for informational purposes.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  <small>Yolanda Fong (Sep 3, 2024 10:10 PDT)</small>	Signature:  <small>Brenda Howkison (Sep 5, 2024 15:09 PDT)</small>
Date: Sep 3, 2024	Date: Sep 5, 2024

APPROVED AS TO FORM ONLY  
Assistant Attorney General

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

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Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
FFY23 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	(\$19,204)	\$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
<b>FFY25 SNAP Ed Prog Mgnt Admin IAR</b>	<b>NGA Not Received</b>	<b>Amd 20</b>	<b>10.561</b>	<b>333.10.56</b>	<b>10/01/24</b>	<b>12/31/24</b>	<b>10/01/24</b>	<b>09/30/25</b>	<b>\$53,765</b>	<b>\$53,765</b>	<b>\$181,199</b>
FFY24 SNAP Ed Prog Mgnt Admin IAR	207WAWA5Q3903	Amd 15	10.561	333.10.56	10/01/23	09/30/24	10/01/23	09/30/24	\$127,434	\$127,434	
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$300	\$113,064	\$350,432
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 15	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$112,764		
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$23,000	\$126,989	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$103,989		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	07/01/20	08/24/24	\$3,200	\$3,200	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	(\$103,989)	\$27,229	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY24 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 17	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$25,000	\$25,000	\$75,000
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
<b>FFY24 PHEP BP1-CDC-LHJ Partners</b>	<b>NU90TU000055</b>	<b>Amd 20</b>	<b>93.069</b>	<b>333.93.06</b>	<b>07/01/24</b>	<b>12/31/24</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$177,207</b>	<b>\$177,207</b>	<b>\$177,207</b>
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$295,345	\$295,345	\$790,580
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$107,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	

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COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424
<b>COVID19 Vaccines R4</b>	<b>NH23IP922619</b>	<b>Amd 20</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/24</b>	<b>12/31/24</b>	<b>07/01/20</b>	<b>12/31/24</b>	<b>\$276,000</b>	<b>\$276,000</b>	<b>\$1,308,214</b>
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$250	\$2,750	\$2,750
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,500		
<b>FFY25 CDC VFC Ops</b>	<b>NGA Not Received</b>	<b>Amd 20</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/24</b>	<b>12/31/24</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$16,134</b>	<b>\$16,134</b>	<b>\$33,881</b>
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,613	\$17,747	
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$16,134		
<b>FFY25 CDC IQIP Regional Rep</b>	<b>NGA Not Received</b>	<b>Amd 20</b>	<b>93.268</b>	<b>333.93.26</b>	<b>07/01/24</b>	<b>12/31/24</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$41,173</b>	<b>\$41,173</b>	<b>\$71,973</b>
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,800	\$30,800	
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$28,000		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	(\$199,494)	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	\$2,919,838		
FFY21 SHARP HAI ELC	NU50CK000515	Amd 19	93.323	333.93.32	09/01/22	12/31/24	08/01/21	07/31/25	\$25,000	\$217,500	\$217,500
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9, 19	93.323	333.93.32	09/01/22	12/31/24	08/01/21	07/31/25	\$192,500		
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 19	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000	\$400,000	\$400,000
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15, 19	93.354	333.93.35	07/01/23	12/31/24	07/01/23	06/30/25	\$200,000		

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FFY24 Tobacco-Vape Prev CDC Comp 1	NU58DP006808	Amd 18	93.387	333.93.38	04/29/24	12/31/24	04/29/24	04/28/25	\$19,201	\$19,201	\$92,647
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/23	04/28/24	\$24,482	\$24,482	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$2,000	\$82,000	\$149,000
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000		
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
FFY22 PH Infrastructure Comp A1-LHJ	NE110E000053	Amd 16	93.967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000	\$200,000
<b>FFY25 HRSA MCHBG LHJ Contracts</b>	<b>NGA Not Received</b>	<b>Amd 20</b>	<b>93.994</b>	<b>333.93.99</b>	<b>10/01/24</b>	<b>12/31/24</b>	<b>10/01/24</b>	<b>09/30/25</b>	<b>\$39,963</b>	<b>\$39,963</b>	<b>\$332,108</b>
FFY24 HRSA MCHBG LHJ Contracts	B04MC52960	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$159,854	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$27,563)	\$132,291	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563	\$37,563
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	\$134,581
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
SFY1 GFS - Group B		Amd 17	N/A	334.04.90	01/01/24	06/30/24	07/01/23	06/30/25	\$25,230	\$25,230	\$76,985
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$20,000
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$20,000	\$20,000	\$40,000
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,333	\$33,333	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	

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Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	(\$8,334)	\$0	\$0
Small Onsite Management (GFS)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334		
SFY25 Dedicated Cannabis Account		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$123,755	\$123,755	\$618,773
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$247,509	\$247,509	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	
SFY25 Nicotine Addict Prev & Ed Pro		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$50,265	\$50,265	\$50,265
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$100,530	\$100,530	\$294,530
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		
SFY25 Youth Tobacco Vapor Products		Amd 18	N/A	334.04.93	07/01/24	12/31/24	07/01/24	06/30/25	\$12,241	\$12,241	\$116,347
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$38,402	\$38,402	
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
SFY25 Wastewater Management-GFS		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$8,334	\$38,334
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$185,184
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	(\$19,580)	\$21,174	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880		
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
FFY24 RW Grant Year Rebate		Amd 18	N/A	334.04.98	07/01/24	08/31/24	04/01/24	03/31/25	\$25,178	\$25,178	\$1,901,763
FFY24 RW Grant Year Rebate		Amd 16	N/A	334.04.98	04/01/24	12/31/24	04/01/24	03/31/25	\$568,500	\$568,500	
FFY23 RW Grant Year Rebate		Amd 16	N/A	334.04.98	01/01/24	03/31/24	07/01/23	03/31/24	\$189,500	\$189,500	
RW FFY23 Grant Year Rebate		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/24	\$313,800	\$313,800	
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		

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

Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community Hlth Pgms (inc. Admin) & 36% Environmental Hlth Pgms (inc. Admin)

Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health 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			
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438		
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,580	\$135,726	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146		
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
FPHS-LHJ-Proviso (YR2)		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$250,000	\$2,719,000	\$4,064,000
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
<b>SFY25 FPHS-LHJ Funds-GFS</b>		<b>Amd 20</b>	<b>N/A</b>	<b>336.04.25</b>	<b>07/01/24</b>	<b>12/31/24</b>	<b>07/01/24</b>	<b>06/30/25</b>	<b>\$1,824,500</b>	<b>\$3,649,000</b>	<b>\$7,298,000</b>
SFY25 FPHS-LHJ Funds-GFS		Amd 19	N/A	336.04.25	07/01/24	12/31/24	07/01/24	06/30/25	\$1,824,500		
SFY24 FPHS-LHJ-Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,180,000	\$3,649,000	
SFY24 FPHS-LHJ-Funds-GFS		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,469,000		
YR 26 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$2,250	\$13,000	\$45,250
YR 26 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$10,750		
YR 25 SRF - Local Asst (15%) SS		Amd 18	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	(\$500)	\$13,250	
YR 25 SRF - Local Asst (15%) SS		Amd 14	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$500		
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250		
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	
YR 24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR 26 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/24	12/31/24	07/01/23	06/30/25	\$4,000	\$4,000	\$6,000
YR 25 SRF - Local Asst (15%) TA		Amd 18	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	(\$2,000)	\$0	
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000		
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 18	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$2,000	
YR 24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000		



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Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Pgms; 31.32% Environmental Health 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			
<b>TOTAL</b>									\$23,459,213	\$23,459,213	
<b>Total consideration:</b>	\$21,030,471									<b>GRAND TOTAL</b>	\$23,459,213
	\$2,428,742										
<b>GRAND TOTAL</b>	\$23,459,213									<b>Total Fed</b>	\$8,449,768
										<b>Total State</b>	\$15,009,445

\*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: 2022-2024**

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective July 1, 2024

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

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2024 through December 31, 2024

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

**Revision Purpose:** The purpose of this revision is to add the entire SFY25 allocation.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY25 FPHS-LHJ FUNDS-GFS	99210850	N/A	336.04.25	07/01/24	12/31/24	1,824,500	1,824,500	3,649,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>1,824,500</b>	<b>1,824,500</b>	<b>3,649,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	<del>\$639,000</del> <del>\$1,278,000</del>
2	<b>Assessment Reinforcing Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	<del>\$30,000</del> <del>\$60,000</del>
3	<b>Assessment – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	<del>\$15,000</del> <del>\$30,000</del>
4	<b>Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	<del>\$343,500</del> <del>\$687,000</del>



Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<b>CD - NEW SFY 24 Immunization Outreach, Education &amp; Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$112,500</del> <i>\$225,000</i>
6	<b>EPH - NEW SFY 24 Fully fund Environmental Public Health Policy &amp; Leadership Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$75,000</del> <i>\$150,000</i>
7	<b>FC - NEW SFY 24 Strengthening Local Finance Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$25,000</del> <i>\$50,000</i>
8	<b>FC - NEW SFY 24 Public Health Communications</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$100,000</del> <i>\$200,000</i>
9	<b>Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$75,000</del> <i>\$150,000</i>
10	<b>EPR - NEW SFY 24 Emergency Preparedness &amp; Response – Capacity and Capability</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$102,500</del> <i>\$205,000</i>
11	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$18,500</del> <i>\$37,000</i>
12	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$177,000</del> <i>\$354,000</i>
13	<b>CD – Tuberculosis Program</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$10,500</del> <i>\$21,000</i>
14	<b>MCH – Child Death Review</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$41,500</del> <i>\$83,000</i>
15	<b>EPH – Radiation Emergency Preparedness</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$19,000</del> <i>\$38,000</i>
16	<b>EPH Core Team – Climate Change Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$21,500</del> <i>\$43,000</i>
17	<b>EPH Core Team – Water System Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	<del>\$19,000</del> <i>\$38,000</i>

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

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

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

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

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

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

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

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

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

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

This Statement of Work is for the period of July 1, 2024-December 31, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

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

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

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

**BARS Revenue Code:** 336.04.25

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

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

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

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

[FPHS Steering Committee Consensus Decision Making Model](#)

**Activity Special Instructions:****Investments to Each LHJ:****1. FPHS Funds to Each LHJ**

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

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

**Targeted Investments to Each LHJ:****2. Assessment Reinforcing Capacity (FPHS definition G.2)**

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

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

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

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

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

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

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

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

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

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

Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 562.16

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Use BARS expenditure code: 562.43 or 53.



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

**DOH Program Name or Title:** Infectious Disease Prevention Services-Ryan White Part B - Effective January 1, 2024

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2024 through December 31, 2024

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide HIV Care services to people living with HIV (PLWH). Awarded through OID's 2024 Ryan White Part B RFA.

**Revision Purpose:** To move funds between the medical case management, food bank, housing, psychosocial, and EFA tasks at the request of the LHJ. This revision also adds and/or updates contract language.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY23 RW GRANT YEAR REBATE	12618530	N/A	334.04.98	01/01/24	03/31/24	189,500	0	189,500
FFY24 RW GRANT YEAR REBATE	12618540	N/A	334.04.98	04/01/24	12/31/24	568,500	0	568,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>758,000</b>	<b>0</b>	<b>758,000</b>

**Identified service area** (This does not preclude clients from receiving supportive services outside of their case management agency.): Clallam, Jefferson, Kitsap, and North Mason Counties.

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<b>Core Services</b>				
<b>Case Management</b>	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication).	Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the DOH HIV Community Services Program Manager.	Client level data and any interaction must be entered into Provide within 5 business days as a progress log.  <ul style="list-style-type: none"> <li>Agency must complete eligibility assessment annually.</li> </ul>	<b>Total reimbursement not to exceed \$573,532</b> <del>\$583,532.</del>  <b>See split out below by code.</b>
Anticipated number of clients to be served.				

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p><b>170 Clients</b></p>	<p>Activities may include:</p> <ol style="list-style-type: none"> <li>1) initial assessment of need.</li> <li>2) development of individualized care plans.</li> <li>3) coordinated access to health and support services.</li> <li>4) client monitoring to assess the care plan.</li> <li>5) re-evaluation of the care plan.</li> <li>6) ongoing assessment of client's needs.</li> <li>7) treatment adherence counseling.</li> <li>8) client specific advocacy or review of utilization of services.</li> <li>9) benefits counseling.</li> </ol> <p><b>ROIs must be obtained for DOH, HCA, and HIV medical provider.</b></p> <p><b>Contractor must bill Title XIX monthly and report to DOH on the expense summary form.</b></p> <p><b>Any exceptions require prior approval from DOH HIV Community Services Program Manager.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b>  <span style="background-color: #FFC0CB;">Employee Change Form</span></p>	<p>Agency must track and report data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<ul style="list-style-type: none"> <li>• Comprehensive assessment must be completed within the first 30 days of completing intake and updated every five years unless significant changes have occurred with the client.</li> <li>• ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months.</li> <li>• Medical appointments must be reported at minimum annually.</li> </ul>	<p><b>\$145,883 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><del>\$427,649</del> <del>\$437,649</del> – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</p>
<b>Supportive Services</b>				
<p><b>Outreach Services – Peer Navigation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>75 Clients</b></p>	<p>Outreach Services provide the following Peer Navigation activities:</p> <ol style="list-style-type: none"> <li>1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care,</li> <li>2) referral to appropriate supportive services.</li> <li>3) Peer Navigators must be added to the client’s Care Team in the Provide database.</li> <li>4) Peer Navigators will conduct Quality-of-Life survey with their peer</li> </ol>	<p>Agency must track and report client level data within the Provide database all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p> <p><b>Anticipated number of clients to be served.</b></p> <p>One-on-one Caseload: Peer group participants: Community facing peer support:</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log.</p> <p>ISP and ISP goal developments must be completed before outreach services are delivered and reviewed a minimum of every six months.</p>	<p><b>Total reimbursement not to exceed \$106,256.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$26,564 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>clients every six months, aligning with ISP review. 5) Peer Navigators will participate in ISP development and review based on Quality-of-Life survey.</p> <p><b>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously as some information is needed to facilitate any necessary follow-up and care.</b></p> <p><b>Funds cannot be used to pay for event materials such as promotional and/or personal items.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b> <b>Employee Change Form</b></p> <p><b>*** Please see the Terms and Conditions Section 3D regarding Peer Navigation Program Expectations.***</b></p>	<p>Short-term peer navigation:</p>		<p><b>\$79,692 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>
<p><b>Food Bank</b></p> <p>Anticipated number of clients to be served.</p> <p><b>50 Clients</b></p>	<p>Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist). <b>***See terms and conditions section 11, bullet A, sub-section XIII***</b></p> <p><b>HRSA RWHAP funds cannot be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup></b></p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Client meals for activities such as focus groups, support groups, etc. must follow per diem guidelines identified in the terms and condition section below.</p> <p><b>Client must have current Ryan White Eligibility.</b></p> <p><b>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to a small and attractive items policy.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement not to exceed \$17,000 <del>\$12,000</del>.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$3,000 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b><del>\$14,000</del> \$9,000 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p><sup>1</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</p>			
<p><b>Housing</b></p> <p>Anticipated number of clients to be served.</p> <p><b>12 Clients</b></p>	<p>Housing is limited to short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services.</p> <p>Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Agency must:</p> <ul style="list-style-type: none"> <li>• <b>Ensure clients meet all Ryan White eligibility requirements prior to providing any assistance.</b></li> <li>• Complete a housing assessment and develop an individualized housing plan<sup>1</sup> for each client receiving housing services. (Housing plans are not required for background checks/housing applications)</li> </ul>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and service provided.<sup>1</sup></p> <p><sup>1</sup>Services provided must include the dollar amount of the service provided.</p> <p>Housing staff must assess clients within 3 business days of staff identifying a client’s housing need.</p> <p>There must be at least one documented contact with active housing clients every 30 days.</p>	<p><b>Total reimbursement not to exceed \$17,476 \$9,365.</b></p> <p>See split out below by code.</p> <p><b>\$2,341 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b><del>\$15,135</del> \$7,024 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>Housing funds cannot be in the form of direct cash payments to clients, used for mortgage payments, rental deposits, last month's rent, or other fees associated with move in costs.</p> <p><b>Ryan White housing funds must be payor of last resort.</b></p> <p><b>One-time payments for rent or utilities are unallowable and must be reported under emergency financial assistance.</b></p> <p>Allowable Costs:</p> <ul style="list-style-type: none"> <li>• Rent</li> <li>• Past due rent (to include late fees)</li> <li>• Lot rent</li> <li>• Essential utilities (gas, electric, water, propane)</li> <li>• Past due essential utilities (to include late fees)</li> <li>• Background check/housing application</li> <li>• Hotel/Motels</li> </ul> <p><b>Any payment greater than \$3,000 must be pre-approved by DOH.</b></p> <p><b>Refundable and non-refundable deposits are unallowable costs.</b></p> <p><b>Any staff vacancies must be reported to DOH within 30 days of vacancy.</b></p> <p><b>Employee Change Form</b></p>	<ul style="list-style-type: none"> <li>• Reassess clients for housing assistance if they have been closed for more than 90 days and complete a new individualized housing plan.</li> <li>• Have mechanisms in place to ensure newly identified clients have access to housing services.</li> <li>• Not duplicate the Housing services or benefits provided by HOPWA.</li> <li>• Have housing need(s) documented in ISP.</li> <li>• Ensure client file includes evidence of tenancy and/or appropriate documentation to support payment.</li> <li>• Document client closure from housing services with clear rationale. Documentation must include: <ul style="list-style-type: none"> <li>○ Services needed/actions taken, if applicable</li> <li>○ Date of discharge</li> <li>○ Reason(s) for discharge</li> <li>○ Referrals made at time of discharge, if applicable</li> </ul> </li> </ul> <p><b><sup>1</sup> Individualized Housing Plan should document short- and long-term measurable goals and objectives for housing and healthcare, timeframes to achieve goals, client attainment of goals, solutions to address barriers, and resources and services that are needed to help maintain housing stability and gain/maintain healthcare, the assistance to be provided by the Housing Case Manager.</b></p>	<p>Document closure of housing clients from services within 30 business days.</p> <p>Housing plans must be completed annually and updated, at minimum, quarterly.</p>	
<b>Linguistic Services</b> (Required Activity)	Provision of interpretation (oral) and translation (written) services to eligible clients. Services are provided as a part of HIV service delivery between the	Agency must track and report client level data within the Provide database all activity related to this Service Category.	Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.	<b>Total reimbursement not to exceed \$0.00.</b>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p>healthcare provider and the client when necessary to:</p> <ul style="list-style-type: none"> <li>Facilitate communication between the provider and client.</li> <li>Support delivery of HIV Community Services.</li> </ul> <p><b>Translation and interpretation services are only allowable in the Linguistic Services task.</b></p> <p><b>Services must be provided by a qualified linguistic service professional.</b></p> <p><b>See terms and conditions Section 10 for CLAS standards.</b></p>			<p><b>See split out below by code.</b></p> <p><b>\$0.00 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$0.00 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>
<p><b>Medical Transportation</b></p> <p>Anticipated number of clients to be served.</p> <p><b>15 Clients</b></p>	<p>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by:</p> <ol style="list-style-type: none"> <li>providers of transportation services.</li> <li>mileage reimbursement (non-cash) that does not exceed the established rates for federal programs.</li> <li>organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed.</li> <li>voucher or token systems.</li> </ol> <p><b>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,<sup>1</sup> vouchers, coupons, or tickets that can</b></p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p><b>Client must have current Ryan White Eligibility.</b></p> <p><b>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to small and attractive items policy.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><b><sup>1</sup>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement not to exceed \$7,051.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$1,763 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$5,288 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>



Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p><b>be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</b></p> <p><sup>1</sup> <b>Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</b></p> <p><b>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</b></p>			
<p><b>Psychosocial Support Services</b></p> <p>Anticipated number of clients to be served.</p> <p><b>75 Clients</b></p>	<p>Provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include bereavement counseling, child abuse and neglect counseling, HIV support groups, nutrition counseling by a non-registered dietitian, pastoral care/counseling services.</p> <p><b>Any food provided for support groups must be billed under the food bank/ hot meals task.</b></p>	<p>Agency must track and report client level data within the Provide database any and all activity related to this Service Category.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	<p><b>Total reimbursement not to exceed <del>\$6,137</del> <del>\$14,248</del>.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$3,562 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b><del>\$2,575</del> <del>\$10,686</del> – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
<p><b>Ryan White Part B HIV Clinical Quality Management (CQM)/Improvement</b></p> <p>Required Activity</p>	<p>CQM activities should be continuous, fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p> <p><b>Any food provided to clients for CQM activities must be billed under the food bank/ hot meals task.</b></p>	<p>Agency must track and report within the Provide database all Performance Measures related to this service category as directed by DOH Quality Management Coordinator.</p> <p>Agency must submit an Annual CQM Plan by April 1st to the DOH Quality Management Coordinator. <b>CQM plan must include Ryan White Part B specific activities.</b></p> <p><b>HRSA/HAB Clinical Performance Measures – Core</b></p> <ol style="list-style-type: none"> <li><a href="#">HIV Viral Load Suppression</a> 95%</li> <li><a href="#">Prescription of HIV antiretroviral therapy</a> 90%</li> <li><a href="#">Medical visit frequency</a> 90%</li> <li><a href="#">Gap visits</a> 20% or less *Reverse measure</li> <li><a href="#">Annual retention care</a> 80%</li> </ol> <p><b><a href="#">HRSA/HAB Case Management Performance Measure</a></b></p> <ol style="list-style-type: none"> <li>Care plan 90%</li> <li>Gap in HIV medical visits 20% or less * Reverse measure</li> <li>HIV medical visit frequency 90%</li> </ol> <p>By October 1st agency must promote community engagement for Ryan White Part B eligible clients/patients to provide feedback by establishing or implementing</p> <ol style="list-style-type: none"> <li>Annual Client Satisfaction Survey’s</li> <li>And/or</li> <li>Quarterly Consumer/Client Advisory Board</li> </ol> <p>Deliverables for this reporting period have been identified and can be</p>	<p>Agency must submit quarterly reports to <a href="mailto:HIV.QualityImprovement@doh.wa.gov">HIV.QualityImprovement@doh.wa.gov</a></p> <p><b>1<sup>st</sup> Quarter</b> 1/1 - 3/31 Due 4/30 Annual CQM Plan (Apr 1)</p> <p><b>2<sup>nd</sup> Quarter</b> 4/1 – 6/30 Due 7/30</p> <p><b>3<sup>rd</sup> Quarter</b> 7/1 – 9/30 Due 10/30</p> <p><b>4<sup>th</sup> Quarter</b> 10/1 – 12/31 Due 1/30</p>	<p><b>Total reimbursement not to exceed \$15,548.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$3,887 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b>\$11,661 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
		referenced in the <a href="#">Ryan White Part B Statewide Quality Management Plan</a> .  <i>*** Please see the Terms and Conditions Section 3E regarding Community Engagement expectations.***</i>		
<p><b>Emergency Financial Assistance</b></p> <p>Anticipated number of clients to be served.</p> <p><b>15 Clients</b></p>	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing<sup>1</sup>, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p> <p><b>Any service(s) costing greater than \$1,000 must be pre-approved by DOH.</b></p> <p><sup>1</sup> <b>Emergency Housing assistance is limited to financial assistance to support a one-time payment to enable the individual or family, currently in housing, to gain and/or maintain medical care. Use of Ryan White Program funds for emergency housing must be linked to medical and/or healthcare or be certified as essential to a client’s ability to gain or maintain access to HIV-related medical care or treatment.</b></p> <p><b>Allowable housing costs:</b>  <b>Rent</b>  <b>Utilities</b></p>	<p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p> <p><b>Client must have current Ryan White Eligibility.</b></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.<sup>1</sup></p> <p><sup>1</sup><b>Services provided must include the dollar amount of the service provided.</b></p>	<p><b>Total reimbursement not to exceed \$15,000 \$10,000.</b></p> <p><b>See split out below by code.</b></p> <p><b>\$2,500 – MI 12618530 – FFY23 RW Grant Year Rebate for 1/1/24-3/31/24</b></p> <p><b><del>\$12,500</del> \$7,500 – MI 12618540 – FFY24 RW Grant Year Rebate for 4/1/24-12/31/24</b></p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Task Amount
	<p><b>Housing assistance is limited to one month of rental/utility assistance in a calendar year.</b></p> <p><b>Refundable and non-refundable deposits are unallowable costs.</b></p>			

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

### Program Specific Requirements

#### SPECIAL PROGRAM REQUIREMENTS

1. Reminder: DOH cannot reimburse indirect costs without a current and approved rate on file. Please ensure the new and approved rate is submitted to the DOH Fiscal Monitoring Unit ([FiscalMonitoring@doh.wa.gov](mailto:FiscalMonitoring@doh.wa.gov)) when the 2023 and 2024 rates expire.
2. CONTRACTOR acknowledges responsibility for required tasks regardless of funding allocation and has mechanisms in place for providing service and/or completing task deliverables.

#### GENERAL PROGRAM REQUIREMENTS

##### 1. Definitions

- a. CONTRACTOR – For the purposes of this Statement of Work Only, the Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work will be referred to as contractor.
- b. Medical Case Manager – Individual who provides direct services to clients living with HIV. These services help clients gain and maintain access to primary medical care and treatment.
  - i. Program Supervisor – Individual who provides supervision to case management and other HCS staff.
  - ii. Program Lead – Individual who oversees specialized or enhanced programming to clients living with HIV.
  - iii. Case Manager Assistant/Intake Specialist – Individual who provides assistance to case management staff to enroll clients into case management and/or supportive services.
- c. Non-Medical Case Manager – Individual who provides direct services to clients living with HIV. These services provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services to improve or retain access to core medical and supportive services.
- d. Housing Coordinator – Individual who provides housing and/or housing related services to people living with HIV.
- e. Peer Navigator – Individual who has either direct lived or shared lived experience with HIV and navigating the healthcare system and/or barriers related to HIV stigma.
  - i. Stewards – Individual who provides supervision to Peer Navigators.
  - ii. One-on-One Caseload – Caseload of 15-20 Peer Clients referred by their care team to receive Peer Navigation support for 6-24 months or longer depending on client needs. Case managers and clients work in partnership to determine the length of time.
  - iii. Peer Group Participants – Clients who may or may not be utilizing Peer Navigation services but can access peer support in a peer group setting.
  - iv. Community Facing Peer Support – Broader activity-based client engagement such as community event programming, home visits, food access/delivery, or part of office culture when new or established clients come in for services.
  - v. Short-Term Peer Navigation – Support for clients with a temporary need due to unexpected life challenges or crises. Examples include but are not limited to a new HIV diagnosis, loss of housing or partner, mental/behavioral health/medical emergency, or reengagement for clients who have been justice involved and returning to community.
- f. Administrative Support – Individual who provides support by greeting clients, directing phone calls, scheduling appointments, etc.

2. **Ryan White Rebate Funding** – For the purposes of this contract, all Ryan White Rebate funds received by the contractor shall be treated in the same fashion as federal funds and must follow the requirements of [2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits](#).
3. **Program Organization** – CONTRACTOR must
- a. The CONTRACTOR must provide a full updated organizational chart, including Board of Directors with contact information (if applicable), and staffing plan referencing positions described in the budget narrative.
  - b. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.
    - i. Any positions funded through Ryan White Part B, must have prior DOH approval.
  - c. The CONTRACTOR must notify their DOH contract manager within 30 days of any staff vacancies related to contracted positions and provide an updated budget.
    - i. Any funded Ryan White Care or Housing staff new to the agency must attend New Case Management training.
    - ii. Any new fiscal staff responsible for Ryan White Care invoicing will need to meet with the OID Ryan White Contract Manager within 60 days for DOH Ryan White invoice overview and training.
  - d. ***HIV Peer Navigation Program Structure and Expectations*** – *To support the success and continuity of the HIV Peer Navigation Program, the CONTRACTOR will work in partnership with the DOH HIV Peer Navigation Program to discuss, develop, implement, and maintain a peer program that supports their agency and clients’.*

*DOH will provide the CONTRACTOR with the Washington State HIV Peer Navigation Program framework.*

1. *HIV Community Services Manual – HIV Peer Navigation Section*
2. *HIV Peer Navigation procedure for referrals and Provide documentation.*
3. *Monthly Co-Reflection Meetings for one -on-one HIV Peer Navigators, one-on-one HIV Peer Stewards, and the HIV Peer Navigator Group.*
4. *Provide technical assistance for how a HIV Peer Navigator interfaces with the Provide Data System, Quality of Life Survey, and specific HIV Peer Navigation goals for the ISP.*
5. *Provide Mandatory Training*
  1. *New Case Manager and HIV Peer Navigator Training*
  2. *Annual Intentional Peer Support training for both HIV Peer Navigators and HIV Peer Stewards*

*DOH and the CONTRACTOR will work collaboratively on capacity building through the development of*

1. *HIV Peer Navigator job description and job announcement*
2. *DOH will support the interview process by*
  - a. *Assisting with the development of interview questions*
  - b. *Application review and/or participation in interview panels*
3. *Identifying what position will fill the role of HIV Peer Steward*
- e. ***Ryan White Part B Clinical Quality Management CQM/Improvement Client Engagement Structure and Expectations*** – *To support the framework of improving client care and satisfaction, the CONTRACTOR will work in partnership with the DOH HIV Quality Management Coordinator to engage Ryan White Part B clients and program staff in clinical quality management activities.*

*DOH will provide the CONTRACTOR with the Washington State Ryan White Part B Clinical Quality Management Program framework.*

1. *Washington State Ryan White Part B Clinical Quality Management Plan*
2. *Ryan White Part B Agency Dashboard*
3. *HIV Community Services Manual – Program Monitoring: Data Entry Standards*
4. *CQM Committee quarterly meetings*
5. *Provide CONTRACTOR with guidance to develop Quality Improvement/Quality Assurance resources and tracking tools.*
6. *Provide technical assistance for CQM infrastructure, data quality, and HRSA/HAB performance measure benchmarks.*

*The CONTRACTOR is expected to;*

1. *Submit Annual CQM plan by April 1*
  - a. *New contractors are exempt in their first year while establishing their programs.*
2. *Attend quarterly CQM Committee meetings.*
3. *Provide quarterly CQM reports by the identified in accordance with the due dates and deliverables listed in the CQM Task and referenced in the [Ryan White Part B Statewide Quality Management Plan](#).*
  - a. *Ensure agency Ryan White Part B Dashboard and HRSA/HAB reports are up to date when submitted.*
4. *Develop and conduct a satisfaction survey specific to Ryan White Part B Services.*
  - a. *CONTRACTOR may solicit additional client feedback through the implementation of focus groups and/or Client Advisory Boards (CAB).*
5. *Establish an internal process and procedure to ensure continuous Quality Improvement/Quality Assurance activities are completed monthly.*
  - a. *Ensure client profiles are properly closed out within 30 days in the event of;*
    - i. *Client relocation out of state*
    - ii. *Client no longer meeting eligibility requirements*
    - iii. *Client declines or disengages with services*

Client is deceased

4. **Client Eligibility and re-certification** – Reference the [Ryan White Part B, HIV Community Services \(HCS\) Manual](#) for more information
  - a. Clients must apply for Ryan White eligibility within 30 days of intake.
  - b. Client eligibility must be recertified annually.

5. **Participation in Program Monitoring Activities** –

- a. DOH will conduct on-site annual programmatic monitoring in the following areas:
  - i. Ryan White Part B case management and supportive services
  - ii. Title XIX case management
  - iii. Housing
  - iv. Clinical quality management
  - v. Fiscal Monitoring – To be scheduled by the DOH Fiscal Monitoring Unit
- b. **Corrective Action Plans** –

**§ 200.339 Remedies for noncompliance.**

If a non-Federal entity fails to comply with the U.S. Constitution, Federal statutes, regulations or the terms and conditions of a Federal award, the Federal awarding agency or pass-through entity may impose additional conditions, as described in [§ 200.208](#). If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

- (a) Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- (b) Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- (c) Wholly or partly suspend or terminate the Federal award.
- (d) Initiate suspension or debarment proceedings as authorized under [2 CFR part 180](#) and Federal awarding agency regulations (or in the case of a pass-through entity, recommend such a proceeding be initiated by a Federal awarding agency).
- (e) Withhold further Federal awards for the project or program.
- (f) Take other remedies that may be legally available

6. **Title XIX HIV Medical Case Management** – Reference the [HCS Manual](#) and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities. Ryan White is a payer of *Last Resort* and Title XIX must be billed monthly unless prior approval for a different frequency of billing is granted by DOH – Reference the [HCS Manual](#)



7. **Participation in Quality Management/Improvement activities** – Reference the task description for CQM or the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with the CQM Coordinator or your OID Contract Manager.
8. **HIV Statewide Data System** – All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data **entered into** the Provide™ Database System. **See task descriptions for timeframe requirements.**
9. **Data Sharing Agreement (DSA)** – The CONTRACTOR must enter into written data sharing agreements when sharing category 3 or category 4 data outside the agency unless otherwise prescribed by law. The CONTRACTOR must identify and evaluate the risks of sharing their data and must enter into a data sharing agreement that documents the relationship and includes appropriate terms to mitigate identified risks.
- a. **Category 3 Data – Confidential Information** is information that is specifically protected from either release or disclosure by law. This includes but is not limited to:
- Personal information as defined in [RCW 42.56.590](#) and [RCW 19.255.010](#).
  - Information about public employees as defined in [RCW 42.56.250](#).
  - Lists of individuals for commercial purposes as defined in [RCW 42.56.070\(8\)](#)
  - Information about the infrastructure and security of computer and telecommunication networks as defined in [RCW 42.56.420](#).
- b. **Category 4 Data – Confidential Information Requiring Special Handling** is information that is specifically protected from disclosure by law and for which:
- Especially strict handling requirements are dictated, such as by statutes, regulations, agreements, or other external compliance mandates.
  - Serious consequences could arise from unauthorized disclosure, such as threats to health and safety, or legal sanctions.
10. **CLAS Standards** – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](#)
11. **Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services**  
Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. Opportunities for capacity building and technical assistance for contractor will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.
12. **Participation in Data-to-Care/Lost-to-Care activities** – WA residents that are reported to have an HIV infection and be living with HIV  $\geq 12$  months ~~that have had:~~ *and meet one of the following lab result criteria:*
- Not-in-Care (NIC):** *This person has nNo CD4 count, or viral load (VL) result reported in past 15 months, but who had a VL or CD4 in Washington State, in the last 5 years.*  
~~OR~~
  - Not-Virally-Suppressed (NVS):** *This person has had a VL conducted in the previous 15 months, but a ~~CD4 count <200 cells/mm3 AND~~ VL >200 copies/mL, at the time of last report ~~within the past 15 months.~~*
    - DOH will provide the CONTRACTOR with a list of clients who meet the above criteria quarterly to assist in outreach and engagement.
13. **Training and Orientation Requirements** – Reference the [HCS Manual](#) for more information.
14. **Contract Management** – Reference the [HCS Manual](#) for more information.
- a. **Fiscal Guidance** – Reference the OID Fiscal Manual for more detailed information.
- Funding** – The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 31, 2025. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
  - Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit complete and correct A19 invoice vouchers with amounts billable to DOH under this statement of work and OID Expense Summary form. A19 invoice vouchers are due by the 30<sup>th</sup> of the following month unless prior arrangements have been made with the DOH Contract Manager. Prior approval is required for a different frequency of billing.

- 1) The CONTRACTOR must provide all backup documentation as required based on the assigned risk level and/or identified by DOH program staff to determine allowability of Ryan White related expenses. Risk assessments are completed at the beginning of a new contract. Contact your contract manager if you are unaware of your assigned risk level.
  - 2) DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
- iii. **Allocating Costs and Indirect** –
- 1) **Cost Allocation Plan** - If allocating costs, the CONTRACTOR must have a documented allocation methodology that is reviewed and approved by DOH Staff. DOH is not able to reimburse allocated costs without an approved plan on file.
  - 2) **Federally Negotiated Indirect Rate** – If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or
  - 3) **10% De Minimus Certification** of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- iv. **Advance Payments Prohibited** – DOH funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- v. **Payer of Last Resort** – Ryan White Part B Funds is considered the payor of last resort, and as such, funds may not be used for any item or service “to the extent that payment has been made, or can reasonably be expected to be made under...any State compensation program, under an insurance policy, or under any Federal or State health benefits program..., or by an entity that provides health services on a pre-paid basis.”
- vi. **Cost of Services – Costs** must be necessary and reasonable to carry out approved contract activities.
- vii. **Allowable Costs** – All expenditures incurred, and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

For information in determining allowable costs, please reference OMB Circulars: 2 CFR 200 (State, Local and Indian Tribal governments) at:

<https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

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

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050 Information Recipient’s statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

- viii. **Duplication of EIP Services** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP, Medicaid, or other Insurance Provider.
- ix. **Ryan White Part B** may not be used for prevention activities.
- x. **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- xi. **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer store gift cards or voucher programs to assure that recipients cannot readily convert vouchers into cash.
  - 1) **Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.**
  - 2) **General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.**
  - 3) The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.

- xii. **Travel** – Out of staff travel requires prior approval from DOH and must follow [GSA guidelines](#). *Reference the OID Fiscal Manual for more information.*
- xiii. **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational, or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

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

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

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

1. Laptops and notebook computers
2. Tablets and smart phones

Agencies must also include the following assets with unit costs of \$1,000 or more:

- 1) Optical Devices, Binoculars, Telescopes, Infrared Viewers, and Rangefinders
- 2) Cameras and Photographic Projection Equipment
- 3) Desktop Computers (PCs)
- 4) Television Sets, DVD Players, Blu-ray Players, and Video Cameras (home type)

- xv. **Food and Refreshments** - Food and refreshments are not allowable direct costs, unless provided in conjunction with allowable meetings, whose primary purpose is the dissemination of technical information. **Pre-approval is required** when food and refreshments are purchased for meetings outside of the Psychosocial Support or CQM tasks. A sign in sheet with the clients’ ID number from the DOH approved data system as well as an agenda is required to receive reimbursement for these charges.
  - 1) **Food or hot meals purchased for the Psychosocial Support or CQM tasks must bill under the Food Bank/Hot Meals task to be considered an allowable cost.**
  - 2) The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
  - 3) Food for staff meetings/trainings is unallowable.  
**PLEASE NOTE:** If meals/refreshments are purchased for allowable meetings, food can only be purchased for **clients** at the per diem rate. Any expenses over per diem will be denied. [U.S. General Services Administration Per Diem Look Up](#)
- xvi. The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.

b. **Contract Modifications**

- i. **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii. **Contract Amendments** – Effective Date – The CONTRACTOR shall not begin providing the services authorized by a contract amendment until the CONTRACTOR has received a signed, fully executed copy of the contract amendment from DOH. Any exceptions require pre-approval from DOH.
  - 1) **Local Health Jurisdiction (LHJ) Contractors** – Request for contract amendments must be received no less than 60 days prior to the Draft Due Date identified by the CON CON SOW Schedule on the CON CON Dashboard.
  - 2) **Non- LHJ Contractors** – Request for contract amendments must be received no later than 60 days prior to the end of the Federal Fiscal Year (FFY) and State Fiscal Year (SFY) end dates. Amendments must be signed prior to the end of the FFY and/or SFY end date.  
EX. FFY end date is 6/30, contract amendment request due to contract manager by 4/31
- c. **Subcontracting** – This statement of work does not allow a CONTRACTOR to subcontract for services.
- d. **Written Agreements**

The CONTRACTOR should execute written agreements with partners to document how services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- i. HIV service providers providing case management, outreach services, or other support services.
  - ii. Medical Providers providing services to agency’s medical case management clients.
  - iii. Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR
- Technical assistance is available through DOH.

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

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

17. **Whistleblower**

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

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

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

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through December 31, 2024

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

**Revision Purpose:** The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2024 to December 31, 2024, for continuation of MCHBG related activities, and update Program Specific Requirements.

**NOTE:** The FFY25 funding allocation in this SOW is for the period of October 1, 2024 through December 31, 2024. Deliverables with due dates after December 31, 2024 are shown for informational purposes only. A new SOW will begin in the next consolidated contract term on January 1, 2025 for continuation of this project through September 30, 2025. Any funds unspent from October 1, 2024 through December 31, 2024 will be added to the new SOW in an amendment in Spring 2025.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	134,581	0	134,581
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	132,291	0	132,291
FFY22 HRSA MCHBG SPECIAL PROJECTS	7811022A	93.994	333.93.99	07/01/23	09/30/23	37,563	0	37,563
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	159,854	0	159,854
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	10/01/24	12/31/24	0	39,963	39,963
						0	0	0
<b>TOTALS</b>						<b>464,289</b>	<b>39,963</b>	<b>504,252</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
<b>Maternal and Child Health Block Grant (MCHBG) Administration</b>				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	Report actual expenditures for October 1, 2022 through September 30, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 1, 2023	
1h	Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 8, 2023	
1i	Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 17, 2024	
1j	<i>Report actual expenditures for October 1, 2023 through September 30, 2024.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 6, 2024</i>	
1k	<i>Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 16, 2025</i>	
1l	<i>Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 5, 2025</i>	
1m	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>LHJ Contract Lead or designee will attend regional meeting.</i>	<i>September 30, 2025</i>	
<b>Implementation</b>				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	Monthly Reports must only reflect activities paid for with funds provided in this

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022  November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.	Submit monthly reports to DOH contract manager.	September report due October 15, 2023  November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024 April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2f	Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.	Submit MCHBG reporting document to DOH contract manager.	Draft- August 16, 2024 Final- September 6, 2024	
2g	Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.	Submit updates as part of monthly reporting document as requested by DOH.	September 30, 2024	
2h	Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.	Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.	November 15, 2023 December 15, 2023 January 15, 2024 February 15, 2024 March 15, 2024	



Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
			April 15, 2024 May 15, 2024 June 15, 2024 July 15, 2024 August 15, 2024 September 15, 2024	
2i	<i>Report activities and outcomes of 2024-25 MCHBG-funded work using DOH-provided reporting template.</i>	<i>Submit monthly reports to DOH contract manager.</i>	<i>September report due October 15, 2024</i>  <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
2j	<i>Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH contract manager.</i>	<i>Draft – August 15, 2025</i> <i>Final – September 12, 2025</i>	
2k	<i>Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.</i>	<i>Describe in your updates within each activity of the monthly report how you are intentionally focused on equity in your work.</i>	<i>September report due October 15, 2024</i>  <i>November 15, 2024</i> <i>December 15, 2024</i> <i>January 15, 2025</i> <i>February 15, 2025</i> <i>March 15, 2025</i> <i>April 15, 2025</i> <i>May 15, 2025</i> <i>June 15, 2025</i> <i>July 15, 2025</i> <i>August 15, 2025</i> <i>September 15, 2025</i>	
<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children	Submit CHIF data into Secure Access Washington website: <a href="https://secureaccess.wa.gov">https://secureaccess.wa.gov</a>	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration.

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	served by the CYSHCN Program as referenced in CYSHCN Program guidance.			Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy and submit any updates to Within Reach.	September 30, 2022	
3d	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024	
3h	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment.	30 days after forms are completed.	
3i	Review your program's entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.	September 30, 2024	
3j	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance. If no CYSHCN care coordination (enabling service) is provided in a given quarter, email the CHIF administrator at <a href="mailto:DOH-CHIF@doh.wa.gov">DOH-CHIF@doh.wa.gov</a> and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2024 January 15, 2025 April 15, 2025 July 15, 2025</i>	
3k	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment</i>	<i>30 days after forms are completed.</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<i>Fund requests directly to the CYSHCN Program as needed.</i>		
<i>3l</i>	<i>Review your program's entry on <a href="http://ParentHelp123.org">ParentHelp123.org</a> annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.</i>	<i>September 30, 2025</i>	
<i>3m</i>	<i>Support improvements to the local system of care (public health services and systems/policy, systems, and environment) for CYSHCN. Refer to the Focus of Work document for example activities and priority areas.</i>	<i>Submit updates as part of monthly reporting document.</i>	<i>September report due October 15, 2024  November 15, 2024 December 15, 2024 January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025 June 15, 2025 July 15, 2025 August 15, 2025 September 15, 2025</i>	
<b>MCHBG Assessment and Evaluation</b>				
<i>4a</i>	<i>As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.</i>	<i>Submit documentation using guidance provided by DOH.</i>	<i>September 30, 2024</i>	<i>Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.  See Program Specific Requirements and Special Billing Requirements.</i>
<i>4b</i>	<i>Provide summary of outcomes of MCHBG-funded work completed from October 1, 2023 through September 30, 2024 using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>December 31, 2024</i>	
<i>4c</i>	<i>As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.</i>	<i>Submit documentation as requested by DOH.</i>	<i>September 30, 2025</i>	

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

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

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

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

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

### **Program Specific Requirements**

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

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

Children and Youth with Special Health Care Needs Manual -

[Children and Youth with Special Health Care Needs Manual \(wa.gov\)](http://www.wa.gov)

Health Services Authorization (HSA) Form

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

### **Restrictions on Funds:**

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

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

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

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

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

**DOH Program Name or Title:** Office of Immunization COVID-19 Vaccine -  
Effective July 1, 2024

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

**Contract Number:** CLH31014

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

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

**Period of Performance:** July 1, 2024 through December 31, 2024

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

**Revision Purpose:** 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			
COVID 19 VACCINES R4	74310259	93.268	333.93.26	07/01/24	12/31/24	0	276,000	276,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>276,000</b>	<b>276,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	<p>Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline.</p> <p><b>Example 1:</b> Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.</p>	<p>Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.</p> <p>Within the first 90 days of the contract, provide a budget for FY25 funding showing full expenditure of funds based on engagement strategies.</p>	September 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<b>Example 2:</b> Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	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 (if extended past December 31, 2024) in DOH template provided).	November 1, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	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)	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	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 Restrictions on Funds below)	Reports summarizing quantity, type, and frequency of activities	December 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

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

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

**Program Specific Requirements****Restrictions on Funds:**

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

**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
- Vaccine Purchase



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

**DOH Program Name or Title:** Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2024

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

**Contract Number:** CLH31014

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

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

**Period of Performance:** July 1, 2024 through December 31, 2024

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

**NOTE:** Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

**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 VFC Ops	74310251	93.268	333.93.26	07/01/24	12/31/24	0	16,134	16,134
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>16,134</b>	<b>16,134</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods <u>Examples of qualitative &amp; quantitative methods/measures:</u> <ul style="list-style-type: none"> <li>▪ Surveys, Questionnaires, Interviews</li> <li>▪ Immunization coverage rates expressed in percentages</li> <li>▪ Observations (i.e., feedback from surveys/interviews, social media posts comments)</li> <li>▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.)</li> </ul>	Written proposal summarizing project plan and method of assessing/observing change in target population.  (Template will be provided)	September 15, 2024	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	Within the first 90 days of the contract provide a budget for FY25 funding.	Sumit completed Budget Template provided by Department of Health	September 30, 2024	
3	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.
4	Within 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 remain funds.	January 15, 2025	
5	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"> <li>▪ Increased partner knowledge on immunization guidelines</li> <li>▪ Change in attitudes about childhood vaccines</li> <li>▪ Increase in school district immunization coverage rates</li> </ul>	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	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

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

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

**Program Specific Requirements**

**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: 2022-2024**

**DOH Program Name or Title:** Office of Immunization-Regional Representatives - Effective July 1, 2024

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

**Contract Number:** CLH31014

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

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

**Period of Performance:** July 1, 2024 through December 31, 2024

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

**NOTE:** Deliverables with due dates after December 31, 2024, are shown for informational purposes only and will be included in a new SOW in the next Consolidated Contract term starting January 1, 2025.

**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 Rep	74310254	93.268	333.93.26	07/01/24	12/31/24	0	41,173	41,173
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>41,173</b>	<b>41,173</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.				
1	Within the first 90 days of the contract provide a budget for FY25 funding.	Submit completed Budget Template provided by Department of Health	September 30, 2024	
2	Conduct enrollment site visits 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	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
		b) Email New Enrollment Training Guide (CVP SharePoint Site) with original or electronic signatures		
3	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.
4	<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.
5	<p>Complete the CVP Compliance Visit Project Schedule to ensure providers receive a site visit within 24 months of previous site visit and/or 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>a) Submit completed CVP Compliance Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p>	<p>a) By July 31</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Participate in at least one (1) CVP observational visit conducted by DOH Office of Immunization staff or designee annually.	d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR. e) Respond to requests from DOH to schedule observation visit.	d) Within five (5) business days of receiving the document(s) and verifying follow-up actions were completed. e) Within 5 business days of DOH request.	
6	Within 6 months of the start of contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remain funds.	January 15, 2025	
7	<p><u><b>IQIP (Immunization Quality Improvement for Providers)</b></u></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 35% of total visits assigned per region must be initiated within the first half Project Year (Dec 31,2024) and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow-up visits must take place in person, webinar, or by telephone and in accordance with the Immunization Quality Improvement for Provider’s Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur by Dec 31, 2024</p>	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.	By July 31, 2024 a) Within five (5) business days of visit b) Within five (5) business days of contact By Dec 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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

Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://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.

**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: 2022-2024**

**DOH Program Name or Title:** Office of Resiliency & Health Security-PHEP - Effective July 1, 2024

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

**Contract Number:** CLH31014

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

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

**Period of Performance:** July 1, 2024 through December 31, 2024

**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 (PHERCs).

Note: The current Consolidated Contract ends December 31, 2024. Once a new contract is in place, the program plans to submit a new statement of work for January 1 - June 30, 2025. Deliverable due dates after December 31, 2024 are referenced in this statement of work for informational purposes only and will be updated in the January - June 2025 statement of work.

This statement of work (ending 12/31/24) includes 60% of the total allocation of these funds. The January - June 2025 statement of work will reflect the remaining 40%. Once all invoices have been submitted and balances are reconciled for this statement of work (ending 12/31/24), any remaining funds will be added to a revised 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:** 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			
FFY24 PHEP BP1 - CDC - LHJ PARTNERS	31602241	93.069	333.93.06	07/01/24	12/31/24	0	177,207	177,207
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>177,207</b>	<b>177,207</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>1</b> <b>Contact Information</b>  <b>Framework 2 – Enhance Partnerships</b>	Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2024, and any changes within 30 days of the change.  Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2024  Within 30 days of the change.  December 31, 2024 June 30, 2025	Reimbursement for actual costs not to exceed total funding consideration amount.
<b>2</b> <b>LHJ Performance Measures</b>  <b>Framework 6 – Modernize data collection and systems</b>	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	
<b>3</b> <b>Additional Information Required by CDC</b>  <b>Framework 4 – Improve administrative and budget preparedness systems</b>	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.	
<b>4</b> <b>Risk Assessment</b>  <b>Framework 1 – Develop threat-specific approach</b>  <b>Framework 3 – Expand local support</b>  <b>Framework 8 – Incorporate health equity practices</b>	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	
<b>5</b> <b>Planning</b>  <b>Framework 4 – Improve administrative and budget preparedness systems</b>	Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners.  Engage partners to incorporate health equity principles.	Multiyear integrated preparedness plan.	June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>Framework 8 – Incorporate health equity practices</b>	Including (but not limited to): <ul style="list-style-type: none"> <li>• Administrative preparedness plans.</li> <li>• Recovery operations.</li> <li>• Incident response improvement plan data elements.</li> </ul>			
<b>6 Planning - IPPW</b>  <b>Framework 2 – Enhance Partnerships</b>  <b>Framework 5 – Build workforce capacity</b>  <b>Framework 10 – Prioritize community recovery efforts</b>	Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.  Complete the Integrated Preparedness Planning Workshop (IPPW) Workbook provided by DOH.  Participate in the DOH Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for early 2025.	Mid- and end-of-year reports on template provided by DOH.  IPPW Workbook provided by DOH.  Participation in IPPW.	December 31, 2024 June 30, 2025	
<b>7 Communication &amp; Planning</b>  <b>Framework 7 – Strengthen risk communication activities</b>	Develop or update crisis and emergency risk communication and information dissemination plans.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
<b>8 Training</b>  <b>Framework 5 – Build workforce capacity</b>	Complete training to ensure baseline competency and integration with preparedness requirements.  Participate in at least one public health emergency preparedness, response, or recovery training.  Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.  Work with Public Health Emergency Response Coordinators (PHERCS) to review public health preparedness and response plans and identify gaps, priorities, and training needs.  Integrate administrative and budget preparedness recommendations into training.	Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	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"> <li>• Incident Command System (ICS) 100: Introduction to ICS</li> <li>• ICS 700: An Introduction to the National Incident Management System (NIMS)</li> <li>• ICS 800: National Response Framework. An Introduction</li> <li>• IS-120.C: An Introduction to Exercise</li> <li>• IS-2900.A: National Disaster Recovery Framework (NDRE) Overview</li> <li>• Homeland Security Exercise and Evaluation Program</li> <li>• Preparation for Resource Providers</li> </ul> <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> <li>• ICS 200: Basic ICS for Initial Response</li> <li>• Independent Study (IS)-2200: Basic Emergency Operations Center Functions</li> </ul> <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> <li>• ICS 300: Intermediate ICS for Expanding Incidents</li> <li>• Crisis and Emergency Risk Communication (CERC)</li> </ul> <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"> <li>• ICS 400: Advanced ICS</li> </ul> <p><b>Notes:</b> 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</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	participate in at least one training as described above.			
<b>9 Exercising</b>  <b>Framework 2 – Enhance Partnerships</b>  <b>Framework 3 – Expand local support to improve jurisdictional readiness to effectively manage public health emergencies</b>	Participate in at least one exercise by June 30, 2025. <ul style="list-style-type: none"> <li>• Include critical response and recovery partners.</li> <li>• Engage partners to incorporate health equity principles.</li> <li>• Integrate administrative and budget preparedness recommendations.</li> <li>• Complete AAR/IP for the exercise by June 30<sup>th</sup>, 2025.</li> </ul> Note: This may include developing and conducting exercises or participating in exercises developed and conducted by another organization, such as other LHJs.	Mid- and end-of-year reports on template provided by DOH.  Improvement Plans available upon request.	December 31, 2024 June 30, 2025	
<b>10 Communication &amp; Exercising</b>  <b>Framework 7 – Strengthen risk communication activities</b>	Identify and implement communication monitoring media relations, and digital communication strategies in exercises.  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.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
<b>11 MCM – Non-CRI LHJs</b>  <b>Framework 1 – Develop threat-specific approach</b>  <b>Framework 10 – Prioritize community recovery efforts</b>	Note: This activity applies to non-CRI LHJs only.  Maintain ability to procure, store, manage, and distribute medical materiel.  Maintain ability to dispense and administer medical countermeasures (MCM).  Attend an MCM quarterly meeting for the non-CRI LHJs.  Continue to show capabilities by submitting updated MCM plans as needed.	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>12</b> <b>DOH Duty Officer</b>  <b>Framework 7 – Strengthen risk communications activities</b>	<p>Provide immediate notification to DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<b>13</b> <b>WASECURES</b>  <b>Framework 7 – Strengthen risk communication activities</b>	<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"> <li>• Registered users must log in (or respond to an alert) quarterly at a minimum.</li> <li>• DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>• LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents.</li> </ul>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	
<b>14</b> <b>Communication &amp; Communities of Focus</b>  <b>Framework 10 – Prioritize community recovery efforts</b>	<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>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2024 June 30, 2025</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<b>15 Healthcare Coalition (HCC) Participation</b>  <b>Framework 3 – Expand local support</b>	During each reporting period (Jul – Dec and Jan-Jun), participate in two <b>or more</b> of the following activities with the Northwest Healthcare Response Network (NWHRN) or the Healthcare Alliance (HCA): <ul style="list-style-type: none"> <li>• Meetings</li> <li>• Communication</li> <li>• Planning</li> <li>• Training</li> <li>• Exercises</li> </ul>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2024 June 30, 2025	
<b>Additional activities as requested by the LHJ</b>				
<b>LHJ Request Kitsap 1</b>	Provide information and warnings to community and response partners.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	
<b>LHJ Request Kitsap 2</b>	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	
<b>LHJ Request Kitsap 3</b>	Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.  Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.	Mid- and end-of-year reports on templates provided by DOH.  Website screenshots available upon request.	December 31, 2024 June 30, 2025	
<b>LHJ Request Kitsap 4</b>	Coordinate and maintain a jointly shared Medical Reserve Corps (MRC) program with the Kitsap County Department of Emergency Management.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	
<b>LHJ Request Kitsap 5</b>	Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2024 June 30, 2025	

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

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

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

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

**Program Specific Requirements****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 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 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: 2022-2024**

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

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** January 1, 2022 through December 31, 2024

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

**Revision Purpose:** The purpose of this revision is to add FFY25 SNAP Ed Program Management Admin IAR funds

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 IAR SNAP ED PROG MGNT-REGION 5	76701939	10.561	333.10.56	01/01/22	09/30/22	98,016	0	98,016
FFY23 IAR SNAP ED PROG MGNT-REGION 5	76701949	10.561	333.10.56	10/01/22	09/30/23	115,813	0	115,813
FFY24 SNAP ED PROG MGNT ADMIN IAR	76701940	10.561	333.10.56	10/01/23	09/30/24	127,434	0	127,434
FFY25 SNAP ED PROG MGNT ADMIN IAR	76701950	10.561	333.10.56	10/01/24	12/31/24	0	53,765	53,765
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>341,263</b>	<b>53,765</b>	<b>395,028</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1.0	<b>Project Planning, Implementation, and Performance</b> For SNAP-Ed, the Subrecipient will develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient’s project work	<ol style="list-style-type: none"> <li>Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences.</li> <li>On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan.</li> <li>Project plan supports at least one State SNAP-Ed goal as selected by Subrecipient.</li> <li>Demonstrates progress towards project objective(s), and additional project goal(s) determined by Subrecipient are demonstrated and reported.</li> </ol>	<b>Due:</b> per the approved work plan and per the required due dates during the federal fiscal year, and no later than 09/30/24. 10/01/24 to 12/31/24 TBD.	Reimbursement upon on-time receipt and approval of acceptable deliverables/outcomes for the funding period will not exceed <del>\$341,263</del> <b>\$395,028. Kitsap Public Health</b>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	plan approved by Department of Health (DOH).	<p>5. Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.</p> <p><b>MEASURE</b> Sites and audiences included in Project by Subrecipient documented as approved eligible sites or audiences.</p> <p>Documented required reporting by Subrecipient of the delivery, implementation, and evaluation of approved Project activities in the required PEARS online reporting modules, where relevant to Project (Program Activities, PSE Site Activities, Indirect Activities, Coalitions, Partnerships, and Success Stories), and in a progress report form/system approved by DOH.</p> <p>Documented reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports.</p> <p>Cost per reach meets current cost-effective measure when reviewed by DOH.</p>		<p><b>District</b> will be paid the allowable costs incurred based on their approved budget and program allowability. See special billing requirements section.</p> <p><b>**NOTE:</b> The DOH SNAP-Ed program will deny payment for any costs not submitted by the required due dates without prior DOH approval in writing.</p>
1.1	<p><b>Project Progress: Monitoring and Compliance</b> For SNAP-Ed, the Subrecipient will demonstrate satisfactory progress of the approved Project as documented in DOH SNAP-Ed progress reports, progress reviews, and project and fiscal monitoring reports.</p> <p>Monitoring of Subrecipient Project progress includes but is not limited to the following activities:</p> <ol style="list-style-type: none"> <li>i. one-on-one progress reviews with DOH,</li> <li>ii. progress reports submitted to DOH,</li> <li>iii. project monitoring completed with DOH or DSHS or USDA, and</li> <li>iv. project monitoring site visits completed by SNAP-Ed statewide initiative teams.</li> </ol> <p>Satisfactory progress of the Subrecipient's Project includes progress shown in the</p>	<ol style="list-style-type: none"> <li>1. On-time delivery of proposed list of Project site(s) or audience(s) to DOH.</li> <li>2. All sites and/or audiences are determined to be eligible per current SNAP-Ed eligibility guidance and DOH process before programming begins with site(s) or audience(s).</li> <li>3. Demographic data of class participants is collected and reported for all direct education strategies.</li> <li>4. On-time reporting of actual participant reach to DOH in approved method/form.</li> <li>5. Intervention strategies implemented as planned or using approved alternate strategies.</li> <li>6. Approved evaluation plans and methods implemented for the project (e.g. pre and post surveys for direct education; PSE assessments).</li> <li>7. Evaluation results are used to report progress and outcomes of project, and to adapt the project as needed.</li> <li>8. Strategy as feasible for working with one or more CSOs implemented and demonstrated to increase</li> </ol>	<p><b>Due: Progress reviews.</b> Occur at minimum once a fiscal year, and no later than 09/30/24. 10/01/24 to 12/31/24 TBD.</p> <p><b>Due: Project monitoring.</b> Occurs at minimum once within every other fiscal year. If project monitoring documents major deficiencies or corrective action, the Subrecipient will be monitored again within the fiscal year. Project monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p> <p><b>Due: Fiscal monitoring.</b> Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless</p>	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>following areas and documented in reporting and/or monitoring completed:</p> <ol style="list-style-type: none"> <li>1. Progress demonstrated in achieving goal(s) outlined in the project.</li> <li>2. Progress demonstrated in achieving objective(s) outlined in the project's interventions.</li> <li>3. Progress demonstrated in creating a sustainable project.</li> <li>4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation.</li> <li>5. Progress demonstrated in working with DSHS community services offices (CSOs).</li> <li>6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients.</li> <li>7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable.</li> <li>8. Compliance with current SNAP-Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance).</li> </ol>	<p>knowledge, awareness, or participation of SNAP-Ed eligible audience.</p> <ol style="list-style-type: none"> <li>9. Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) is implemented and demonstrated to increase knowledge, awareness, or participation of program(s) in SNAP-Ed eligible audience.</li> <li>10. <b>Direct education strategies only:</b> Statewide SNAP-Ed Curriculum team or DOH monitoring reviews show education delivered with fidelity, with no major deficiencies. If major deficiencies documented, corrected properly within timeline required.</li> <li>11. Compliance maintained with current SNAP-Ed financial and cost policy guidance, 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance) and related DOH SNAP-Ed fiscal policy and procedures.</li> </ol> <p><b>MEASURE</b></p> <p><b>Progress reviews</b> – documentation of one-on-one meeting(s) with DOH SNAP-Ed staff person(s) and Subrecipient completed in person, web conference, phone, or via email as needed. Documentation of progress review notes.</p> <p><b>Project monitoring</b> – completed in person, web conference, phone, or via email as needed. Completion of on-site program observations where applicable. Completion of project monitoring report forms, with monitoring results documented and provided to Subrecipient.</p> <p><b>Fiscal monitoring</b> – documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit, with corresponding reports where applicable. Fiscal monitoring completed in person, web conference, phone, or via email as needed.</p>	<p>Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p>	
2.0	<p><b>Evaluation Data and Reports</b> For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the</p>	<p>On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including:</p>	<p><b>Quarterly Progress Reports:</b> Due at minimum quarterly, and no later than 10 calendar days after the end of the quarter, except for the last</p>	<p>See payment information as referenced in task number 1.0</p>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>project and outcomes, using an approved form/system on a regular basis that will at a minimum include:</p> <ol style="list-style-type: none"> <li>1. Progress reports</li> <li>2. Reporting in PEARS online reporting system of all SNAP-Ed activities</li> </ol> <p>SNAP-Ed activities implemented and evaluation of the project and outcomes are reported in an online program evaluation and reporting system (PEARS) through the following required modules as appropriate for the approved project: Program Activity (direct education), Indirect Activity (health promotion, indirect education channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.</p> <p>The following evaluation activities and information are required based on the Subrecipient's approved project and work plan.</p> <ul style="list-style-type: none"> <li>• Formative evaluation</li> <li>• Process evaluation</li> <li>• Outcome evaluation</li> <li>• Qualitative evaluation</li> <li>• Evaluation of PSE strategies</li> </ul> <p><b>Please Note:</b> the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements.</p> <p><b>Please Note:</b> Topics included in Progress Report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (USDA) requirements.</p>	<ol style="list-style-type: none"> <li>1. Progress for all intervention strategies reported for approved project plan.</li> <li>2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE).</li> <li>3. Success stories reported for approved project plan describing progress or success of project activities, or positive change or improvement in SNAP-Ed eligible site(s) or audience(s).</li> <li>4. Required release form(s) for all photos submitted.</li> <li>5. <b>Direct education strategies only:</b> All required information for scheduled direct education lessons submitted to Statewide SNAP-Ed Curriculum team, using approved form/system, by dates required.</li> </ol> <p>On-time and correct submission of required evaluation data for direct education strategies into PEARS electronically, or using approved reporting method, according to time frame provided, including:</p> <ol style="list-style-type: none"> <li>6. <b>Direct education strategies only:</b> Pre-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the pre-test survey.</li> <li>7. <b>Direct education strategies only:</b> Post-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the post-test survey.</li> <li>8. <b>Direct education strategies only:</b> Demographic cards for each class series are entered into PEARS by Subrecipient no later than two weeks after collection of the demographic cards.</li> </ol> <p><b>MEASURE</b> Documentation showing completion of progress report and submission to DOH on or before the required due dates, or by approved extension date.</p> <p>Completion of required evaluation data in progress reports and PEARS electronically, or using approved reporting method/form, on or before the required due dates, or by approved extension date.</p>	<p>month of the FFY which is due by 9/15/23. If the 10<sup>th</sup> calendar day falls on a weekend day, the report is due the next business day.</p> <ul style="list-style-type: none"> <li>• 1st Progress report due 1/10/24</li> <li>• 2nd Progress report due 4/10/24</li> <li>• 3rd Progress report due 7/10/24</li> <li>• Final Progress report due 9/15/24 or follow close-out procedures.</li> <li>• FFY 25 TBD</li> </ul> <p><b>PEARS:</b> Project evaluation and reporting required between 10/1/23 to 9/15/24.</p> <ul style="list-style-type: none"> <li>• <b>Direct education strategies only:</b> PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided.</li> <li>• <b>Due:</b> PEARS Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY which is due by 9/15/24.</li> <li>• September: 10/31/23</li> <li>• October: 11/30/23</li> <li>• November: 12/31/23</li> <li>• December: 1/31/24</li> <li>• January: 2/28/24</li> </ul>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<p><b>Direct education strategies only:</b></p> <ol style="list-style-type: none"> <li>1. Entry of required SNAP-Ed participant surveys into PEARS using DOH approved method, on or before the required due dates or by approved extension date.</li> <li>2. Completion of required evaluation data into PEARS electronically, or using approved reporting method, on or before the required due dates for data entry, or by approved extension date.</li> </ol>	<ul style="list-style-type: none"> <li>• February: 3/31/24</li> <li>• March:4/30/24</li> <li>• April:5/31/24</li> <li>• May:6/30/24</li> <li>• June:7/31/24</li> <li>• July: 8/31/24</li> <li>• August: 9/15/24</li> <li>• Final data entry for all activities not already reported, due by 9/15/24, or follow close-out schedule.</li> <li>• FFY2425 TBD</li> </ul> <p>SNAP-Ed Direct education conducted between 01/01/23 and 9/15/24. FFY25 TBD</p> <ul style="list-style-type: none"> <li>• <b>Direct education strategies only:</b> Completed Pre- and post-test surveys are entered into PEARS database by Subrecipient no later than two weeks after completion of the survey. All completed pre- and post-test surveys must be entered by Subrecipient, no later than COB 9/15/23, or follow close-out schedule.</li> </ul>	
3.0	<p><b>Civil Rights Training</b> All SNAP-Ed funded staff must complete training each fiscal year in civil rights. *See special requirements section- Civil Rights</p> <p>Documentation must include:</p> <ul style="list-style-type: none"> <li>• Training and source</li> <li>• Who attended</li> <li>• Date completed</li> </ul>	<p>On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff.</p> <p><b>MEASURE</b> Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date.</p>	<p><b>Due:</b> 01/01/24 for all SNAP-Ed funded staff. FFY25 TBD. New hires to complete within 30 days of hire.</p>	<p>See payment information as referenced in task number 1.0</p>
3.1	<p><b>Other Required Training and Meetings</b> The following trainings or meetings are required for <u>all Subrecipients</u> when provided by DOH or WA SNAP-Ed for the staff listed. Unless more staff attendance is required,</p>	<p>On-time completion of all required trainings by required SNAP-Ed staff.</p> <p>Attendance of required or appropriate staff person(s) at all required meetings.</p>	<p><b>Fiscal:</b> Annually, and no later than March 31, 2024. FFY25 TBD.</p> <p><b>SNAP-Ed Curriculum:</b> New direct education staff trained</p>	<p>See payment information as referenced in task number 1.0</p>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>minimum of one (1) staff person required to attend to satisfy requirements. Multiple staff may attend if costs for attendance are covered in Subrecipient's annual budget.</p> <ul style="list-style-type: none"> <li>• <b>Fiscal training</b> – fiscal agent <u>or</u> project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program.</li> <li>• <b>Food handler training</b> – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public.</li> <li>• <b>Training on data collection and reporting</b> – project coordinator <u>or</u> any staff person responsible for collecting, reporting, or entering SNAP-Ed related data.</li> <li>• <b>Regional meeting(s), when provided</b> – project coordinator <u>or</u> any qualified designated staff person.</li> <li>• <b>Annual State SNAP-Ed forum, when provided</b> - project coordinator <u>or</u> any qualified designated staff person.</li> <li>• <b>SNAP-Ed Curriculum training (either in person or online)</b> (only required for direct education strategies) – project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</li> <li>• <b>SNAP-Ed Systems Approaches for Healthy Communities training (online or in person, when provided)</b> - project coordinator <u>and</u> all staff involved in planning, implementing, and evaluating SNAP-Ed project activities.</li> <li>• <b>Project coordinator meetings (conference calls or in person)</b> –project</li> </ul>	<p>Demonstration of satisfactory understanding of the information and concepts included in required trainings.</p> <p><b>SNAP-Ed Curriculum:</b> On-time completion of required training for specific curriculum to be used in direct education strategy by project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</p> <p><b>Food handler training:</b> Completion of a Washington State authorized food handler or food worker training by all staff who will handle and serve food to the public.</p> <p><b>Coordinator meetings:</b> Attendance of project coordinator or qualified, designated staff person to at least 50% of all coordinator meetings provided.</p> <p><b>Regional meetings:</b> Attendance of project coordinator or qualified, designated staff person to at least 50% of all regional meetings provided.</p> <p><b>State Forum:</b> Attendance of project coordinator or qualified, designated staff person to all state forums provided.</p> <p><b>SNAP-Ed Systems Approaches for Healthy Communities:</b> Demonstrate satisfactory understanding of the information and concepts included in the training. Satisfactory application of knowledge and skill learned from training to SNAP-Ed project, as needed.</p> <p>If required meeting or training is <u>not provided</u>, Subrecipient is not required to make up requirements for attendance and will be in compliance. Attendance at required meetings and completion of required trainings required only when provided.</p> <p><b>MEASURE</b> Documentation showing required person(s) and date(s) of attendance for all web-based and in-person required meetings.</p> <p>Documentation showing required person(s); date(s) of attendance; and completion of training for all web-based and in-person required trainings.</p>	<p>within 30 days for specific curriculum to be used in direct education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator <u>or</u> qualified designated staff person to complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy.</p> <p><b>Data collection and reporting:</b> Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided.</p> <p><b>State Forum:</b> Annually, when provided, and no later than 9/30/24. FFY25 TBD</p> <p><b>Coordinator meetings:</b> Completed on dates scheduled by DOH, when provided.</p> <p><b>Regional meetings:</b> Completed on dates scheduled by DOH, when provided.</p> <p><b>SNAP-Ed systems approaches training online:</b> All SNAP-Ed funded staff with programmatic responsibilities will complete at least once. New hires to take within 6 months of start date.</p>	



Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	coordinator <u>or</u> qualified designated staff person.	Documentation of satisfactory understanding gained from required trainings, and application of applicable knowledge and skills in progress reviews and/or monitoring reports.		
4.0	<p><b>SNAP-Ed Inventory</b> SNAP-Ed Subrecipients are required by regulation to keep an up-to-date inventory list that includes all non-capital equipment, approved capital equipment, purchased curriculum, and other SNAP-Ed purchased items that are not disposable. This list should include items purchased in prior fiscal years still in use and in possession of the Subrecipient. This list should be updated per the due dates required. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure.</p> <p>*See special requirements section - Monitoring</p>	<p>On-time updates to SNAP-Ed inventory list.</p> <ol style="list-style-type: none"> <li>1. Inventory list updated per due dates required.</li> <li>2. Inventory list contains complete list of all items purchased with SNAP-Ed funds in current fiscal year and previous fiscal years still in use and in possession of the Subrecipient.</li> </ol> <p><b>MEASURE</b> Completed documentation showing updated SNAP-Ed inventory using approved form/system provided.</p>	<p><b>Due:</b> Inventory list is required to be updated at minimum annually and no later than 9/15/24. FFY25 TBD.</p> <p>At the time of a fiscal or project monitoring review, or when requested, an up-to-date inventory list must be made available.</p>	See payment information as referenced in task number 1.0
5.0	<p><b>SNAP-Ed A19 Invoices</b> Subrecipients must use the A19 invoice form specific to the DOH SNAP-Ed program. This document will be sent to all Subrecipients prior to October 31<sup>st</sup> of the current fiscal year.</p>	<p>On-time delivery of correct completion of SNAP-Ed A19 invoices, using the current form for the fiscal year.</p> <p>On-time delivery of detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment.</p> <p>Complete documentation of all actual costs incurred shall be accompanied by the Subrecipient's financial system report. If Subrecipient does not have a financial reporting system, the Subrecipient must check with the DOH SNAP-Ed program for further guidance.</p> <p><b>MEASURE</b> SNAP-Ed invoices (A19) with all documented costs and any required accompanying materials received at DOH by due dates required, or by approved extension date.</p>	<p><b>Due:</b> Monthly - Submit invoices to DOH no later than 30 calendar days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30)</p> <ul style="list-style-type: none"> <li>• September: 10/31/23</li> <li>• October: 11/30/23</li> <li>• November: 12/31/23</li> <li>• December: 1/31/24</li> <li>• January: 2/28/24</li> <li>• February: 3/30/24</li> <li>• March: 4/30/24</li> <li>• April: 5/30/24</li> <li>• May: 6/30/24</li> <li>• June: 7/31/24</li> <li>• July: 8/31/24</li> <li>• August: 9/30/24</li> <li>• September: 10/31/24</li> </ul>	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
			<p><b>Final invoice is due</b> November 30th, 2024, or follow close-out schedule. FFY25 TBD.</p> <p style="text-align: center;"><b>Or</b></p> <p><b>*If pre-approved in writing by DOH</b>, agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.</p>	

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

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

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

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

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

**Program Specific Requirements/Narrative**

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

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

The Subrecipient must meet the required set of acceptable deliverables/outcomes and adhere to contractual obligations. The contract's acceptable deliverables/outcomes along with specified due dates will be determined by the DOH SNAP-Ed program and provided to the Subrecipient in writing. Based on contract performance (as documented in progress reviews, progress reports, project monitoring reports, and fiscal monitoring reports) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see <https://www.govregs.com/regulations/2/200.207>), DOH reserves the right to withhold up to 10% of funds from the next applicable payment to the Subrecipient for deliverables/outcomes that are documented as consistently incomplete; continually late (without approved extension by DOH in writing); found to be unacceptable or unsatisfactory according to the standards of acceptable deliverables/outcomes outlined in the Statement of Work; or, not carried out sufficiently or consistently and documented as such. After DOH SNAP-Ed provides documentation of the issue(s) and outlines the appropriate corrective action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the Subrecipient. If satisfactory corrective action is completed within 60 days, the funds withheld will be released to the Subrecipient. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each subsequent monthly payment until the appropriate corrective action is completed. If satisfactory corrective action is completed

after the 60-day window, the initial 10% of funds withheld will not be provided as reimbursement to the Subrecipient as penalty. The subsequent monthly withholdings (of up to 5% per month) will be reimbursed to the Subrecipient upon satisfactory completion of the corrective action. The Subrecipient may request reconsideration by submitting a letter to Washington Department of Health SNAP-Education, PO Box 47886, Olympia, WA 98504-7886, or in writing via email to [snap-ed@doh.wa.gov](mailto:snap-ed@doh.wa.gov).

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

#### **Additional Details Regarding Deliverables**

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

#### **Monitoring Expectations**

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

#### **Staff Requirements**

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

#### **Project Coordinator Requirements**

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

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

#### **Communication Requirements**

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

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

#### **SNAP-Ed Assurances:**

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

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

#### **SNAP-Ed Statewide Initiatives**

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

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

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

#### **Health and Safety**

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

to inability to adapt project activities as needed to safe, allowable alternatives will not be a permanent change in annual funding, unless accompanied by actions outlined under the ‘Contract Noncompliance and Corrective Action’ section.

### **Audits**

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

### **Indirect Rate/Allocation Plan**

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

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

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

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

### **Travel**

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

### **Amendments**

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

### **Overtime**

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

### **Special Funding Requirements**

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

**Special Billing Requirements**

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
  - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher.
  - A SNAP-Ed specific A19-1A must be submitted to the subrecipient’s designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
  - A Subrecipient may request pre-approval to bill every 2 months instead, in which case, that Subrecipient is required to adhere to the billing due dates provided by DOH.
3. The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a Subrecipient is unable to submit the SNAP-Ed A-19-1A on the due date, the Subrecipient is required to submit a request for an exception to the DOH no later than 7 days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
  - At the very least this means a copy of a Subrecipient’s financial expanded/detailed general ledger level report.
  - Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
5. If a Subrecipient meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH.
  - All new SNAP-Ed Subrecipients within their 1<sup>st</sup> fiscal year.
  - Subrecipients with current fiscal findings.
  - Subrecipients who have not submitted adequate or accurate backup documentation within the last year.
  - Subrecipients who receive a rating of “High” from the DOH Federal Subrecipient Risk Assessment Tool.

<b>BUDGET</b>	
<b>Source</b>	<b>Amount</b>
USDA	<del>\$341,263</del> <b>\$395,028</b>