

**Kitsap Public Health District
Consent Agenda
February 4, 2025**

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2110 Amendment 5 (2451)	N-21-060-A5	Jefferson County Public Health <i>Nurse Family Partnership (DCYF)</i>	Amendment	07/01/2024- 06/30/2025	\$5,270	\$0
Description: Amendment adds \$5,270 to Amendment 4 for a total of \$197,138 for services rendered during the term of July 1, 2024 through June 30, 2025.						
2441 Amendment 1	CLH32054	WA State Dept. of Health <i>Consolidated Contract</i>	Amendment	01/01/2025- 12/31/2027	\$4,984,236	\$0
Description: Adds statements of work for Foundational Public Health Services (FPHS), HIV Client Services-HOPWA Formula, Infectious Disease-HIV Community Services Ryan White Part B, Injury & Violence Prevention-LHJ Opioid Campaign Proviso, Maternal & Child Health Block Grant, Office of Drinking Water Group A Program, Office of Drinking Water Group B Programs, Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates, Office of Resiliency & Health Security-PHIP, Perinatal Program-Blue Band Nurse Family Partnership, Recreation Shellfish Activities, Supplemental Nutrition Assistance Program-Education and Youth Cannabis & Commercial Tobacco Prevention Program and includes \$4,984,238 in funding.						
2445	NA	Suquamish Indian Tribe <i>Nurse Family Partnership Supervisor</i>	Contract for Services	09-01/2024- 12/31/2026	\$60,000	\$0
Description: The District will provide Public Health Nurse services for Nurse Family Partnership (NFP) Supervisor Role to the Suquamish Indian Tribe to oversee the NFP home visiting program.						
2448	NA	WA State Dept. of Health <i>Acting Health Officer Coverage</i>	Interlocal Agreement	03/11/2025- 03/10/2026	\$0	\$0
Description: Agreement for acting Health Officer coverage between Washington State Department of Health and Kitsap Public Health during a vacancy or period of absence or incapacity.						

**Contract Amendment #5
Between
Kitsap Public Health District
And
Jefferson County Public Health**

Nurse Family Partnership

WHEREAS, Kitsap Public Health District (KPHD) (CONTRACTOR) and Jefferson County Public Health (JCPH) (COUNTY) entered into an agreement on July 1, 2021 for Professional Services and Amendments #1, #2, #3 and #4 to that agreement extended the term and the dollar amounts respectively to share Nurse Family Partnership (NFP) staff, training, and supervision with funds through the Department of Children Youth and Families (DCYF) Grant

WHEREAS, the parties desire to amend this agreement

IT IS AGREED BETWEEN BOTH PARTIES AS NAMED HEREIN AS FOLLOWS:

- 1.) This amendment adds \$5,270.00 to Amendment 4 for a total of \$197,138.00 for services rendered during the term of July 1, 2024 through June 30, 2025.
- 2.) All other terms and conditions of the agreement will remain the same.

Dated this _____ day of _____, 2025

(SIGNATURES FOLLOW ON THE NEXT PAGE)

JEFFERSON COUNTY WASHINGTON

Board of County Commissioners
Jefferson County, Washington

By: _____
Heidi Eisenhour, Chair

By: _____
Greg Brotherton, Commissioner


By: _____
Heather Dudley-Nollette, Commissioner

SEAL:

ATTEST:

Carolyn Gallaway
Clerk of the Board

Approved as to form only:

 for 01/17/2025

Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

KITSAP PUBLIC HEALTH DISTRICT

Yolanda Fong, Administrator
Kitsap County, WA

By: _____
Signature

Date: _____

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

CONTRACT NUMBER: CLH32054

AMENDMENT NUMBER: 1

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/sitespages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
 - Adds Statements of Work for the following programs:
 - Foundational Public Health Services (FPHS) - Effective January 1, 2025
 - HIV Client Services-HOPWA Formula - Effective January 1, 2025
 - Infectious Disease-HIV Community Services Ryan White Part B - Effective January 1, 2025
 - Injury & Violence Prevention-LHJ Opioid Campaign Proviso – Effective January 1, 2025
 - Maternal & Child Health Block Grant – Effective January 1, 2025
 - Office of Drinking Water Group A Program - Effective January 1, 2025
 - Office of Drinking Water Group B Programs - Effective January 1, 2025
 - Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective January 1, 2025
 - Office of Resiliency & Health Security-PHEP - Effective January 1, 2025
 - Perinatal Program-Blue Band Nurse Family Partnership - Effective January 1, 2025
 - Recreational Shellfish Activities - Effective January 1, 2025
 - Supplemental Nutrition Assistance Program-Education - Effective January 1, 2025
 - Youth Cannabis & Commercial Tobacco Prevention Program - Effective January 1, 2025
 - Amends Statements of Work for the following programs:
 - Deletes Statements of Work for the following programs:
2. Exhibit B-1 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-0 Allocations as follows:
 - Increase of **\$4,984,238** for a revised maximum consideration of **\$4,984,238**.
 - Decrease of _____ for a revised maximum consideration of _____.
 - No change in the maximum consideration of _____.
 - Exhibit B Allocations are attached only for informational purposes.
3. Exhibit C Federal Grant Awards Index, incorporated by this reference, and located in the ConCon, Funding & BARS library at the URL provided above.

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

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

This section intentionally left blank.

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

CONTRACT NUMBER: CLH32054

AMENDMENT NUMBER: 1

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

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

APPROVED AS TO FORM ONLY
Assistant Attorney General

Indirect Rate as of January 1, 2025: 28.76% Admin & CH Prgms; 31.32% EH Prgms

Chart of Accounts Program Title	Amend #	Federal Award Identification #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
FFY25 SNAP Ed Prog Mgmt Admin IAR	Amd 1	202525Q390347	10.561	333.10.56	01/01/25	09/30/25	10/01/24	09/30/25	\$63,344	\$63,344
FFY23 Hsng-PPL w/AIDS Formula HUD	Amd 1	WAH23-F999	14.241	333.14.24	01/01/25	09/30/25	08/10/23	08/09/26	\$104,300	\$104,300
FFY24 PHEP BP1-CDC-LHJ Partners	Amd 1	NU90TU000055	93.069	333.93.06	01/01/25	06/30/25	07/01/24	06/30/25	\$118,138	\$118,138
FFY24 State MH Innovation Prog State Mat	Amd 1	U7AMC50511	93.110	333.93.11	01/01/25	09/30/25	09/30/24	09/29/25	\$5,000	\$5,000
FFY24 CDC PPHF Ops	Amd 1	NH23IP922619	93.268	333.93.26	01/01/25	06/30/25	07/01/23	06/30/25	\$5,000	\$5,000
FFY24 Tobacco-Vape Prev CDC Comp 1	Amd 1	NU58DP006808	93.387	333.93.38	01/01/25	04/28/25	04/29/23	04/28/25	\$5,281	\$5,281
FFY25 HRSA MCHBG LHJ Contracts	Amd 1	NGA Not Received	93.994	333.93.99	01/01/25	09/30/25	10/01/24	09/30/25	\$119,891	\$119,891
SFY2 GFS - Group B	Amd 1		N/A	334.04.90	01/01/25	06/30/25	07/01/23	06/30/25	\$25,877	\$25,877
SFY25 LHJ Opioid Campaign Proviso	Amd 1		N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$31,526	\$31,526
Rec Shellfish/Biotoxin	Amd 1		N/A	334.04.93	01/01/25	06/30/25	07/01/23	06/30/25	\$6,700	\$6,700
SFY25 Dedicated Cannabis Account	Amd 1		N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$123,755	\$123,755
SFY25 Nicotine Addict Prev & Ed Pro	Amd 1		N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$50,265	\$50,265
SFY25 Youth Tobacco Vapor Products	Amd 1		N/A	334.04.93	01/01/25	06/30/25	07/01/24	06/30/25	\$26,161	\$26,161
FFY25 RW Grant Year Rebate	Amd 1		N/A	334.04.98	04/01/25	06/30/25	04/01/25	06/30/25	\$195,500	\$391,000
FFY24 RW Grant Year Rebate	Amd 1		N/A	334.04.98	01/01/25	03/31/25	04/01/24	03/31/25	\$195,500	\$195,500
SFY25 FPHS-LHJ Funds-GFS	Amd 1		N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$3,649,000	\$3,649,000
SFY25 FPHS-LHJ-Redirect Funds	Amd 1		N/A	336.04.25	01/01/25	06/30/25	07/01/24	06/30/25	\$250,000	\$250,000
YR 27 SRF - Local Asst (15%) SS	Amd 1		N/A	346.26.64	01/01/25	06/30/25	07/01/23	06/30/25	\$7,000	\$7,000
YR 27 SRF - Local Asst (15%) TA	Amd 1		N/A	346.26.66	01/01/25	06/30/25	07/01/23	06/30/25	\$2,000	\$2,000

EXHIBIT B-1
ALLOCATIONS
Contract Term: 2025-2027

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Contract Number: CLH32054
Date: January 1, 2025

Kitsap Public Health District

Indirect Rate as of January 1, 2025: 28.76% Admin & CH Pgms; 31.32% EH Pgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
									\$4,984,238	\$4,984,238
TOTAL									\$4,984,238	\$4,984,238
Total consideration:	\$0									
GRAND TOTAL	\$4,984,238								Total Fed	\$420,954
	\$4,984,238								Total State	\$4,563,284

*Assistance Listing Number fka Catalog of Federal Domestic Assistance
 **Federal revenue codes begin with "333". State revenue codes begin with "334".

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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. This SOW also includes one-time investments from the vape tax account.

NOTE: The full State Fiscal Year (SFY) 2025 (07/01/24-06/30/25) disbursement of FPHS funds for this statement of work (01/01/25-06/30/25) was made in July/August 2024 during the 2022-2024 consolidated contract term and is being included in this statement of work for informational purposes only. There will not be a reconciliation of these funds between the 2022-2024 consolidated contract and the new 2025-2027 consolidated contract. There is no requirement to report unused funds from the 07/01/24-12/31/24 period. It is acknowledged that existing obligations for this funding continue forward and remain in effect in the new contract. These obligations include, but are not limited to, completion of the annual report due after 06/30/25 and fulfillment of all contractual terms and conditions as specified in the prior consolidated contract term that ended 12/31/24.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY25 FPHS-LHJ FUNDS-GFS	99210850	N/A	336.04.25	01/01/25	06/30/25	0	3,649,000	3,649,000
Note: Total SFY25 Allocation is for 07/01/24-06/30/25								
SFY25 FPHS - LHJ - REDIRECT FUNDS	99210841	N/A	336.04.25	01/01/25	06/30/25	0	250,000	250,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	3,899,000	3,899,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$1,278,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$687,000
5	CD - NEW SFY 24 Immunization Outreach, Education & Response – 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>	\$225,000
6	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$150,000
7	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$50,000
8	FC - NEW SFY 24 Public Health Communications – 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>	\$200,000
9	Lifecourse - NEW SFY 24 Illicit Substance Use and Overdose Response – 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>	\$150,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – 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>	\$205,000
11	CD – Hepatitis C – 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>	\$37,000
12	CD – Case Investigation Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$354,000
13	CD – Tuberculosis Program – 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>	\$21,000
14	MCH – Child Death Review – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$83,000
15	EPH – Radiation Emergency Preparedness – 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>	\$38,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
16	EPH Core Team – Climate Change Response – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$43,000
17	EPH Core Team – Water System Capacity – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$38,000
18	STI/HCV Foundational Services	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$250,000

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

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per 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, 564-200-3166
 - Brianna Steere, FPHS Policy Advisor, WSALPHO – 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.

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 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).
Exhibit A, Statement of Work

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.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference

562.xx	BARS Expenditure Codes for FPHS activities: see below
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools

47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

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

- [FPHS Intent – RCW 43.70.512](#)
- [FPHS Funding – RCW 43.70.515](#)
- [FPHS Committee & Workgroup Charter](#)
- [FPHS Steering Committee Consensus Decision Making Model](#)

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

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

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

Targeted Investments to Each LHJ:

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

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

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

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

4. Lifecourse – 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.

18. One-time funds to support capacity and expertise to respond to STIs and hepatitis C.

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

DOH Program Name or Title: HIV Client Services-HOPWA Formula - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 HSNP-PPL W/AIDS FORMULA HUD	12660231	14.241	333.14.24	01/01/25	09/30/25	0	104,300	104,300
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	104,300	104,300

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families. The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program. Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).	-Perform prompt housing inspections. -Make prompt rent and deposit payments to landlords and make utility payments to utility companies. -Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually. -Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.	Required reports are to be submitted in a timely manner. DOH may delay payment until the reports are received or recapture unclaimed funds.	Administrative: \$6,050 Support Services: \$750 STRMU: \$13,500 Tenant Based Rental Assistance: \$78,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services. -Submission of Consolidated Annual Performance Report (CAPER) by requested due date. -Submission of Monitor responses by the due date requested.		Permanent Housing Placement: \$6,000 TOTAL: \$104,300

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

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

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

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

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

Program Specific Requirements

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

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

Compensation and Payment:

- i) The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **October 31, 2027**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
- iv) **Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.

E-mail invoices to: ID.Operations@doh.wa.gov

Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

- (1) **Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.

(2) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

Confidentiality Requirements:

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

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

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

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

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

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

DOH Program Name or Title: Infectious Disease-HIV Community Services Ryan White Part B - Effective January 1, 2025 **Local Health Jurisdiction Name:** Kitsap Public Health District **Contract Number:** CLH32054

SOW Type: Original **Revision # (for this SOW)** **Funding Source**
 Federal <Select One> **Federal Compliance (check if applicable)**
 State FFATA (Transparency Act) Reimbursement
 Other Research & Development Fixed Price

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

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

Revision Purpose: N/A

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
12618540	N/A	334.04.98	01/01/25	03/31/25	0	195,500	195,500
12618550	N/A	334.04.98	04/01/25	06/30/25	0	195,500	195,500
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	391,000	391,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Core Services				
Case Management Anticipated number of clients to be served.	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. Agency must track and report data within the Provide database all Performance Measures related to this Service	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"> Agency must complete eligibility assessment annually. Comprehensive assessment must be completed within the first 30 days of completing intake and updated every 	Total reimbursement not to exceed \$294,314 See split out below by code. \$147,157 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Activities may include:</p> <ol style="list-style-type: none"> 1) initial assessment of need. 2) development of individualized care plans. 3) coordinated access to health and support services. 4) client monitoring to assess the care plan. 5) re-evaluation of the care plan. 6) ongoing assessment of client's needs. 7) treatment adherence counseling. 8) client specific advocacy or review of utilization of services. 9) benefits counseling. <p>ROIs must be obtained for DOH, HCA, and HIV medical provider.</p> <p>Contractor must bill Title XIX monthly and report to DOH on the expense summary form.</p> <p>Any exceptions require prior approval from DOH HIV Community Services Program Manager.</p> <p>Any staff vacancies must be reported to DOH within 30 days of vacancy.</p> <p>Employee Change Form</p>	<p>Category as directed by DOH Quality Management Team (CQM).</p> <p>Client must have current Ryan White Eligibility.</p>	<p>five years unless significant changes have occurred with the client.</p> <ul style="list-style-type: none"> • ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months. <p>Medical appointments must be reported at minimum annually.</p>	<p>\$147,157 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
Supportive Services				
<p>Outreach Services – Peer Navigation</p> <p>Anticipated number of clients to be served.</p> <p>75 Clients</p>	<p>Outreach Services provide the following Peer Navigation activities:</p> <ol style="list-style-type: none"> 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services. 	<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>Anticipated number of clients to be served.</p> <p>One-on-one Caseload: Peer group participants:</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>Total reimbursement not to exceed \$53,336.</p> <p>See split out below by code.</p> <p>\$26,668 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>Food Bank Anticipated number of clients to be served. 50 Clients</p>	<p>3) Peer Navigators must be added to the client's Care Team in the Provide database. 4) Peer Navigators will conduct Quality-of-Life survey with their peer clients every six months, aligning with ISP review. 5) Peer Navigators will participate in ISP development and review based on Quality-of-Life survey. 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. Funds cannot be used to pay for event materials such as promotional and/or personal items. Any staff vacancies must be reported to DOH within 30 days of vacancy. Employee Change Form *** Please see the Terms and Conditions Section 3D regarding Peer Navigation Program Expectations.***</p>	<p>Community facing peer support: Short-term peer navigation:</p>		<p>\$26,668 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
<p>Food Bank Anticipated number of clients to be served. 50 Clients</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). ***See terms and conditions section 11, bullet A, sub-section XIII***</p>	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category. Client meals for activities such as focus groups, support groups, etc. must follow per diem guidelines identified in the terms and condition section below. Client must have current Ryan White Eligibility.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided. Services provided must include the dollar amount of the service provided.</p>	<p>Total reimbursement not to exceed \$9,250. See split out below by code. \$4,625 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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,¹ vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p>¹ 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>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.</p>		<p>\$4,625 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
Housing	<p>Housing is limited to short-term assistance to support emergency, temporary, or transitional housing to</p>	<p>Agency must track and report client level data within the Provide database 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 service provided.¹</p>	<p>Total reimbursement not to exceed \$9,754.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>Anticipated number of clients to be served.</p> <p>12 Clients</p>	<p>enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.</p> <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>Ryan White Housing Funds must be the payor of last resort.</p> <p>One-time payments for rent or utilities are unallowable and must be reported under emergency financial assistance.</p> <p>Allowable Costs:</p> <ul style="list-style-type: none"> • Rent • Past due rent (to include late fees) • Lot rent • Essential utilities (gas, electric, water, propane) • Past due essential utilities (to include late fees) • Background check/housing application • Hotel/Motels <p>Any payment greater than \$3,000 must be pre-approved by DOH.</p>	<p>Agency must:</p> <ul style="list-style-type: none"> • Ensure clients meet all Ryan White eligibility requirements prior to providing any assistance. • Complete a housing assessment and develop an individualized housing plan¹ for each client receiving housing services. (Housing plans are not required for background checks/housing applications) • Reassess clients for housing assistance if they have been closed for more than 90 days and complete a new individualized housing plan. • Have mechanisms in place to ensure newly identified clients have access to housing services. • Not duplicate the Housing services or benefits provided by HOPWA. • Have housing need(s) documented in ISP. • Ensure client file includes evidence of tenancy and/or appropriate documentation to support payment. • Document client closure from housing services with clear rationale. Documentation must include: <ul style="list-style-type: none"> o Services needed/actions taken, if applicable o Date of discharge o Reason(s) for discharge o Referrals made at time of discharge, if applicable <p>¹ 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</p>	<p>¹Services 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>Active housing clients must have at least one documented contact every 30 days.</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>	<p>See split out below by code.</p> <p>\$4,877 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$4,877 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Refundable and non-refundable deposits are unallowable unless your agency has approved policies and procedures on file with HIV Community Services.</p> <p>Any staff vacancies must be reported to DOH within 30 days of vacancy.</p> <p>Employee Change Form</p>	<p>to be provided by the Housing Case Manager.</p>		
<p>Linguistic Services (Required Activity)</p>	<p>Provision of interpretation (oral) and translation (written) services to eligible clients. Services are provided as a part of HIV service delivery between the healthcare provider and the client when necessary to:</p> <ul style="list-style-type: none"> Facilitate communication between the provider and client. Support delivery of HIV Community Services. <p>Translation and interpretation services are only allowable in the Linguistic Services task.</p> <p>Services must be provided by a qualified linguistic service professional.</p> <p>See terms and conditions Section 10 for CLAS standards.</p>	<p>Agency must track and report client level data within the Provide database 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>Total reimbursement not to exceed \$0.</p> <p>See split out below by code.</p> <ul style="list-style-type: none"> – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25
<p>Medical Transportation</p> <p>Anticipated number of clients to be served.</p> <p>15 Clients</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"> providers of transportation services. 	<p>Agency must track and report client level data within the Provide database all activity related to this Service Category.</p> <p>Client must have current Ryan White Eligibility.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>Services provided must include the dollar amount of the service provided.</p>	<p>Total reimbursement not to exceed \$3,526.</p> <p>See split out below by code.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs.</p> <p>3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed.</p> <p>4) voucher or token systems.</p> <p>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,¹ vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p>¹ 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</p>	<p>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to small and attractive items policy.</p>		<p>\$1,763 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$1,763 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>Psychosocial Support Services Anticipated number of clients to be served. 75 Clients</p>	<p>are co-branded 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. 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. Any food provided for support groups must be billed under the food bank/ hot meals task.</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>Total reimbursement not to exceed \$6,214. See split out below by code. \$3,107 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 \$3,107 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
<p>Ryan White Part B HIV Clinical Quality Management (CQM)/Improvement Required Activity</p>	<p>CQM activities should be continuous, fit within and support the framework of improving client care, health outcomes, and client satisfaction. 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. Performance measurement prioritization and alignment with</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. Agency must submit an Annual CQM Plan by April 1st to the DOH Quality Management Coordinator. CQM plan must include Ryan White Part B specific activities. HRSA/HAB Clinical Performance Measures – Core 1. HIV Viral Load Suppression 95% therapy 90% 2. Prescription of HIV antiretroviral 3. Medical visit frequency 90% 4. Gap visits 20% or less *Reverse measure 5. Annual retention care 80%</p>	<p>Agency must submit quarterly reports to HIV.QualityImprovement@doh.wa.gov 1st Quarter 1/1 - 3/31 Due 4/30 Annual CQM Plan (Apr 1) 2nd Quarter 4/1 – 6/30 Due 7/30 3rd Quarter 7/1 – 9/30 Due 10/30 4th Quarter 10/1 – 12/31 Due 1/30</p>	<p>Total reimbursement not to exceed \$7,106. See split out below by code. \$3,553 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25 \$3,553 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>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>Any food provided to clients for CQM activities must be billed under the food bank/ hot meals task.</p>	<p>HRSA/HAB Case Management Performance Measure</p> <ol style="list-style-type: none"> 1. Care plan 90% 2. Gap in HIV medical visits 20% or less * Reverse measure 3. HIV medical visit frequency 90% <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"> A.) Annual Client Satisfaction Survey's And/or B.) Quarterly Consumer/Client Advisory Board <p>Deliverables for this reporting period have been identified and can be referenced in the Ryan White Part B Statewide Quality Management Plan.</p> <p>*** Please see the Terms and Conditions Section 3E regarding Community Engagement expectations.***</p>	<p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p> <p>Client must have current Ryan White Eligibility.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹Services provided must include the dollar amount of the service provided.</p>	<p>Total reimbursement not to exceed \$7,500.</p> <p>See split out below by code.</p> <p>\$3,750 – MI 12618540 – FFY24 RW Grant Year Rebate for 1/1/25-3/31/25</p> <p>\$3,750 – MI 12618550 – FFY25 RW Grant Year Rebate for 4/1/25-6/30/25</p>
<p>Emergency Financial Assistance</p> <p>Anticipated number of clients to be served.</p> <p>15 Clients</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, housing¹, 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>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Any service(s) costing greater than \$1,000 must be pre-approved by DOH.</p> <p>¹ 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.</p> <p>Allowable housing costs: Rent Utilities</p> <p>Housing assistance is limited to one month of rental/utility assistance in a calendar year.</p> <p>Refundable and non-refundable deposits are unallowable costs.</p>			

DOH Program and Fiscal Contact Information for all ConCon SOW's can be found on the [DOH Finance SharePoint](https://www.doh.wa.gov/Information/Programs-and-Services/Our-Programs/Financial-Management/DOH-Finance-SharePoint) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Program Specific Requirements

SPECIAL PROGRAM REQUIREMENTS

1. Reminder: DOH cannot reimburse indirect costs without a current/approved rate or De Minimus rate certification on file. Please ensure the new and approved rate is submitted to the DOH Fiscal Monitoring Unit (FiscalMonitoring@doh.wa.gov) when the rate expires.
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/NARRATIVE

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** –
- 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, new hires, position changes, or staff on extended leave related to contracted positions by completing the [Employee Change Form](#). An updated budget may be required.
 - i. Any new 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 OIID 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’.
 - 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
 - a) New Case Manager and HIV Peer Navigator Training
 - b) 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
- 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](#).
- 4) Ensure agency Ryan White Part B Dashboard and HRSA/HAB reports are up to date when submitted. Develop and conduct a satisfaction survey specific to Ryan White Part B Services.
- 5) CONTRACTOR may solicit additional client feedback through the implementation of focus groups and/or Client Advisory Boards (CAB). Establish an internal process and procedure to ensure continuous Quality Improvement/Quality Assurance activities are completed monthly. Ensure client profiles are properly closed out within 30 days in the event of;
 - a) Client relocation out of state
 - b) Client no longer meeting eligibility requirements
 - c) Client declines or disengages with services
 - d) 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
- 6. 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, contact 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 tasks 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:
 - i. Personal information as defined in [RCW 42.56.590](#) and [RCW 19.255.010](#).
 - ii. Information about public employees as defined in [RCW 42.56.250](#).
 - iii. Lists of individuals for commercial purposes as defined in [RCW 42.56.070\(8\)](#)
 - iv. 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:
 - i. Especially strict handling requirements are dictated, such as by statutes, regulations, agreements, or other external compliance mandates.
 - ii. 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 and meet one of the following lab result criteria:

- a. **Not-In-Care (NIC):** This person has no 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.
- b. **Not-Virally-Suppressed (NVS):** This person has had a VL conducted in the previous 15 months, but a VL $>$ 200 copies/mL, at the time of last report. DOH will provide the CONTRACTOR with a list of Provide Client ID's who meet the above criteria, at least 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.

- i. **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.
- ii. **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. All A19 invoice vouchers must be submitted by the 25th of the following month. 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 to 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 state 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 WaTech IT Security Standard SEC-04, which includes SEC-04-06-S Mobile Device Security Standard and SEC-04-01-G Media Handling and Data Disposal Best Practices <https://watech.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.
 - a) **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.
 - b) **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 contract 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 requests 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:

- 1) HIV service providers providing case management, outreach services, or other support services.

- 2) Medical Providers providing services to agency's medical case management clients
- 3) 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: 2025-2027**

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

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

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

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

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

Revision Purpose: N/A

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

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

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

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

Program Specific Requirements

Billing Requirements:

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

Special Instructions:

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

Budget Table

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

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

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

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

DOH Program Name or Title: Maternal & Child Health Block Grant-
Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY25 HRSA MCHBG LHJ CONTRACTS	78101251	93.994	333.93.99	01/01/25	09/30/25	0	119,891	119,891
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	119,891	119,891

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period from October 1, 2024 through March 31, 2025.	Submit actual expenditures using the MCHBG Budget Workbook to DOH Community Consultant.	May 16, 2025	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.
1b	Develop 2025-2026 MCHBG Budget Workbook for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG Budget Workbook to DOH Community Consultant.	September 5, 2025	
1c	Participate in DOH-sponsored annual MCHBG meeting.	LHJ Contract Lead or designee will attend meeting.	September 30, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Implementation				
2a	Report 2024-25 MCHBG-funded activities and outcomes using DOH-provided reporting template. As a foundation of your MCHBG work determine how processes and programs can close gaps in health outcomes.	Submit monthly reports to DOH Community Consultant. Describe in your updates within each activity of the monthly report how you are intentionally focused on closing gaps in health outcomes.	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	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.
2b	Develop 2025-26 MCHBG reporting document for October 1, 2025 through September 30, 2026 using DOH-provided template.	Submit MCHBG reporting document to DOH Community Consultant.	Draft – August 15, 2025 Final – September 12, 2025	See Program Specific Requirements and Special Billing Requirements.
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	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 DOH-CHIE@doh.wa.gov and indicate that zero clients were served during the quarter. No spreadsheet is necessary when zero clients are served.	Submit data to DOH per CYSHCN Program guidance.	January 15, 2025 April 15, 2025 July 15, 2025	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.
3b	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.	See Program Specific Requirements and Special Billing Requirements.
3c	Review your program’s entry on ParentHelp123.org annually for accuracy.	Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with WithinReach/Help Me Grow.	September 30, 2025	
3d	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.	Submit updates as part of monthly reporting document.	January 15, 2025 February 15, 2025 March 15, 2025 April 15, 2025 May 15, 2025	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
MCHBG Assessment and Evaluation				
4a	As part of the ongoing 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH using DOH-provided reporting template.	Submit documentation as requested by DOH.	September 30, 2025	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.

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

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

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

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

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

Program Specific Requirements

Special 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 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:

- CYSHCN Information and Resources: [Children and Youth with Special Health Care Needs Website\(wa.gov\)](#)
- [Health Services Authorization \(HSA\) Form](#)

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

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

Check-ins with DOH Community Consultant 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 Community Consultant for approval of expenses not reflected in approved budget workbook.

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

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2025 **Local Health Jurisdiction Name:** Kitsap Public Health District **Contract Number:** CLH32054

SOW Type: Original **Revision # (for this SOW)** 0

Period of Performance: January 1, 2025 through January 1, 2027

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
YR 27 SRF - LOCAL ASST (15%) SS	24119227	N/A	346.26.64	01/01/25	06/30/25	0	7,000	7,000
YR 27 SRF - LOCAL ASST (15%) TA	24119227	N/A	346.26.66	01/01/25	06/30/25	0	2,000	2,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	9,000	9,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office. See Special Instructions for task activity. The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.	Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include: 1. Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. 2. Completed Small Water System checklist. 3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features	Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.	Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections. Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system. Payment is inclusive of all associated costs such as travel, lodging, per diem.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>	<p>5. Any other supporting documents.</p> <p>*Final Reports reviewed and accepted by the ODW Regional Office.</p> <p>Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.</p>	<p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p> <p>Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>
3	<p>Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.</p> <p>See Special Instructions for task activity.</p>	<p>Provide completed TA Report and any supporting documents and photos to ODW Regional Office.</p>	<p>Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.</p>	<p>Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:</p> <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 <p>Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.</p> <p>Late or incomplete reports may not be accepted for payment.</p>

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

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

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

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

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

Program Specific Requirements

Data Sharing

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

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

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of **\$7,000 for Task 1**, and **\$2,000 for Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

- No more than **14** surveys of non-community systems with three or fewer connections be completed between January 1, 2025 and December 31, 2025.
- No more than **7** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2025 and December 31, 2025.

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

Task 2

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

Task 3

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

Task 4

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

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

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

DOH Program Name or Title: Office of Drinking Water Group B Program – Effective January 1, 2025 **Local Health Jurisdiction Name:** Kitsap Public Health District **Contract Number:** CLH32054

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide financial support to LHJs implementing local Group B water systems programs.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY2 GFS – GROUP B	24110853	N/A	334.04.90	01/01/25	06/30/25	0	25,877	25,877
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	25,877	25,877

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Implement a MEMORANDUM of AGREEMENT Group B water system program. [Reference DOH MOA #CLH23660-0]	An executed Memorandum of Agreement (MOA) with DOH identifying responsibilities of a full Group B program through a Local Ordinance.	January 1, 2025 thru June 30, 2025	Lump sum payment (See Special Billing Requirements)

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.

Special Billing Requirements:

For January 1, 2025 thru June 30, 2025, LHJ shall submit one invoice no later than June 30, 2025 and payment cannot exceed a maximum cumulative fee of \$25,877.

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 CDC PPHF OPS	74310246	93.268	93.268	01/01/25 06/30/25	0	5,000	5,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	5,000	5,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	January 15, 2025	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Within six (6) months of the start of the contract provide a Budget Forecast.	Submission of Budget Forecast form provided by Department of Health stating spend down of remaining funds.	January 15, 2025	
3	Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates] Examples: <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines 	Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?]. (Template will be provided)	June 16, 2025	

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

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

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

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

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

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

Program Specific Requirements

Unallowable Costs:

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

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

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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

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

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

Revision Purpose: NA

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

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
1 Contact Information Framework 2 – Enhance Partnerships	Submit names, position titles, email addresses, and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit any changes within 30 days of the change. End-of-year reports on template provided by DOH. Note any changes or no changes.	Within 30 days of the change. June 30, 2025	Reimbursement for actual costs not to exceed total funding allocation amount.

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
<p>2 LHJ Performance Measures Framework 6 – Modernize data collection and systems</p>	<p>Submit LHJ Performance Measure Data as requested on the form provided by DOH.</p>	<p>LHJ Performance Measure Data on the form provided by DOH.</p>	<p>June 30, 2025</p>	
<p>3 Additional Information Required by CDC Framework 4 – Improve administrative and budget preparedness systems</p>	<p>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.</p>	<p>Information requested by DOH.</p>	<p>As requested by DOH.</p>	
<p>4 Risk Assessment Framework 1 – Develop threat-specific approach Framework 3 – Expand local support Framework 8 – Incorporate health equity practices</p>	<p>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.</p>	<p>Public Health Disaster Risk Assessment</p>	<p>June 30, 2025</p>	
<p>5 Planning Framework 4 – Improve administrative and budget preparedness systems Framework 8 –</p>	<p>Complete multiyear integrated preparedness plan using lessons learned from emergency responses, with critical response and recovery partners. Engage partners to incorporate health equity principles. Including (but not limited to): <ul style="list-style-type: none"> • Administrative preparedness plans. • Recovery operations. • Incident response improvement plan data elements. </p>	<p>Multiyear integrated preparedness plan.</p>	<p>June 30, 2025</p>	

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

Task #	Activity	Deliverables/Outcomes	Due Date	Payment Information and/or Amount
	<p>Recommended Training:</p> <p>Public health preparedness and recovery staff, including exercise planning staff:</p> <ul style="list-style-type: none"> • Incident Command System (ICS) 100: Introduction to ICS • ICS 700: An Introduction to the National Incident Management System (NIMS) • ICS 800: National Response Framework. An Introduction • IS-120.C: An Introduction to Exercise • IS-2900.A: National Disaster Recovery Framework (NDRE) Overview • Homeland Security Exercise and Evaluation Program • Preparation for Resource Providers <p>Health Department supervisory positions:</p> <ul style="list-style-type: none"> • ICS 200: Basic ICS for Initial Response • Independent Study (IS)-2200: Basic Emergency Operations Center Functions <p>Staff with designated response roles:</p> <ul style="list-style-type: none"> • ICS 300: Intermediate ICS for Expanding Incidents • Crisis and Emergency Risk Communication (CERC) <p>Senior staff who support the management of large/complex responses (incidents across multiple locations or over a large area):</p> <ul style="list-style-type: none"> • ICS 400: Advanced ICS <p>Notes: Prior approval from DOH is required for any out-of-state travel paid for with PHEP funding.</p> <p>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.</p>			

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

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

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

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

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

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

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

Program Specific Requirements

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/Budget Period 1 | State and Local Readiness | CDC](#)

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200
Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards
[CFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

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

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing food or beverages (unless employees are in travel status, then reimbursement of food and beverages is allowable).
- Purchasing equipment (see definition of equipment in 2 CFR 200, link above).
- Disposition of equipment with a current value of (see 2 CFR 200, link above).
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

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

BILLING:

All expenses on invoices must be related to Statement of Work Tasks.

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

- If invoices include indirect costs, there must be a DOH approved indirect rate cost agreement.
- If there are no expenses related to this Statement of Work for a month, let the DOH Fiscal Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

DOH Program Name or Title: Perinatal Program-Blue Band Nurse Family Partnership - Effective January 1, 2025 **Local Health Jurisdiction Name:** Kitsap Public Health District
SOW Type: Original **Revision # (for this SOW)** **Contract Number:** CLH32054

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

Statement of Work Purpose: Maternal health and birth outcomes are associated with a population’s access to quality medical care, public health policies and practices, as well as social, economic, and environmental conditions that influence a person’s health. The Washington State Department of Health funds multiple communities and facilities around Washington State to provide holistic, culturally appropriate approaches to improving the health of mothers and babies. This statement of work is to support the county health district to continue to treat maternal hypertension during delivery and post-partum.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 STATE MH INNOVATION PROG STATE MAT	78410240	93.110	333.93.11	01/01/25 09/29/25	0	5,000	5,000
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	5,000	5,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Support the Hypertension program (Blue Band) in the County-based program [Nurse Family Partnership (NFP)]. <ul style="list-style-type: none"> Obtain supplies for the program. Provide culturally appropriate services including translation and translation of materials. Provide programming and supplies for programming for pregnant and postpartum families in the program. 	Provide DOH with a policy/procedure that has been integrated into your program. Provide DOH with any (unidentified) data related to the hypertension in pregnancy program (Blue Band).	Due September 30, 2025	Reimbursement for actual costs up to \$5,000

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

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

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

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

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

Program Specific Requirements

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

- This contract contains federal funds. Services shall be provided in accordance with applicable federal regulations and be consistent with the intent of federal guidelines and policies.
- Contract funds are available for the budget periods and tasks specified in the contract budget. Budget time frames are determined by the funding sources and may be different for different contract tasks. Funds unexpended at the end of their budget periods will no longer be available.

Billing Requirements:

- Payment will be based on reimbursement for allowable costs. Documentation of costs must accompany each invoice.
- LHJ will invoice no more than monthly and no less than quarterly.
- LHJ shall maintain documentation to support billings for actual expenditures.
- Indirect expenses are allowed if the LHJ has a federally approved indirect rate or methodology.
- The final invoice for the budget period is due no later than 60 days after the end of the budget period which is 9/29/25.
- Invoices will be submitted on A19 provided by DOH.
- The LHJ may bill incrementally for progress on tasks, but the entire product will be delivered for the amount specified regardless of time spent on the task.

Special Instructions:

- Deliverables will be sent via email.
- Deliverables must be labeled with contract number and date.
- Deliverables are subject to review by contract manager.
- Changes to deliverable dates (within the timeframe of this statement of work) must have prior email approval from the DOH contract manager.

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

DOH Program Name or Title: Recreational Shellfish Activities -
Effective January 1, 2025

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

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

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
REC. SHELLFISH/BIOTOXIN	26402600	N/A	334.04.93	01/01/25	06/30/25	0	6,700	6,700
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	6,700	6,700

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Conduct emergency biotoxin sampling when needed. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. Issue biotoxin news releases during biotoxin closures in Kitsap County. This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 	Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs.	Email Report to DOH by February 18, 2025 (See Special Instructions below.)	\$6,400

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Outreach <ul style="list-style-type: none"> • Staff educational booths at local events. • Distribute safe shellfish harvesting information. 	Submit annual report including the number of events staffed and amount of educational materials distributed.	Email Report to DOH by February 18, 2025	\$200
3	Other Maintain a 24-hour toll free recreational shellfish hotline	Report the number of phone calls received.	(See Special Instructions below.) Email Report to DOH by February 18, 2025 (See Special Instructions below.)	\$100

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

Program Specific Requirements

Program Manual, Handbook, Policy References:
 Department of Health’s Biotoxin Monitoring Plan

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

Chapter 246-280 WAC

<https://doh.wa.gov/community-and-environment/shellfish/recreational-shellfish>

<https://doh.wa.gov/about-us/programs-and-services/environmental-public-health-and-safety/about-shellfish-program/about-biotoxins-and-illness-prevention-program>

Special Instructions:

Report for work performed in 2024 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 18, 2025.

The report format will be provided by DOH and may be modified throughout the period of performance via email announcement.

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

DOH Program Name or Title: Supplemental Nutrition Assistance Program - Education - Effective January 1, 2025 **Local Health Jurisdiction Name:** Kitsap Public Health District
SOW Type: Original **Revision # (for this SOW)** **Contract Number:** CLH32054

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2025 through December 31, 2027

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

Revision Purpose: N/A

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

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

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

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

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

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

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

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

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

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

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

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

Program Specific Requirements

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

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

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

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

Additional Details Regarding Deliverables

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

Monitoring Expectations

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

Staff Requirements

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

Project Coordinator Requirements

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

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

Communication Requirements

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

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

SNAP-Ed Assurances:

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

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

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

SNAP-Ed Statewide Initiatives

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

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

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

Health and Safety

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

Audits

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

Indirect Rate/Allocation Plan

All indirect rate/allcation 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 on an annual basis."

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

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

Travel

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

Amendments

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

Overtime

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

Special Funding Requirements

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

Special Billing Requirements

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

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

BUDGET	
Source	Amount
USDA	63,344

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

DOH Program Name or Title: Youth Cannabis & Commercial Tobacco Prevention Program - Effective January 1, 2025

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH32054

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

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

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

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 TOBACCO-VAPE PREV CDC COMP 1 (CDC)	77410240	93.387	333.94.38	01/01/25 04/28/25	0	5,281	5,281
SFY25 YOUTH TOBACCO VAPOR PRODUCTS (YTVP)	77410650	N/A	334.04.93	01/01/25 06/30/25	0	26,161	26,161
SFY25 NICOTINE ADDICT PREV & ED PRO (NAPE)	77410850	N/A	334.04.93	01/01/25 06/30/25	0	50,265	50,265
SFY25 DEDICATED CANNABIS ACCOUNT (DCA)	77420650	N/A	334.04.93	01/01/25 06/30/25	0	123,755	123,755
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	205,462	205,462

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	IMPLEMENT ANNUAL WORK PLAN AND REPORT PROGRESS	Based on the specific timeline developed by the YCCCTPP contract manager and the contractor, they will report on activities progress and data by the 20th of each month. Contractor will share network progress on a six-month basis through electronic survey that focuses	20 th of each month.	Funding utilized: CDC1, YTVP, NAPE, DCA Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCCTPP expenditures must continue

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	ASSESS PROGRAM IMPLEMENTATION	<p>on successes and challenges of their network and the YCCTPP program.</p> <p>Contractor will create annual report based on monthly and six-month reporting for their regional network due 30 days after the period of performance. Report guidelines and expectations will be provided by DOH for more information.</p> <p>Contractor will participate in state evaluation of YCCTPP, their networks, and the Practice Collaborative.</p> <p>Contractor will participate in region or population needs assessment every 2 years to update community/population data and needs.</p> <p>Contractor will participate in creation and updating of the 5-year strategic plan for the YCCTPP Program.</p>	<p>Annual Report- 30 days after the period of performance</p> <p>Needs assessment- every 2 years.</p>	<p>to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>
3	Policies, Systems & Environmental Work	<p>Contractor will work to strengthen or defend existing policy, systems, or environmental change (ex: SIPP and VIPP laws).</p> <p>Contractor will educate private and public organizations of current policies in place.</p> <p>Contractor will work to establish new policy, systems or environmental change that is equitable.</p> <p>Contractor will ensure that an existing policy, systems, or environmental change is properly implemented (including funding) and evaluated/monitored.</p>	<p>Length of funding allotted</p>	<p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>
4	Education & Technical Assistance	<p>Contractor will provide technical assistance regarding commercial tobacco (including e-cigarettes/vapor products) to community partners, and decision makers.</p>	<p>Length of funding allotted</p>	<p>Funding utilized: CDC1, YTVP, NAPE, DCA</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>Collaboration & Engagement</p>	<p>Contractor will host or speak at trainings or community events to educate others regarding prevention and education for commercial tobacco to increase the knowledge skills, and abilities of network members, community partners, and other community stakeholders.</p> <p>Contractor will disseminate resources (ex: TUDT) provided by YCCTPP and/or developed local to CBOs, centers, and networks supporting disparately affected communities that address emerging commercial tobacco/e-cigarettes and are culturally & linguistically appropriate, trauma-informed & equity-based.</p> <p>Contractor will collaborate with YCCTPP program partners and external organizations (CBOs, CPWI, TPWI, ACH, DFC, etc.) to support prevention efforts for the youth and their community.</p> <p>Contractor will educate individuals, public and private organizations on the value of YCCTPP, utilizing material provided by DOH or created by their own organization network or another YCCTPP contractor/network.</p> <p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>	<p>Length of funding allotted</p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>Funding utilized: CDC1, YTVP, NAPE, DCA</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>

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

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

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

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

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

Program Specific Requirements

For MI Codes 77410850, 77410650, 77420650: To be in compliance with grant requirements, contractor will:

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. Maintain a regional network of prevention partners.
 - i. **A Network** - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.
 - ii. **Minimum Requirements for A Network** (See [Implementation Guide for further guidance](#)):
 - 1) A Network Coordinator (minimum of 1.0 FTE)
 - 2) Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)
 - 3) A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.
 - 4) A Network Administrative Plan
3. Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:
 - i. YCCTPP quarterly meetings, tentatively scheduled: March 11, 2025, and May 20-22, 2025.
 - ii. Monthly check-ins with contract manager
 - iii. Contractor will participate in a DOH site visit once per biennium.
 - iv. Optional: Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
 - v. Optional: Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.

4. Contractor will serve as YCCTTP Representative of their region/population for Washington State.

5. Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.

6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.

7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

For MI Code: 77410240: To be in compliance with grant requirements, the contractor will:

1. Participate in required conference calls (including kick off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.
2. Submit an Annual Budget according to the deadlines in Section E below.

3. Submit an Annual Work Plan that is supplemental to the state contract, according to the deadlines in Section E below.
4. Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
5. Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
6. Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.
7. Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

DOH will support Contractor by providing:

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

Subcontractor Requirements:

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

BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE

Deliverable	Due Date	Funding Source
Monthly Progress Reporting	Due the 20 th of each month	YTVP DCA NAPE
Annual Report	Due within 30 days after the period of performance. July 31, 2025 (based on 24-25 Contract Funding)	YTVP DCA NAPE

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

EXPENDITURE REPORT AND REQUEST FOR REIMBURSEMENT -

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

Consolidated Contracts (LHJs):

- A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.
- Year-end projections and Final Expenditures are due as follows:
 - For CDC1 funding: Year-end projections are due April 15, 2025. **Final Expenditure Reports and invoices are due no later than May 14, 2025, and must be marked FINAL INVOICE**
 - For YTVP, NAPE, DCA Funding: Year-end projections are due June 14, 2025. **Final Expenditure Reports and invoices are due no later than July 15, 2025, and must be marked FINAL INVOICE.**

Payment

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments. DOH shall reimburse the contractor for approved costs outlined in the Implementation Guide and for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: January 1, 2025 – April 28, 2025 & January 1, 2025 – June 30, 2025, Billings for services on a monthly fraction of the budget will not be accepted or approved.
- Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and/or Request for Reimbursement form (A19). If A19's are not submitted within 45 days of the month when expenditures were incurred, DOH may withhold payment, at its discretion.
- Final expenditure projections must be submitted by the 15th of June for state funds and the 15th of April for federal funds to allow DOH to appropriately accrue funds to make final payments.
- **The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year to assure reimbursement of approved costs.**
- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.

Evaluation of YCCTPP Contractor's Performance

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

Restrictions on Funds (what funds can be used for which activities, not direct payments, etc.) Federal Funding Restrictions and Limitations:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

Dedicated Cannabis Account Restrictions:

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

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

Special Requirements:

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

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

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

PROFESSIONAL SERVICES AGREEMENT
By and Between
Suquamish Indian Tribe and Kitsap Public Health District

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

Section 1: PURPOSE

THIS Professional Services Agreement (“Agreement”) is entered into by and between the Suquamish Indian Tribe of the Port Madison Reservation (“Tribe”), a federally recognized Indian Tribe, and the Kitsap Public Health District, hereinafter referred to as (“Contractor”) to provide services as a Nurse Family Partnership (“NFP”) Supervisor.

Section 2: TERMS

This Agreement shall commence on September 1, 2024, and continue through December 31, 2026, unless terminated as provided herein, in Section 13. The agreement may be extended upon mutual written consent of Tribe and the Contractor.

Section 3: SCOPE OF AGREEMENT

Contractor will provide Public Health Nurse services for NFP Supervisor Role and will meet obligations as contained in Exhibit A, Statement of Work, which is hereby incorporated into the Agreement.

Section 4: CONTRACT REPRESENTATIVES

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

Tribe's Contract Representative

Jeff Riggins, Community Health Program Manager
Suquamish Indian Tribe
18490 Suquamish Way NE
Suquamish, WA 98392
(360) 392-1336

Contractor's Contract Representative

Lynn Pittsinger, Community Health Director
345 6th Street, Suite 300
Bremerton, WA 98337
(360) 689-5222

Section 5: COMPENSATION

Calculation for the cost of the supervisor includes total salaries and benefits, based on 36 hours per week, and overhead. This cost will be shared between the Contractor and Tribe, allocated based on the number of Public Health Nurses in the NFP program across the region. Contractor will submit an invoice to the Tribe by the 10th calendar day of each month. Tribe's portion of the

total supervisor cost will not exceed \$60,000. Tribe agrees to reimburse the Contractor for all expenses incurred as a result of performing the Services. Cell phone service is approved and will be billed based on actual cost. Travel is authorized at the federally established rate. All cell phone and travel expenses will be split between Tribe and the Contractor.

- A. The Contractor shall submit invoices to Tribe for payment of work actually completed to date, no later than the 10th calendar day of each month.
- B. Any additional fees required by NFP for the supervisor's training will be split between Tribe and the Contractor. The Contractor will invoice Tribe for these fees based on the allocation of NFP nurse home visitors under supervision at the time of the training. Tribe will be given adequate notice of needed trainings.
- C. Additional fees for Annual Program Support and Annual Nurse Consultation Fees will be split between Tribe and the Contractor. Proportion of fees will be based on the number of agencies participating under the NFP Program.
- D. In the event that approved program supplies required by NFP are unavailable for direct purchase, Contractor will purchase supplies and bill Tribe for incurred cost. Total purchases of supplies or equipment will not exceed \$500 without prior approval of Tribe.
- E. Tribe may request additional nursing supervisory hours at an hourly rate commensurate to Contractor's employee's hourly rate. In the case of emergency nursing supervisory needs, Tribe will be charged an hourly rate.
- F. Contractor records and accounts pertaining to this agreement are to be kept available for inspection by representatives of Tribe and state for a period of six (6) years after final payments. Copies shall be made available upon request.

Section 6: INDEMNIFICATION

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

Section 7: INSURANCE

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

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

Section 8: CONFIDENTIALITY

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

Section 9: OWNERSHIP AND USE OF DOCUMENTS

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

Section 10: INDEPENDENCE

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

Section 11: REPORTING

Contractor will provide information to Tribe for required reporting as needed.

Section 12: DISPUTE RESOLUTION

The laws of the Suquamish Indian Tribe will apply to this Agreement. The Parties agree to work cooperatively to accomplish all of the terms of this Agreement, however, acknowledge that there

may be instances in which either Tribe or the Contractor has not complied with the conditions of this Agreement or that clarification is necessary to interpret provisions of this Agreement. In such an instance, the Parties will attempt to resolve the matter through good faith efforts. If unsuccessful, the Parties will refer the matter to non-binding mediation.

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

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

Section 13: **TERMINATION**

Either party may cancel this Agreement for cause with immediate written notice to the other party. Either party may terminate this Agreement without cause upon thirty days (30) notice to the other party. Notice must be provided in writing and will not be effective until received by the other party, either through certified mail or personal delivery.

Section 14: **INTEGRATED AGREEMENT**

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

Section 15: **PROGRAM MODEL ELEMENTS**

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

Section 16: **PROPRIETARY PROPERTY**

Tribe and the Contractor understand and agree that NFP grants to Tribe and Contractor a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out the obligations of this Agreement. Further, the NFP reserves the right to modify the Proprietary Property from time to time in accordance with the data, research, and current modalities of deliveries program. NFP shall retain ownership and all the rights to any Proprietary Property, whether modified or not by Tribe and/or Contractor. In any event, all software, Nurse-Family Partnership Community and Efforts to Outcomes Website content, excluding Tribe's and Contractor's data, shall remain the sole property of Nurse-Family Partnership.

SUQUAMISH INDIAN TRIBE

KITSAP PUBLIC HEALTH DISTRICT

DocuSigned by:
Catherine Edwards Executive Director 01/13/2025
E159703074844A5...
Name, Title Date

Yolanda Fong Date
Administrator

**Exhibit A
Statement of Work**

	Suquamish Tribal Nation	Contractor
Nurse Home Visitors #	1	6 (current) – 7 with Suquamish Tribe

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

Model element and description	Suquamish	Contractor
#10. Work with NHVs to increase knowledge, practice, and individualization of NFP visit to visit guidelines with families across all domains.	X	X
#11. Work with NHVs to review and reflect on theoretical bases of NFP as related to clinical practice.	X	X
#12. Work with NHVs and team to maintain required number of clients. Includes caseload management, outreach, referrals and maintaining community relationships. Suquamish is responsible for recruiting and maintaining Suquamish caseload numbers.	X	X
#13. Nurse supervisor provides supervision to 6 NHVs at this time appropriate for 0.9 FTE Nurse Supervisor.	X	X
#14. Nurse supervisor provides: 1. Weekly 1:1 clinical supervision 2. Case conferences 3. Team meetings 4. Field supervision	X weekly X at least 2X per month X at least 2X per month X at least 3X per year	X at least 2X per month X at least 2X per month X at least 2X per month X at least 3X per year
#15. Data is collected and used to guide practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.	X	X
#17. Regional CAB convened and will meet at least 3x per year.	X	X
#18. Nurse supervisor will help support and facilitate regional communication to assure accurate data entry and implementation of program.	X	X

Other related program implementation areas:

Other areas related to program implementation	Suquamish	Contractor
Washington State NFP Consortium: 1. Monthly calls with WA State Nurse Consultant 2. Monthly calls with WA State Nurse Supervisors 3. Quarterly meetings with WA State Nurse Supervisors 4. On-site visits with WA state nurse consultant at least once/year	X	X
Coordination of team meetings, case conferences, and reflective supervision times based on regional composition, including associated travel.	X	X
NFP required education and training, such as PIPE education.	X	X

Nurse-Family Partnership® Model Elements

Revised February 2023

Introduction

Nurse-Family Partnership® (NFP) nurse home visitors and nurse supervisors implement the program with fidelity to the NFP model. Fidelity is the extent to which there is adherence to the model elements. Applying the model elements in practice provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized clinical trials and outcomes from ongoing research on the program. In addition to applying the model elements to implementation, fidelity includes network partner and nurse uptake and application of new research findings and new innovations as well as adjusting NFP practice to the changing context and demographics of NFP clientele.

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

Description Nurse-Family Partnership (NFP) services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that network partners may receive referrals from the legal or welfare system, health care providers and others that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and nurse home visitor without any pressure to enroll.

Element 2 Client is a first-time expectant parent.

Description A first-time expectant parent is a person having no previous live births. Nurse-Family Partnership (NFP) is designed to take advantage of the ecological transition, the window of opportunity, in a first-time parent's life. At this time of developmental change, a pregnant individual is feeling vulnerable and more open to support. Potential pregnant individuals who have experienced neonatal death, loss of custody or relinquishment within the neonatal period (first 30 days after baby's birth) may be eligible after thoughtful consideration by the nurse home visitor, supervisor, and manager of nursing practice.

If a client cannot parent the child and another person steps in and desires to continue with NFP, this may be allowed after thoughtful consideration by the nurse home visitor, supervisor, and manager of nursing practice.

Note When the program is introduced by a warm, engaging person in a health care setting individuals may be more likely to enroll. This exceptional customer service and warm introduction immediately establishes the value of the program.

The PRC and the NSO are collaborating with multiple NFP programs across the country to implement and evaluate enrollment of multiparous clients in NFP in a manner that meets the NFP eligibility requirements. As a result, multiparous clients in the pilot programs that meet other enrollment eligibility may enroll in NFP.

Element 3 Client meets low-income criteria at intake.

Description The Elmira study was open to individuals of all socioeconomic backgrounds. The investigators found that higher-income clients had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it is better to focus the program on the most vulnerable low-income individuals. Network partners, with the support of the National Service Office, establish a threshold for the most vulnerable low-income clients in the context of their own community as their target population, with the understanding that vulnerable clients who are at-risk show the greatest benefit from the program.

Element 4 Client is enrolled in the program early in pregnancy and receives the first home visit by no later than the end of the 28th week of pregnancy.

Description A client is enrolled when the first visit is completed, and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to network partner policy. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Early enrollment provides the opportunity for nurses to understand the individual's challenges with navigating healthcare systems and getting the care they need and helping them advocate for themselves.

Element 5 One client is present at a visit.

Description Clients are visited one nurse home visitor to one client. The client may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. If another NFP client is present in a visit at the index client's request only the index client is included in the encounter and the encounter form is only completed on the index client. In

particular, when possible and appropriate, the father of the baby and the client's partner are encouraged to be part of visits.

Some network partners have found it useful to have other nurse home visitors on their team accompany the primary nurse home visitor at times for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care.

The addition of group activities to enhance the program is allowed but cannot take the place of the individual visits and cannot be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

Element 6 Client is visited in the home as defined by the client, or in a location of the client's choice.

Description The program is delivered in the client's home, which is defined as the place where the client is currently residing or as otherwise defined by the client. Home can be a shelter or a situation in which they are temporarily living with family or friends. Visiting the client and child in the home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges within the home situation, however, the client makes the choice of visit location. It is understood that there may be times when the client's living situation or their work/school schedule make it difficult to see the client/child in the home and the visit needs to take place in other settings. In addition, a client and nurse home visitor may agree based on client strengths and needs and context that some visits could be made through a telehealth approach. Other situations, such as natural disasters or pandemics, may necessitate visits outside of the home and via telehealth.

Element 7 **Client is visited throughout their pregnancy and the first two years of the child’s life in accordance with a planned or recommended visit schedule based on assessment of client need and agreed upon between the client, nurse home visitor and supervisor.**

Description Clients in the randomized clinical trials were seen on a planned schedule that allowed flexibility. NFP studies have shown increased client retention when the visit schedule is adjusted to client needs. Historically, the standard NFP visit schedule included prenatal visits occurring once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occurred weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits occurred monthly. This schedule may work for some clients. To meet the needs of the individual family, the nurse home visitor may increase or reduce the frequency of visits and is encouraged to visit in the evening or on weekends based on nursing assessment and client request. A significantly decreased schedule or an adjusted visit schedule over the course of the program or a “vacation” from the program, approved by the nurse supervisor, may be used to meet the client’s needs and retain the client in the program.

Element 8 **Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in Nursing and with strong interpersonal skills.**

Description When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurse’s background and levels of knowledge, skills and abilities, taking into consideration the nurse’s experience and education. A Baccalaureate degree in Nursing is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Bachelor’s degree in nursing is required and a Master’s degree in Nursing is preferred. It is understood that both education and experience are important. Network partners may find it difficult to hire baccalaureate-prepared nurses or may find well-prepared nurses that do not have a Baccalaureate degree in Nursing. In making this decision network partners need to consider each individual nurses’ qualifications, and as needed provide additional professional development to meet the expectations of the role. Network partners and supervisors can seek consultation on this issue from their manager of nursing practice.

The most fundamental quality that nurse home visitors possess is the ability to develop trusting relationships with clients and their families. Key interpersonal attributes interconnected with building trusting relationships are:

Caring: Caring is a core characteristic of many who choose a career in nursing and it is essential for nurses who work in this program. Clients need to feel warmth from their nurse home visitor as the foundation for building a trusting relationship.

Listening: Interactions between NFP nurse home visitors and their clients depend on the nurse's ability to listen attentively to their client's experience and to use that information as the starting point for guiding them going forward. Clients who experience their nurse home visitor as someone who tells them what they need or as someone who simply provides education will not gain the full benefit of NFP.

Empathic: NFP needs nurses who can take the perspective of others and deeply understand their experiences. Empathic nurse home visitors are experienced by clients as nurses who want to know their stories as opposed to judging them.

Respectful: Building relationships requires a respectful approach to connecting with parents whose life experiences (shaped in part by their culture, race, ethnicity, experience of poverty, adversity, and sexual orientation) may differ from those of the nurse home visitor. This is an essential attribute for forming effective relationships with clients. Many of the clients in NFP may be naturally distrustful of those in healthcare or positions of authority because in the past they have experienced those in these roles as judgmental.

Desire to Serve Families: Nurses working in this role must want to serve parents and children experiencing concentrated and overlapping barriers to accessing the care they need due to economic and social inequality and to support parents to accomplish what they want in life -- which at its heart, is protecting their children and themselves.

Commitment to Forming Relationships: Nurses who love and stay with NFP often feel passionately about building and maintaining relationships with a diverse range of clients. Not surprisingly their clients are more likely to stay with the program.

Other important interpersonal attributes include being optimistic with a growth mindset and believing that people can change and being self-reflective in understanding and managing one's own biases and reactions to clients.

In addition successful NFP nurses believe that their work has value and meaning, they are contributing to public health and they are resourceful. They are collaborative, flexible, and know how to work autonomously.

Element 9 Nurse home visitors and nurse supervisors participate in and complete all education required by the National Service Office (NSO). In addition, a minimum of one current Nurse-Family Partnership administrator participates in and completes the administration orientation required by the NSO.

Description The NSO requires all nurse home visitors, supervisors and at least one administrator who provide NFP services to participate in and complete all NFP education required for their position in a timely manner as described in the agreement with the NSO. The NSO may modify its education requirements when it is determined necessary to implement the program with fidelity to the NFP Model

Element 10 Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and needs of each family and apportion time across the defined program domains.

Description The Strengths and Risks Framework, approved screening and assessments, and the NFP Visit-to-Visit Guidelines guide nurse home visitors in delivery of the intervention. Nurse home visitors apply client-centered principles and use strength-based and trauma and violence informed care approaches and communication techniques in working with families to individualize the program to meet the client's needs within the NFP domains. The domains include:

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

Element 11 Through the application of the Nursing Process, nurse home visitors and supervisors apply nursing theory, the American Nurses Association (ANA) Nursing Scope and Standards of Practice and the ANA Code of Ethics for Nurses in their clinical practice. The theoretical frameworks that underpin the program are applied using the Nursing Process integrating Self-Efficacy, Human Ecology and Attachment theories.

Description The underlying theories are the basis for the Nurse-Family Partnership program. The clinical methods taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, nurse home visitor and supervisor standards and proficiencies, and Nurse-Family Partnership education. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice. Application of nursing theory, the Nursing Process and ANA Nursing Scope and Standards of Practice and the ANA Code of Ethics for Nurses are foundational to quality NFP nursing practice and program implementation.

Element 12 A 1.0 FTE nurse home visitor carries a caseload of 21 to 25 active clients.

Description Understanding that clients experiencing multiple adversities benefit the most from NFP, and the expectation that nurses are serving families with multiple adversities, and that nurse supervisors use critical thinking and nursing judgement to assess the complexity of a nurse's caseload and using data to inform caseload, it is expected that nurses carry a caseload ranging from 21-25 active clients. It is understood that caseload size will vary from time to time. Seeing clients living with high and overlapping adversity may impact caseload. Adversity is captured through the use of the Strengths and Risks Framework, Client Profile Report, and using nursing judgement to assess levels of adversity. Adjusting visit schedule based on family adversity and their need and desire may impact caseload. Visit schedule fluxes based on family situation and desire.

Supervisors work with the team to maintain full caseloads after the caseload building period.

A minimum of a 20-hour work week is required for nurse home visitors to become proficient and maintain proficiency in the delivery of the program model. Supervisors work with NHVs to ensure that they maintain caseload while seeing clients with overlapping adversity and who are most likely to benefit from NFP.

* Active clients are those who are receiving visits with the visit schedule, location, and content plan established by the client and the nurse. The expectation, based on NFP best practice for maintaining client engagement, is that visits occur at least every 90 days. New nurse home visitors build a caseload of 25 over the first 9 months of service following completion of Unit 2. Client engagement is a critical component to realize the outcomes of the NFP program therefore 90 days should not be interpreted as a required point of client dismissal. Efforts to engage the client may continue past the 90 days up through 180 days. Active client for reporting purposes is defined as 180 days.

Element 13 Nurse-Family Partnership network partners are required to employ an NFP nurse supervisor at all times.

Description A NFP nurse supervisor is a registered nurse with a license in good standing. The supervisor must possess a Bachelor's degree in Nursing, and a Master's degree in Nursing or related field is preferred. Given the expectation for one-to-one reflective supervision, program development, referral management and other administrative tasks it is expected that a 1.0 FTE nurse supervisor provides supervision for up to eight individual nurse home visitors. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional NFP administrative, clerical or interpreter staff. The minimum time for a nurse supervisor is 20 hours a week for a team of up to four individual nurse home visitors.

A NFP supervisor that does not come with NFP experience works with their manager of nursing practice to co-create an individualized professional development plan focused on the NFP model and NFP nursing. NFP supervisors who do not have direct NFP experience may benefit from serving one to two clients.

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

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

One-to-one clinical reflective supervision: The nurse home visitor and nurse supervisor meet weekly for one-hour for the purpose of reflecting on a nurse's thoughts, feelings, insights about clients, relationships with families, visits, and their own nursing practice. Reflective supervision includes an integrative approach for supporting nursing practice while also considering model fidelity. Reflective supervision also includes conversations about nurse's professional development with the supervisor identifying opportunities to highlight and enhance nurse's knowledge, skills, and reflective capacity. Supervisors use reflective practice principles as outlined in NFP education. Supervisors who carry a caseload will receive clinical reflective supervision from a qualified person other than the nurse home visitors they supervise.

Case conferences: Meetings with the team dedicated to joint review of clients, using reflection for the purposes of supporting nurses in their work with families through exploration of therapeutic relationship and the nurse's experience of the care they are providing to meet individual family needs. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process and are to be held twice a month for one and one-half to two hours.

Team meetings: Meetings held for administrative purposes, to discuss program implementation, complete professional development, and team building twice a month for at least one hour. Team meetings and case conferences alternate weekly to ensure the team meets at least weekly.

Visit Supervision: Joint visits with supervisor and nurse home visitor. Following Unit 2, and every four months, nurse home visitors select 1-2 NFP proficiencies to focus on during the time between joint observations and Mastery Assessment and Plans (MAPs) coding for professional growth and development. In partnership with the nurse supervisor, nurse home visitors develop a professional development goal related to these selected proficiencies. Between joint visits, nurse home visitors take steps by engaging in activities and implementing strategies to support achievement of their professional development goals.

Every four months the supervisor participates in a visit with each nurse home visitor to at least one client and additional visits on an as needed basis at the nurse home visitor's or supervisor's request. At a minimum, time spent should be two to three hours per nurse home visitor every four months. Some supervisors prefer to spend a full day with nurse home visitors, enabling them to comprehensively observe the nurse home visitors' typical day as well as visit, time and case management skills and charting.

After joint visits, the nurse home visitor and supervisor reflect on how the visit went. They review the one or two selected proficiencies and collaborate to determine the coding for each example demonstrated on the MAPs coding form. Post visit reflection is completed within the framework of the NFP nurse home visitor standards and proficiencies.

Element 15 Nurse home visitors and nurse supervisors collect data as specified by the National Service Office (NSO) and ensure that it is accurately entered into the NFP data collection system in a timely manner.

Description Data are collected accurately, entered into the NFP data collection system and subsequently used to inform practice. If data are entered into a third-party data system, data must be transferred to the NSO in a form and format and on a schedule that meets NFP specifications.

Element 16 NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program fidelity, and inform clinical practice and supervision.

Description Data are used to inform improvements in program implementation and nursing practice within fidelity to the model. The reports are tools by which nurse home visitors and supervisors assess and manage areas where system, organizational, and/or operational changes may be needed to enhance the overall quality of program implementation and operations and document clinical reflective supervision.

Element 17 A Nurse-Family Partnership network partner is an organization known in the community for being a successful provider of prevention services for families facing concentrated and overlapping barriers to accessing the care they need, due to economic and social inequality.

Description A network partner is an organization committed to providing internal and external advocacy and support for the NFP program and is dedicated to addressing community needs by reaching families experiencing concentrated and overlapping barriers to accessing the care they need, due to economic and social inequality. This network partner also provides visible leadership and passion for the program in their community.

Element 18 A Nurse-Family Partnership network partner convenes a Community Advisory Board (CAB) that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability.

Description A Community Advisory Board (CAB) is a group of committed individuals and organizations who share a passion for and investment in the NFP program and a deep commitment to serving the identified population, and whose expertise can advise, support, and sustain the program. The network partner builds and maintains community partnerships that support quality implementation, provide resources, promote visibility of program successes and advocate for sustainability. The CAB participants are invested in the program and see the connection between the program and the wellbeing of the population served. A network partner may create a group specifically dedicated to the Nurse-Family Partnership program or join an existing group with a similar mission and role dedicated to supporting services for families experiencing concentrated and overlapping barriers to accessing the care they need, due to economic and social inequality. It is acceptable to participate in these groups in place of a NFP dedicated group, however, it is essential that NFP be a standing agenda item so issues important to the implementation and sustainability of the NFP program are brought forward and addressed.

Element 19 Adequate organizational support and structure are in place to assist nurse home visitors and nurse supervisors to implement the model with fidelity.

Description Support includes the necessary infrastructure to implement the model with fidelity. This includes embracing the essential ethos of NFP and the necessary physical workspace, up to date technology (example: computers, tablets, smart phones, videoconferencing software), adequate storage, required program materials (Partner in Parenting Education (PIPE), Ages and Stages Questionnaires (ASQ), etc.), and other infrastructure to implement the program.

A person primarily responsible for key administrative support tasks for NFP staff is also required. This resource addresses the paperwork, copying, ordering, phoning, data entry, report review and other administrative processes necessary to ensuring accuracy of data entry and allowing nurse home visitors to focus on their primary role of providing services to clients. NFP network partners shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and accurately enter data into the data collection system on a timely basis. NFP network partners shall designate at least one senior leadership/administrative level person (“the NFP administrator”) from the organization who is accountable for NFP implementation and sustainability. Each network partner is required to send at least one active administrator to NFP administrator orientation within six months of being hired.

References

- Korfmacher, J., Kitzman, H., & Olds, D. (1998). Intervention processes as predictors of outcomes in a preventive home-visitation program. *Journal of Community Psychology, 26*, 49–64.
- Olds, D. (2006). The nurse-family partnership: An evidence-based preventive intervention. *Infant Mental Health Journal, 27*, 5–25.
- Olds, D., Hill, P., O'Brien, R., Racine, D., & Moritz, P. (2003). Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice, 10*, 278–290.
- Olds, D., Racine, D., Glazner, J., & Kitzman, H. (1998). Increasing the policy and program relevance of results from randomized trials of home visitation. *Journal of Community Psychology, 26*, 85–100.
- NSO Inclusive Language Guidance (2022)

INTERLOCAL AGREEMENT FOR ACTING HEALTH OFFICER COVERAGE BETWEEN
WASHINGTON STATE DEPARTMENT OF HEALTH
AND KITSAP PUBLIC HEALTH DISTRICT

Agreement made by and between Washington State Department of Health (“Department”) and Kitsap Public Health District (“LHJ”) pursuant to RCW 39.34.080.

WHEREAS, there may be periods when the position of Local Health Officer (“LHO”) for the LHJ is vacant or the incumbent LHO may be absent or incapacitated and unable to fulfill the responsibilities of the LHO, and it is imperative that the responsibilities of the LHO that require timely public health action be fulfilled for the LHJ during these periods; and

WHEREAS, in its sole discretion and per its guidelines and process, the Department may agree to the appointment of a Department Regional Medical Officer (“RMO”) or other qualified Department employee (referred to collectively as “Designee”) to serve as acting health officer for the LHJ to fulfill the responsibilities of the LHO during a vacancy or period of absence or incapacity.

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

1. Designation of Authority.

- a. Pursuant to RCW 70.05.080, Dr. Herbie Duber, Washington State Department of Health Regional Medical Officer for Northwest Washington, will serve as acting health officer for the LHJ as requested by an authorized official for the LHJ, provided that:
 - i. This Agreement has been fully executed by the Department and the LHJ and is in full force and effect;
 - ii. The local board of health or official responsible for appointing the LHO has appointed the Designee to serve as acting health officer for the LHJ;
 - iii. The LHJ has complied with the Department’s guidelines and process for requesting LHO coverage;
 - iv. The Department has approved the request for LHO coverage in writing; and
 - v. The Designee has consented to serving as acting health officer as requested.
- b. This Agreement covers any and all LHJ requests for acting health officer coverage during the term of this Agreement. For acting health officer coverage to be effective, the Department must separately approve each request in writing, including the duration of coverage, and the Designee must separately consent to each request. The local board of health or official responsible for appointing the LHO must ensure that an appointment of the Designee to serve as acting health officer is in effect with respect to each request for coverage. One appointment may apply to multiple requests.
- c. The Department retains full authority and discretion to approve or deny any request for acting health officer coverage.
- d. The Designee shall have the same duties, powers, and authority as a regularly appointed LHO while serving as acting health officer and will exercise such duties, powers, and authority in accordance with applicable law and under the direction of the local board of health or, if any, the LHJ’s administrative officer.
- e. Notwithstanding anything to the contrary herein, the Designee shall have the discretion to decline to take any action that the Designee is requested or directed to take, including, but not limited to, actions that, in the Designee’s judgment, can be delayed

until the appointment of a permanent LHO in the case of a vacancy or return of the incumbent LHO without jeopardizing the public health or do not protect or promote the public health.

- f. The Designee's authority to serve as acting health officer will terminate when this Agreement expires or is terminated, the Designee's appointment by the local board of health or official responsible for appointing the LHO expires or is terminated, a permanent LHO is appointed in the case of a vacancy, the incumbent LHO is no longer absent or incapacitated and is able to fulfill their responsibilities, when the Designee revokes their consent, the Department rescinds its approval, or when the Department's specified duration of coverage expires.
2. **Indemnification/Hold Harmless/Insurance.** The LHJ shall defend, indemnify, and hold harmless the Designee and the Department and its officers, officials, employees, and volunteers from any and all claims, injuries, damages, losses, or suits, including attorney fees, arising out of or in connection with the performance of this Agreement, except for injuries and damages caused by the willful and wanton negligence of the Designee or the Department or its officers, officials, employees, or volunteers. The LHJ must provide liability insurance coverage for the Designee that is equivalent to the coverage provided for the LHO.
3. **Term.** The term of this Agreement shall commence on 3/11/2025 and shall remain in effect for one calendar year, unless terminated earlier per the terms of this Agreement. The parties may extend the term of this Agreement by written mutual agreement.
4. **Termination.** Either Party may terminate the agreement at their sole discretion. Termination shall be effective as provided in written notice provided by the terminating Party, though no earlier than upon receipt of written notice by mail or email, or within three days of the mailing of the notice, whichever occurs first.
5. **Extent of Agreement/Modification.** This Agreement, together with any attachments or addenda, represents the entire and integrated Agreement between the parties and supersedes all prior negotiations, representations, or agreements, either written or oral. This Agreement may be amended, modified, or added to only by written instrument properly signed by both parties.
6. **Notices.**

Notices to the LHJ shall be sent to:

The following mailing address:
Yolanda Fong, Administrator
345 6th Street, Suite 300
Bremerton, WA 98337

Or the following email address: KPHD.Administrator@kitsappublichealth.org

Notices to the Department shall be sent to:

The following mailing address:

Washington State Department of Health
1610 NE 150th St
Shoreline, WA 98155

Or the following email address:

Receipt of any notice shall be deemed effective upon actual receipt or three (3) days after deposit of written notice in the U.S. mail with proper postage and address, whichever occurs first.

7. **Property and Equipment.** Upon termination or non-renewal of this agreement, all property purchased by the LHJ in furtherance of this agreement shall remain the property of the LHJ and all property purchased by the Department in furtherance of this agreement shall remain the property of the Department. All property shall be returned to its owner upon termination or non-renewal of this Agreement.
8. **Filing.** The LHJ shall be responsible for complying with the requirements of RCW 39.34.040 with respect to this agreement.
9. **Authority to Bind Parties and Enter Into Agreement.** The undersigned represent that they have full authority to enter into this Agreement and to bind the parties for and on behalf of the legal entities set forth below.

Kitsap Public Health District

Washington State Department of Health

Signature

Signature

Name

Name

Title

Title

Date Signed

Date Signed

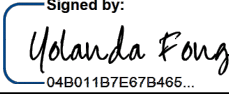
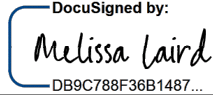
New or Renewed Contracts for the Period of 12/01/2024 through 12/31/2024

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (5 contracts)									
DOH, Washington State									
ID: 2441	Administration, Yolanda Fong	Contract	Closed	12/03/24		12/09/24	01/01/25	12/31/27	
<i>Description: Defines the joint and cooperative relationship and planning efforts between KPHD and DOH. The contract and all statements of work contained are intended to implement applicable objectives under the Public Health Improvement Plan and facilitate the delivery of public health services to the people of Washington.</i>									
ID: 2395	HIV/AIDS, Kelsey Stedman	Data Sharing Agreement	Closed	12/03/24	\$0.00	12/04/24	07/01/24	06/30/29	CLH29548-0
<i>Description: DOH HIV Client Data Management System(s) Data Sharing Agreement</i>									
Kitsap County									
ID: 2252	Parent/Child Health, Yolanda Fong	Interlocal/Interagency	Closed	09/06/22	\$748,000.00	12/09/24	01/01/22	06/30/26	
<i>Description: KPHD to link families to needed services, promote good decision making, assist in making healthy choices, and help women build supportive relationships through it's Nurse Family Partnership Program.</i>									
Summit Law Group									
ID: 2439	Administration, Yolanda Fong	Contract for Services	Closed	12/03/24		12/03/24	01/01/25	12/31/25	
<i>Description: Summit Law, will provide Labor/Employment legal services related to the District as the District may request from time to time.</i>									
The Peoples Harm Reduction Alliance									
ID: 2436	Community Health, Dana Bierman	Amendment	Closed	12/03/24	\$40,000.00	12/10/24	01/01/23	12/31/25	
<i>Description: The District requires the expertise of this Contractor to provide county-wide mobile syringe exchange services as a component of the District's Kitsap Syringe Exchange Services Network.</i>									
<i>Amendment 2.</i>									

Kitsap Public Health Board Meeting
Date: February 4, 2025

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

Approvals:

	Signature	Date
Administrator	 <p>Signed by: Yolanda Fong 04B011B7E67B465...</p>	1/28/2025
Finance Manager	 <p>DocuSigned by: Melissa Laird DB9C788F36B1487...</p>	1/24/2025

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	12/5/2024	\$ 69,021.58
Accounts Payable	12/12/2024	64,440.26
Accounts Payable	12/19/2024	34,319.13
Accounts Payable	12/27/2024	273,425.70
Accounts Payable	12/27/2024	12,992.04
NDGC Mortgage	12/1/2024	25,013.00
Miscellaneous	12/10/2024	4,944.68
Vital Records Transfer	12/20/2024	24,865.00
Accounts Payable Total		\$ 509,021.39
Payroll	12/31/2024	578,806.13
Payroll Benefits (PERS)	12/13/2024	132,741.71
Payroll Taxes	Kitsap County paid 1/3/2025	
Payroll Total		\$ 711,547.84
Grand Total		\$ 1,220,569.23

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information

Settlement Run Name: STL-00004242
 Kitsap Public Health District HH
 Number: STL-00004242
 Status: Complete
 Date: 12/05/2024
 Include Payments On Behalf Of: No
 Exclude Negative Payments: Yes
 Express Settlement: No

Additional Information

Organization: Kitsap Public Health District
 Currency: USD
 Filters Used:

Payment Information

Display Currency: USD
 Outbound Total: 69,021.58
 Inbound Total: 0.00
 Expense Report Count: 26
 Miscellaneous Payment Request Count: 1
 Supplier Invoice Count: 25

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	12/05/2024	1	98.49	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/05/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/05/2024	25	3,023.43	USD	Payment Message: ID 3247 for Kitsap Public Health District on 12/05/2024	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	12/05/2024	1	350.00 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/05/2024	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/05/2024	13	53,582.77 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/05/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/05/2024	5	11,966.89 USD	USD	Payment Message: ID 3246 for Kitsap Public Health District on 12/05/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0010943	Kitsap Public Health District	Katie Baker (435044)	Employee	EXP-0010943	12/05/2024		12.86 USD	USD
Expense Report: EXP-0010944	Kitsap Public Health District	Wendie Borja (426250)	Employee	EXP-0010944	12/05/2024		176.80 USD	USD
Expense Report: EXP-0010945	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0010945	12/05/2024		73.03 USD	USD
Expense Report: EXP-0010946	Kitsap Public Health District	Allison Degracia (435196)	Employee	EXP-0010946	12/05/2024		9.38 USD	USD
Expense Report: EXP-0010947	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0010947	12/05/2024		98.49 USD	USD
Expense Report: EXP-0010948	Kitsap Public Health District	Isabella Hansen (435085)	Employee	EXP-0010948	12/05/2024		190.91 USD	USD
Expense Report: EXP-0010949	Kitsap Public Health District	Kari Hunter (409213)	Employee	EXP-0010949	12/05/2024		42.55 USD	USD
Expense Report: EXP-0010972	Kitsap Public Health District	Jami Armstrong (434291)	Employee	EXP-0010972	12/05/2024		74.44 USD	USD
Expense Report: EXP-0010973	Kitsap Public Health District	Kandice Atisme-Bevins (433909)	Employee	EXP-0010973	12/05/2024		5.58 USD	USD
Expense Report: EXP-0010974	Kitsap Public Health District	Rebecca Chandler (435269)	Employee	EXP-0010974	12/05/2024		14.61 USD	USD
Expense Report: EXP-0010975	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0010975	12/05/2024		170.11 USD	USD
Expense Report: EXP-0010976	Kitsap Public Health District	Maria Fergus (434648)	Employee	EXP-0010976	12/05/2024		48.24 USD	USD
Expense Report: EXP-0010977	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0010977	12/05/2024		13.40 USD	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0010978	Kitsap Public Health District	Gabriel Hammond (434978)	Employee	EXP-0010978	12/05/2024		118.80	USD
Expense Report: EXP-0010979	Kitsap Public Health District	Adrienne Hampton (434838)	Employee	EXP-0010979	12/05/2024		80.00	USD
Expense Report: EXP-0010982	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0010982	12/05/2024		47.57	USD
Expense Report: EXP-0010983	Kitsap Public Health District	Alexandra Kimes (433908)	Employee	EXP-0010983	12/05/2024		175.95	USD
Expense Report: EXP-0010984	Kitsap Public Health District	Naomi Levine (435209)	Employee	EXP-0010984	12/05/2024		32.56	USD
Expense Report: EXP-0010987	Kitsap Public Health District	Loan Nguyen (295033)	Employee	EXP-0010987	12/05/2024		30.82	USD
Expense Report: EXP-0010989	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0010989	12/05/2024		95.07	USD
Expense Report: EXP-0010990	Kitsap Public Health District	Antonio Romaele (435094)	Employee	EXP-0010990	12/05/2024		184.17	USD
Expense Report: EXP-0010991	Kitsap Public Health District	Ian Rork (404613)	Employee	EXP-0010991	12/05/2024		335.56	USD
Expense Report: EXP-0010992	Kitsap Public Health District	Brittany Sample (434976)	Employee	EXP-0010992	12/05/2024		181.45	USD
Expense Report: EXP-0010993	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0010993	12/05/2024		108.34	USD
Expense Report: EXP-0010994	Kitsap Public Health District	Erica Whares (434641)	Employee	EXP-0010994	12/05/2024		331.28	USD
Expense Report: EXP-0010995	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0010995	12/05/2024		469.95	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-19711	Kitsap Public Health District	STEPHEN BOYER (Inactive)	MPR-19711	Check	One-Time Payment	12/05/2024	350.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-39811	Kitsap Public Health District	Aspen NW Property Management	DEC 2024 RENT	Aspen NW Property Management	Net 30	SINV-2024-39811	12/05/2024		01/04/2025	0.00	0.00	1,290.00	USD
Supplier Invoice: SINV-2024-39814	Kitsap Public Health District	Renew Property Management LLC	DEC 2024 RENT	Renew Property Management LLC	Net 30	SINV-2024-39814	12/05/2024		01/04/2025	0.00	0.00	1,380.00	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-39817	Kitsap Public Health District	Catherine M Schneider	DEC 2024 RENT	Catherine M Schneider	Net 30	SINV-2024-39817	12/05/2024		01/04/2025	0.00	0.00	1,000.00	USD
Supplier Invoice: SINV-2024-39819	Kitsap Public Health District	Clifford A Silliman	DEC 2024 RENT	Clifford A Silliman	Net 30	SINV-2024-39819	12/05/2024		01/04/2025	0.00	0.00	700.00	USD
Supplier Invoice: SINV-2024-39822	Kitsap Public Health District	Canon Financial Services, Inc.	#36186172	Canon Financial Services, Inc.	Net 30	SINV-2024-39822	12/05/2024		01/04/2025	0.00	0.00	1,474.04	USD
Supplier Invoice: SINV-2024-39828	Kitsap Public Health District	Collins Computing Inc	#R-11762	Collins Computing Inc	Net 30	SINV-2024-39828	12/05/2024		01/04/2025	0.00	0.00	6,246.72	USD
Supplier Invoice: SINV-2024-39830	Kitsap Public Health District	Comcast	#4737, 11.26 STMNT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-39830	12/05/2024		01/04/2025	0.00	0.00	298.87	USD
Supplier Invoice: SINV-2024-39831	Kitsap Public Health District	Kitsap County	#5391	Kitsap County - Remit-To: KC Public Works MRW Fund	Net 30	SINV-2024-39831	12/05/2024		01/04/2025	0.00	0.00	16.32	USD
Supplier Invoice: SINV-2024-39837	Kitsap Public Health District	Kitsap County	SEP 2024 TOB/MJ	Kitsap County - Remit-To: KC Human Services	Net 30	SINV-2024-39837	12/05/2024		01/04/2025	0.00	0.00	1,130.80	USD
Supplier Invoice: SINV-2024-39844	Kitsap Public Health District	Kitsap County	OCT 2024 TOB/MJ	Kitsap County - Remit-To: KC Human Services	Net 30	SINV-2024-39844	12/05/2024		01/04/2025	0.00	0.00	2,256.60	USD
Supplier Invoice: SINV-2024-39848	Kitsap Public Health District	Jefferson County	CRT#22262 OCT 2024	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2024-39848	12/05/2024		01/04/2025	0.00	0.00	7,219.21	USD
Supplier Invoice: SINV-2024-39849	Kitsap Public Health District	ODP Business Solutions, LLC	#392817099001	ODP Business Solutions, LLC	Net 30	SINV-2024-39849	12/05/2024		01/04/2025	0.00	0.00	521.48	USD
Supplier Invoice: SINV-2024-39852	Kitsap Public Health District	ODP Business Solutions, LLC	#39484861601	ODP Business Solutions, LLC	Net 30	SINV-2024-39852	12/05/2024		01/04/2025	0.00	0.00	258.12	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-39856	Kitsap Public Health District	ODP Business Solutions, LLC	#395775852001	ODP Business Solutions, LLC	Net 30	SINV-2024-39856	12/05/2024		01/04/2025	0.00	0.00	87.35 USD	USD
Supplier Invoice: SINV-2024-39859	Kitsap Public Health District	ODP Business Solutions, LLC	#395770371001	ODP Business Solutions, LLC	Net 30	SINV-2024-39859	12/05/2024		01/04/2025	0.00	0.00	18.55 USD	USD
Supplier Invoice: SINV-2024-39860	Kitsap Public Health District	Ozark Underground Laboratory	#20241127WA54	Ozark Underground Laboratory	Net 30	SINV-2024-39860	12/05/2024		01/04/2025	0.00	0.00	540.00 USD	USD
Supplier Invoice: SINV-2024-39864	Kitsap Public Health District	Quadiant Finance Usa Inc	NOV 24 POSTAGE REFILL	Quadiant Finance Usa Inc	Net 30	SINV-2024-39864	12/05/2024		01/04/2025	0.00	0.00	2,568.47 USD	USD
Supplier Invoice: SINV-2024-39868	Kitsap Public Health District	Quadiant Leasing USA, Inc	#Q1601570	Quadiant Leasing USA, Inc	Net 30	SINV-2024-39868	12/05/2024		01/04/2025	0.00	0.00	1,437.42 USD	USD
Supplier Invoice: SINV-2024-39870	Kitsap Public Health District	Staples	#6017273958	Staples - Remit-To: Staples	Net 30	SINV-2024-39870	12/05/2024		01/04/2025	0.00	0.00	379.10 USD	USD
Supplier Invoice: SINV-2024-39871	Kitsap Public Health District	Staples	#6017534693	Staples - Remit-To: Staples	Net 30	SINV-2024-39871	12/05/2024		01/04/2025	0.00	0.00	266.94 USD	USD
Supplier Invoice: SINV-2024-39874	Kitsap Public Health District	Staples	#6016935371	Staples - Remit-To: Staples	Net 30	SINV-2024-39874	12/05/2024		01/04/2025	0.00	0.00	193.55 USD	USD
Supplier Invoice: SINV-2024-39877	Kitsap Public Health District	Staples	#6017101419	Staples - Remit-To: Staples	Net 30	SINV-2024-39877	12/05/2024		01/04/2025	0.00	0.00	19.10 USD	USD
Supplier Invoice: SINV-2024-39879	Kitsap Public Health District	US Bank National Association	11.25.24 STATEMENT	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2024-39879	12/05/2024		01/04/2025	0.00	0.00	29,927.88 USD	USD
Supplier Invoice: SINV-2024-39882	Kitsap Public Health District	Vasion	#US5260253	Vasion	Net 30	SINV-2024-39882	12/05/2024		01/04/2025	0.00	0.00	6,153.97 USD	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-39885	Kitsap Public Health District	Waxie Sanitary Supply	#822871995	Waxie Sanitary Supply	Net 30	SINV-2024-39885	12/05/2024		01/04/2025	0.00	0.00	165.17	USD

Remittance

Remittance

Process	Date	Remittance Events
Payment Message: ID 3246 for Kitsap Public Health District on 12/05/2024	12/05/2024	5

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/05/2024 08:28:31 AM		Heather Hunsaker (434069)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3247 for Kitsap Public Health District on 12/05/2024	Successfully Completed
Payment Message: ID 3246 for Kitsap Public Health District on 12/05/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/05/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/05/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/05/2024	Successfully Completed
Remittance File: For Quacient Finance Usa Inc on 12/05/2024	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 12/05/2024	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 12/05/2024	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 12/05/2024	Successfully Completed
Remittance File: For Waxie Sanitary Supply on 12/05/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/05/2024 08:28 AM	12/05/2024 08:28 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004242	Completed	00:00:13	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run Name STL-00004265
 Kitsap Public Health District JS
 Number STL-00004265
 Status Complete
 Date 12/12/2024
 Include Payments On Behalf Of No
 Exclude Negative Payments No
 Express Settlement No

Additional Information

Organization Kitsap Public Health District
 Currency USD
 Filters Used

Payment Information

Display Currency USD
 Outbound Total 64,440.26
 Inbound Total 0.00
 Expense Report Count 19
 Supplier Invoice Count 16

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	12/12/2024	1	38.86 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/12/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/12/2024	18	3,794.35 USD	USD	Payment Message: ID 3268 for Kitsap Public Health District on 12/12/2024	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/12/2024	10	44,136.13	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/12/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/12/2024	5	16,470.92	USD	Payment Message: ID 3269 for Kitsap Public Health District on 12/12/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011050	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0011050	12/12/2024		110.55	USD
Expense Report: EXP-0011051	Kitsap Public Health District	Richard Bazzell (328436)	Employee	EXP-0011051	12/12/2024		372.94	USD
Expense Report: EXP-0011052	Kitsap Public Health District	Windie Borja (426250)	Employee	EXP-0011052	12/12/2024		84.74	USD
Expense Report: EXP-0011053	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0011053	12/12/2024		73.70	USD
Expense Report: EXP-0011054	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0011054	12/12/2024		471.84	USD
Expense Report: EXP-0011055	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0011055	12/12/2024		94.47	USD
Expense Report: EXP-0011056	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0011056	12/12/2024		10.79	USD
Expense Report: EXP-0011057	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0011057	12/12/2024		364.73	USD
Expense Report: EXP-0011058	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0011058	12/12/2024		175.00	USD
Expense Report: EXP-0011059	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0011059	12/12/2024		276.50	USD
Expense Report: EXP-0011060	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0011060	12/12/2024		26.60	USD
Expense Report: EXP-0011061	Kitsap Public Health District	Carol McClung (435242)	Employee	EXP-0011061	12/12/2024		1,312.97	USD
Expense Report: EXP-0011062	Kitsap Public Health District	Kayla Tierney (434695)	Employee	EXP-0011062	12/12/2024		73.85	USD
Expense Report: EXP-0011064	Kitsap Public Health District	Nathan Sidell (435084)	Employee	EXP-0011064	12/12/2024		75.12	USD
Expense Report: EXP-0011068	Kitsap Public Health District	Kelly Snow (435021)	Employee	EXP-0011068	12/12/2024		38.86	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011069	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0011069	12/12/2024		36.18 USD	
Expense Report: EXP-0011070	Kitsap Public Health District	Aldrin Villahermosa II (435216)	Employee	EXP-0011070	12/12/2024		84.02 USD	
Expense Report: EXP-0011071	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0011071	12/12/2024		44.62 USD	
Expense Report: EXP-0011072	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0011072	12/12/2024		105.73 USD	

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-40482	Kitsap Public Health District	Drayton Jackson	jul-oct 2024 MILES	Drayton Jackson	Net 30	SINV-2024-40482	12/12/2024		01/11/2025	0.00	0.00	433.04 USD	
Supplier Invoice: SINV-2024-40484	Kitsap Public Health District	Drayton Jackson	10/1-10/4/245 MILES + PER DIEM	Drayton Jackson	Net 30	SINV-2024-40484	12/12/2024		01/11/2025	0.00	0.00	343.48 USD	
Supplier Invoice: SINV-2024-40485	Kitsap Public Health District	Griffin Glen Apartments LLC	JANUARY 2024 RENT	Griffin Glen Apartments LLC	Net 30	SINV-2024-40485	12/12/2024		01/11/2025	0.00	0.00	1,471.00 USD	
Supplier Invoice: SINV-2024-40486	Kitsap Public Health District	Kania, Sharon Faye	JANUARY 2024 RENT	Kania, Sharon Faye	Net 30	SINV-2024-40486	12/12/2024		01/11/2025	0.00	0.00	635.00 USD	
Supplier Invoice: SINV-2024-40489	Kitsap Public Health District	Daniel R. Niblock	JANUARY 2024 RENT	Daniel R. Niblock	Net 30	SINV-2024-40489	12/12/2024		01/11/2025	0.00	0.00	1,080.00 USD	
Supplier Invoice: SINV-2024-40490	Kitsap Public Health District	NSE Kitsap Fee Owner, LLC	JANUARY 2024 RENT	NSE Kitsap Fee Owner, LLC	Net 30	SINV-2024-40490	12/12/2024		01/11/2025	0.00	0.00	445.00 USD	
Supplier Invoice: SINV-2024-40491	Kitsap Public Health District	Post Cottage Bay, LP	JANUARY 2024 RENT	Post Cottage Bay, LP	Net 30	SINV-2024-40491	12/12/2024		01/11/2025	0.00	0.00	1,221.00 USD	
Supplier Invoice: SINV-2024-40492	Kitsap Public Health District	Paul Simmons	JANUARY 2024 RENT	Paul Simmons	Net 30	SINV-2024-40492	12/12/2024		01/11/2025	0.00	0.00	950.00 USD	



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-40493	Kitsap Public Health District	The Sindair II, LLC of Washington	JANUARY 2024 RENT	The Sindair II, LLC of Washington	Net 30	SINV-2024-40493	12/12/2024		01/11/2025	0.00	0.00	888.00	USD
Supplier Invoice: SINV-2024-40494	Kitsap Public Health District	Washington Home Solutions	JANUARY 2024 RENT	Washington Home Solutions	Net 30	SINV-2024-40494	12/12/2024		01/11/2025	0.00	0.00	721.00	USD
Supplier Invoice: SINV-2024-40496	Kitsap Public Health District	Bremerton Government Center Association	#1249	Bremerton Government Center Association	Net 30	SINV-2024-40496	12/12/2024		01/11/2025	0.00	0.00	35,720.61	USD
Supplier Invoice: SINV-2024-40499	Kitsap Public Health District	Kitsap County Medical Society	G MORROW KCMS/WCIMS DUES	Kitsap County Medical Society	Net 30	SINV-2024-40499	12/12/2024		01/11/2025	0.00	0.00	885.00	USD
Supplier Invoice: SINV-2024-40501	Kitsap Public Health District	Loomis	#13615854	Loomis - Remit-To: Palatine, IL	Net 30	SINV-2024-40501	12/12/2024		01/11/2025	0.00	0.00	866.00	USD
Supplier Invoice: SINV-2024-40502	Kitsap Public Health District	The People's Harm Reduction Alliance	KPHD-2024-Q3	The People's Harm Reduction Alliance	Net 30	SINV-2024-40502	12/12/2024		01/11/2025	0.00	0.00	13,535.49	USD
Supplier Invoice: SINV-2024-40503	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	#24-09565	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-40503	12/12/2024		01/11/2025	0.00	0.00	859.00	USD
Supplier Invoice: SINV-2024-40504	Kitsap Public Health District	United Business Machines of WA	#INV528611	United Business Machines of WA	Net 30	SINV-2024-40504	12/12/2024		01/11/2025	0.00	0.00	553.43	USD

Remittance

Process	Date	Remittance Events
	12/12/2024	5

Process History
Settlement Run Process History



View Settlement Run

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/12/2024 08:10:35 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 3268 for Kitsap Public Health District on 12/12/2024	Successfully Completed
Payment Message: ID 3269 for Kitsap Public Health District on 12/12/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/12/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/12/2024	Successfully Completed
Remittance File: For Kania, Shaaron Faye on 12/12/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 12/12/2024	Successfully Completed
Remittance File: For The Sinclair II, LLC of Washington on 12/12/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 12/12/2024	Successfully Completed
Remittance File: For The People's Harm Reduction Alliance on 12/12/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/12/2024 08:10 AM	12/12/2024 08:10 AM	Job	Settlement Run Complete	Settlement Run Complete STL-00004265	Completed	00:00:11	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run Name STL-00004292
 Kitap Public Health HH
 Number STL-00004292
 Status Complete
 Date 12/19/2024
 Include Payments On Behalf Of No
 Exclude Negative Payments Yes
 Express Settlement No

Additional Information

Organization Kitap Public Health District
 Currency USD
 Filters Used

Payment Information

Display Currency USD
 Outbound Total 34,319.13
 Inbound Total 0.00
 Expense Report Count 12
 Supplier Invoice Count 18

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	12/19/2024	2	520.58 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/19/2024	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/19/2024	10	1,511.33 USD	USD	Payment Message: ID 3288 for Kitsap Public Health District on 12/19/2024	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/19/2024	16	31,898.42	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/19/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/19/2024	1	388.80	USD	Payment Message: ID 3287 for Kitsap Public Health District on 12/19/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011128	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0011128	12/19/2024		146.55	USD
Expense Report: EXP-0011129	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0011129	12/19/2024		77.05	USD
Expense Report: EXP-0011130	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0011130	12/19/2024		65.06	USD
Expense Report: EXP-0011132	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0011132	12/19/2024		67.00	USD
Expense Report: EXP-0011133	Kitsap Public Health District	Jessica Howell (435293)	Employee	EXP-0011133	12/19/2024		453.58	USD
Expense Report: EXP-0011134	Kitsap Public Health District	Cristian Inga Dominguez (434769)	Employee	EXP-0011134	12/19/2024		60.64	USD
Expense Report: EXP-0011135	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0011135	12/19/2024		162.64	USD
Expense Report: EXP-0011136	Kitsap Public Health District	Naomi Levine (435209)	Employee	EXP-0011136	12/19/2024		26.13	USD
Expense Report: EXP-0011137	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0011137	12/19/2024		107.20	USD
Expense Report: EXP-0011138	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0011138	12/19/2024		201.00	USD
Expense Report: EXP-0011139	Kitsap Public Health District	Linda Pandino (419118)	Employee	EXP-0011139	12/19/2024		50.00	USD
Expense Report: EXP-0011141	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0011141	12/19/2024		615.06	USD

Supplier Invoices



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-41309	Kitsap Public Health District	Aspen NW Property Management	JANUARY 2025 RENT	Aspen NW Property Management	Net 30	SINV-2024-41309	12/19/2024		01/18/2025	0.00	0.00	1,290.00 USD	USD
Supplier Invoice: SINV-2024-41310	Kitsap Public Health District	Renew Property Management LLC	JANUARY 2025 RENT	Renew Property Management LLC	Net 30	SINV-2024-41310	12/19/2024		01/18/2025	0.00	0.00	1,380.00 USD	USD
Supplier Invoice: SINV-2024-41312	Kitsap Public Health District	Catherine M Schneider	JANUARY 2025 RENT	Catherine M Schneider	Net 30	SINV-2024-41312	12/19/2024		01/18/2025	0.00	0.00	1,000.00 USD	USD
Supplier Invoice: SINV-2024-41370	Kitsap Public Health District	Blue Sky Printing	#N20675	Blue Sky Printing	Net 30	SINV-2024-41370	12/19/2024		01/18/2025	0.00	0.00	303.76 USD	USD
Supplier Invoice: SINV-2024-41371	Kitsap Public Health District	City of Bremerton	#BKAT000888	City of Bremerton - Finance Dept BKAT	Net 30	SINV-2024-41371	12/19/2024		01/18/2025	0.00	0.00	510.27 USD	USD
Supplier Invoice: SINV-2024-41373	Kitsap Public Health District	Comcast	#226257871	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2024-41373	12/19/2024		01/18/2025	0.00	0.00	589.48 USD	USD
Supplier Invoice: SINV-2024-41374	Kitsap Public Health District	Comcast	CCAST1975- STMT	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2024-41374	12/19/2024		01/18/2025	0.00	0.00	449.96 USD	USD
Supplier Invoice: SINV-2024-41375	Kitsap Public Health District	Iron Mountain	#202908963	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2024-41375	12/19/2024		01/18/2025	0.00	0.00	194.40 USD	USD
Supplier Invoice: SINV-2024-41376	Kitsap Public Health District	Iron Mountain	#202936903	Iron Mountain - Remit-To: Po Box 27128	Net 30	SINV-2024-41376	12/19/2024		01/18/2025	0.00	0.00	194.40 USD	USD
Supplier Invoice: SINV-2024-41377	Kitsap Public Health District	Kitsap Sun	#0006716477	Kitsap Sun - Remit-To: Gannett PO Box 52173	Net 30	SINV-2024-41377	12/19/2024		01/18/2025	0.00	0.00	1,103.16 USD	USD
Supplier Invoice: SINV-2024-41380	Kitsap Public Health District	Kitsap County	2024 2ND/3RD QUARTER	Kitsap County - Prosecuting Dept. (Hold)	Net 30	SINV-2024-41380	12/19/2024		01/18/2025	0.00	0.00	21,586.00 USD	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-41381	Kitsap Public Health District	Lingo	#34242846	Lingo - Remit- To: PO Box 660344	Net 30	SINV-2024-41381	12/19/2024		01/18/2025	0.00	0.00	12.34 USD	USD
Supplier Invoice: SINV-2024-41404	Kitsap Public Health District	Netwrix Corporation	#INV-NW116068	Netwrix Corporation	Net 30	SINV-2024-41404	12/19/2024		01/18/2025	0.00	0.00	1,870.60 USD	USD
Supplier Invoice: SINV-2024-41421	Kitsap Public Health District	Propio LS, LLC	#0310071124	Propio LS, LLC	Net 30	SINV-2024-41421	12/19/2024		01/18/2025	0.00	0.00	233.55 USD	USD
Supplier Invoice: SINV-2024-41422	Kitsap Public Health District	Quest Diagnostics	#9212810546	Quest Diagnostics	Net 30	SINV-2024-41422	12/19/2024		01/18/2025	0.00	0.00	466.78 USD	USD
Supplier Invoice: SINV-2024-41423	Kitsap Public Health District	Staples	#6018875589	Staples - Remit- To: Staples	Net 30	SINV-2024-41423	12/19/2024		01/18/2025	0.00	0.00	73.17 USD	USD
Supplier Invoice: SINV-2024-41424	Kitsap Public Health District	Toyota Financial Services	12.10.24 STMNT	Toyota Financial Services	Net 30	SINV-2024-41424	12/19/2024		01/18/2025	0.00	0.00	460.71 USD	USD
Supplier Invoice: SINV-2024-41426	Kitsap Public Health District	Wex Bank	#101499835	Wex Bank	Net 30	SINV-2024-41426	12/19/2024		01/18/2025	0.00	0.00	568.64 USD	USD

Remittance

Remittance

Process	Date	Remittance Events
Payment Message: ID 3287 for Kitsap Public Health District on 12/19/2024	12/19/2024	1

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/19/2024 09:55:05 AM		Heather Hunsaker (434069)	1	



View Settlement Run

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process		Status
Payment Message: ID 3287 for Kitsap Public Health District on 12/19/2024		Successfully Completed
Payment Message: ID 3288 for Kitsap Public Health District on 12/19/2024		Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/19/2024		Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/19/2024		Successfully Completed
Remittance File: For Iron Mountain - Remit-To: Po Box 27128 on 12/19/2024		Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/19/2024 09:55 AM	12/19/2024 09:55 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004292	Completed	00:00:11	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run
 Name: STL-00004310
 Number: Kitsap Public Health District JS
 Status: STL-00004310
 Complete
 Date: 12/27/2024
 Include Payments On Behalf Of: No
 Exclude Negative Payments: No
 Express Settlement: No

Additional Information

Organization: Kitsap Public Health District
 Currency: USD
 Filters Used:

Payment Information

Display Currency: USD
 Outbound Total: 273,425.70
 Inbound Total: 0.00
 Expense Report Count: 20
 Miscellaneous Payment Request Count: 2
 Supplier Invoice Count: 33

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/27/2024	20	2,692.99	USD	Payment Message: ID 3307 for Kitsap Public Health District on 12/27/2024	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	12/27/2024	2	320.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/27/2024	Successfully Completed



View Settlement Run

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/27/2024	18	237,710.28	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/27/2024	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/27/2024	7	32,702.43	USD	Payment Message: ID 3308 for Kitsap Public Health District on 12/27/2024	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011204	Kitsap Public Health District	Dana Bierman (404611)	Employee	EXP-0011204	12/27/2024		36.82	USD
Expense Report: EXP-0011205	Kitsap Public Health District	Cheryl Clark (435043)	Employee	EXP-0011205	12/27/2024		28.00	USD
Expense Report: EXP-0011206	Kitsap Public Health District	Rebekah Karis Crail (435213)	Employee	EXP-0011206	12/27/2024		4.02	USD
Expense Report: EXP-0011207	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0011207	12/27/2024		95.95	USD
Expense Report: EXP-0011208	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0011208	12/27/2024		434.56	USD
Expense Report: EXP-0011209	Kitsap Public Health District	Adrienne Hampton (434838)	Employee	EXP-0011209	12/27/2024		25.35	USD
Expense Report: EXP-0011210	Kitsap Public Health District	Joaquin Hubert (435172)	Employee	EXP-0011210	12/27/2024		322.47	USD
Expense Report: EXP-0011214	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0011214	12/27/2024		483.95	USD
Expense Report: EXP-0011215	Kitsap Public Health District	Siri Kushner (327580)	Employee	EXP-0011215	12/27/2024		167.44	USD
Expense Report: EXP-0011216	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0011216	12/27/2024		218.43	USD
Expense Report: EXP-0011217	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0011217	12/27/2024		127.97	USD
Expense Report: EXP-0011218	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0011218	12/27/2024		3.92	USD
Expense Report: EXP-0011219	Kitsap Public Health District	Carol McClung (435242)	Employee	EXP-0011219	12/27/2024		50.00	USD
Expense Report: EXP-0011220	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0011220	12/27/2024		62.20	USD
Expense Report: EXP-0011221	Kitsap Public Health District	Edwin North (22459)	Employee	EXP-0011221	12/27/2024		50.00	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0011222	Kitsap Public Health District	Anna Renteria (435276)	Employee	EXP-0011222	12/27/2024		80.14	USD
Expense Report: EXP-0011225	Kitsap Public Health District	Orpa Taveras (435217)	Employee	EXP-0011225	12/27/2024		61.58	USD
Expense Report: EXP-0011226	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0011226	12/27/2024		322.27	USD
Expense Report: EXP-0011227	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0011227	12/27/2024		97.69	USD
Expense Report: EXP-0011229	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0011229	12/27/2024		20.23	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-19985	Kitsap Public Health District	Sunn Fjord Owners Assoc. (Inactive)	MFR-19985	Check	POS Customer Refund	12/27/2024	160.00	USD
MPR-19986	Kitsap Public Health District	SUSHI AVENUE (Inactive)	MPR-19986	Check	POS Customer Refund	12/27/2024	160.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-41406	Kitsap Public Health District	Outfront Media LLC	#06688572	Outfront Media LLC	Net 30	SINV-2024-41406	12/27/2024		01/26/2025	0.00	0.00	4,767.00	USD
Supplier Invoice: SINV-2024-41407	Kitsap Public Health District	Outfront Media LLC	#06688573	Outfront Media LLC	Net 30	SINV-2024-41407	12/27/2024		01/26/2025	0.00	0.00	4,767.00	USD
Supplier Invoice: SINV-2024-41410	Kitsap Public Health District	Outfront Media LLC	#06688575	Outfront Media LLC	Net 30	SINV-2024-41410	12/27/2024		01/26/2025	0.00	0.00	2,142.00	USD
Supplier Invoice: SINV-2024-42241	Kitsap Public Health District	A.W. Rehn & Associates, Inc	#15111	A.W. Rehn & Associates, Inc	Net 30	SINV-2024-42241	12/27/2024		01/26/2025	0.00	0.00	95.00	USD
Supplier Invoice: SINV-2024-42242	Kitsap Public Health District	Baker Electric	#39894	Baker Electric	Net 30	SINV-2024-42242	12/27/2024		01/26/2025	0.00	0.00	341.25	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-42248	Kitsap Public Health District	Dell Marketing L.P.	#10788796629	Dell Marketing L.P.	Net 30	SINV-2024-42248	12/27/2024		01/26/2025	0.00	0.00	3,014.94	USD
Supplier Invoice: SINV-2024-42249	Kitsap Public Health District	Kitsap County	DECEMBER 2024	Kitsap County - Remit-To: KC Information Services	Net 30	SINV-2024-42249	12/27/2024		01/26/2025	0.00	0.00	2,364.33	USD
Supplier Invoice: SINV-2024-42253	Kitsap Public Health District	Outfront Media LLC	#06688574	Outfront Media LLC	Net 30	SINV-2024-42253	12/27/2024		01/26/2025	0.00	0.00	2,142.00	USD
Supplier Invoice: SINV-2024-42254	Kitsap Public Health District	Outfront Media LLC	#06724830	Outfront Media LLC	Net 30	SINV-2024-42254	12/27/2024		01/26/2025	0.00	0.00	1,200.00	USD
Supplier Invoice: SINV-2024-42255	Kitsap Public Health District	Outfront Media LLC	#06724831	Outfront Media LLC	Net 30	SINV-2024-42255	12/27/2024		01/26/2025	0.00	0.00	1,191.75	USD
Supplier Invoice: SINV-2024-42256	Kitsap Public Health District	Outfront Media LLC	#06724832	Outfront Media LLC	Net 30	SINV-2024-42256	12/27/2024		01/26/2025	0.00	0.00	535.50	USD
Supplier Invoice: SINV-2024-42257	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	NOV 2024 TESTING SERVICES	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2024-42257	12/27/2024		01/26/2025	0.00	0.00	4,336.20	USD
Supplier Invoice: SINV-2024-42258	Kitsap Public Health District	Stericycle Inc	#8009134527	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-42258	12/27/2024		01/26/2025	0.00	0.00	305.62	USD
Supplier Invoice: SINV-2024-42259	Kitsap Public Health District	Stericycle Inc	#8009129824	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2024-42259	12/27/2024		01/26/2025	0.00	0.00	140.57	USD
Supplier Invoice: SINV-2024-42268	Kitsap Public Health District	Summit Law Group, PLLC	#158917	Summit Law Group, PLLC	Net 30	SINV-2024-42268	12/27/2024		01/26/2025	0.00	0.00	16,160.30	USD
Supplier Invoice: SINV-2024-42271	Kitsap Public Health District	Summit Law Group, PLLC	#159661	Summit Law Group, PLLC	Net 30	SINV-2024-42271	12/27/2024		01/26/2025	0.00	0.00	8,597.60	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-42274	Kitsap Public Health District	United Business Machines of WA	#INV529283	United Business Machines of WA	Net 30	SINV-2024-42274	12/27/2024		01/26/2025	0.00	0.00	1,028.51	USD
Supplier Invoice: SINV-2024-42276	Kitsap Public Health District	VectorUSA	#102664	VectorUSA	Net 30	SINV-2024-42276	12/27/2024		01/26/2025	0.00	0.00	5,927.34	USD
Supplier Invoice: SINV-2024-42279	Kitsap Public Health District	Verizon Wireless	#6100903916	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2024-42279	12/27/2024		01/26/2025	0.00	0.00	6,037.46	USD
Supplier Invoice: SINV-2024-42283	Kitsap Public Health District	Xiologix, Lic	#11499	Xiologix, Lic	Net 30	SINV-2024-42283	12/27/2024		01/26/2025	0.00	0.00	3,832.53	USD
Supplier Invoice: SINV-2024-42610	Kitsap Public Health District	American Family Life Assurance Company	DECEMBER 2024 BENEFITS	American Family Life Assurance Company	Net 30	SINV-2024-42610	12/27/2024		01/26/2025	0.00	0.00	2,279.67	USD
Supplier Invoice: SINV-2024-42611	Kitsap Public Health District	Health Equity	DECEMBER 2024 BENEFITS	Health Equity	Net 30	SINV-2024-42611	12/27/2024		01/26/2025	0.00	0.00	1,465.00	USD
Supplier Invoice: SINV-2024-42613	Kitsap Public Health District	Hra Veba Trust	12.2024 BENEFITS	Hra Veba Trust	Net 30	SINV-2024-42613	12/27/2024		01/26/2025	0.00	0.00	9,927.70	USD
Supplier Invoice: SINV-2024-42614	Kitsap Public Health District	Nationwide Retirement Solutions	12.2024 BENEFITS	Nationwide Retirement Solutions	Net 30	SINV-2024-42614	12/27/2024		01/26/2025	0.00	0.00	6,666.50	USD
Supplier Invoice: SINV-2024-42616	Kitsap Public Health District	A.W. Rehn & Associates, Inc	12.2024 BENEFITS PARKING	A.W. Rehn & Associates, Inc	Net 30	SINV-2024-42616	12/27/2024		01/26/2025	0.00	0.00	150.00	USD
Supplier Invoice: SINV-2024-42617	Kitsap Public Health District	A.W. Rehn & Associates, Inc	12.2024 BENEFITS DCFSA	A.W. Rehn & Associates, Inc	Net 30	SINV-2024-42617	12/27/2024		01/26/2025	0.00	0.00	1,888.63	USD
Supplier Invoice: SINV-2024-42618	Kitsap Public Health District	Prof & Technical Eng XPH	12.2024 BENEFITS - UNION	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2024-42618	12/27/2024		01/26/2025	0.00	0.00	3,969.19	USD



View Settlement Run

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-42619	Kitsap Public Health District	Prof & Technical Eng XPH	12.2024 BENEFITS - PAC	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2024-42619	12/27/2024		01/26/2025	0.00	0.00	35.00	USD
Supplier Invoice: SINV-2024-42620	Kitsap Public Health District	Voya Institutional Trust Company	12.2024 BENEFITS	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (Public Health Payroll)	Net 30	SINV-2024-42620	12/27/2024		01/26/2025	0.00	0.00	575.00	USD
Supplier Invoice: SINV-2024-42622	Kitsap Public Health District	Wash State Dept Of Retirement	12.2024 BENEFITS	Wash State Dept Of Retirement	Net 30	SINV-2024-42622	12/27/2024		01/26/2025	0.00	0.00	15,685.53	USD
Supplier Invoice: SINV-2024-42623	Kitsap Public Health District	Wa Health Care Authority - Uniform	12.2024 BENEFITS	Wa Health Care Authority - Uniform	Net 30	SINV-2024-42623	12/27/2024		01/26/2025	0.00	0.00	139,940.65	USD
Supplier Invoice: SINV-2024-42625	Kitsap Public Health District	Vimly Benefit Solutions Inc	12.2024 BENEFITS	Vimly Benefit Solutions Inc	Net 30	SINV-2024-42625	12/27/2024		01/26/2025	0.00	0.00	7,528.51	USD
Supplier Invoice: SINV-2024-42626	Kitsap Public Health District	Whit-Delta Dental Of Washington	12.2024 BENEFITS	Whit-Delta Dental Of Washington	Net 30	SINV-2024-42626	12/27/2024		01/26/2025	0.00	0.00	11,374.43	USD

Remittance
Remittance

Process	Date	Remittance Events
Payment Message: ID 3308 for Kitsap Public Health District on 12/27/2024	12/27/2024	5

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/27/2024 09:27:34 AM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	



View Settlement Run

Related Business Processes History

Business Process	Status
Payment Message: ID 3307 for Kitsap Public Health District on 12/27/2024	Successfully Completed
Payment Message: ID 3308 for Kitsap Public Health District on 12/27/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/27/2024	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/27/2024	Successfully Completed
Remittance File: For United Business Machines of WA on 12/27/2024	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 12/27/2024	Successfully Completed
Remittance File: For A.W. Rehn & Associates, Inc on 12/27/2024	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 12/27/2024	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 12/27/2024	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/27/2024 09:27 AM	12/27/2024 09:27 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004310	Completed	00:00:11	Junille Schmeling	



View Settlement Run

Settlement Run Information

Settlement Run STL-00004319
Name Kitsap Public Health District 2 JS
Number STL-00004319
Status Complete
Date 12/27/2024
Include Payments On Behalf Of No
Exclude Negative Payments No
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 12,992.04
Inbound Total 0.00
Supplier Invoice Count 1

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/27/2024	1	12,992.04	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/27/2024	Successfully Completed

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2024-43142	Kitsap Public Health District	Whit-Delta Dental Of Washington	12.2024 BENEFITS	Whit-Delta Dental Of Washington	Net 30	SINV-2024-43142	12/27/2024		01/26/2025	0.00	0.00	12,992.04	USD



View Settlement Run

Process History Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/27/2024 12:39:05 PM		Junille Schmeling (430378)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process		Status
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/27/2024		Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/27/2024 12:39 PM	12/27/2024 12:39 PM	Job	Settlement Run Complete	Settlement Run Complete for STL-00004319	Completed	00:00:04	Junille Schmeling	

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Dec

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5700:Debt Service Principal	5780 - Intergovernmental Loans	JE-00070191 - Kitsap Public Health District - 12/01/2024 - 2024 Mortgage Payment - December	12/1/2024	-	16,667.00	(16,667.00)
5800:Debt Service Interest	5830 - Interest on Long-Term External Debt	JE-00070191 - Kitsap Public Health District - 12/01/2024 - 2024 Mortgage Payment - December	12/1/2024	-	8,346.00	(8,346.00)
				-	25,013.00	(25,013.00)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Dec

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
5400:Other Services and Charges	5494 - Filing and Recording Fees	JE-00069652 - Kitsap Public Health District - 12/01/2024 - 2024 Nov Recording Fees	12/1/2024	-	303.50	(303.50)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 12/03/2024	12/3/2024	-	3,158.20	(3,158.20)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 12/03/2024	12/3/2024	-	62.25	(62.25)
5400:Other Services and Charges	5493 - Financial Service Fees	Operational Journal: Kitsap Public Health District - 12/05/2024	12/5/2024	-	1,340.73	(1,340.73)
5400:Other Services and Charges	5493 - Financial Service Fees	JE-00070131 - Kitsap Public Health District - 12/10/2024 - Returned Item - PH - R00234658 - 2024-12-10	12/10/2024	-	5.00	(5.00)
5890:Custodial Activities	5890.10 - Agency Withdrawals	Operational Journal: Kitsap Public Health District - 12/10/2024	12/10/2024	-	75.00	(75.00)
				-	4,944.68	(4,944.68)

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Dec

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
3800:Other Increases in Fund Resources	3860 - Agency Deposits	JE-00070196 - Kitsap Public Health District - 12/20/2024 - Public Health monthly vital stats transfer	12/20/2024	0.00	24,865.00	-24,865.00
				-	24,865.00	(24,865.00)

Kitsap Public Health - 12/31/2024

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Ader (413193) Sam	173.33	\$6,539.00			\$4,457.72
Alexander (435070)	173.33	\$6,596.00			\$4,303.13
Anderson (419470) Amy	173.33	\$7,164.00			\$4,644.30
Anderson-Hobbs (435083)	173.33	\$5,456.00			\$4,100.03
Armstrong (434291) Jami	173.33	\$6,402.00			\$4,370.25
Atisme-Bevins (433909)	173.33	\$9,184.00			\$5,668.38
Baker (435044) Katie	173.33	\$5,508.00			\$4,088.97
Banigan (215189) Leslie	173.33	\$7,614.00			\$5,463.99
Baum (434397) Rudy	173.33	\$6,282.00			\$4,586.67
Bazzell (328436) Richard	173.33	\$7,614.00			\$5,326.73
Bell (419805) Gus	173.33	\$7,733.00			\$5,033.78
Berger (407902) Angeline	173.33	\$6,282.00			\$4,391.68
Bierman (404611) Dana	173.33	\$9,643.00			\$6,926.58
Borja (426250) Windie	173.33	\$6,716.00			\$4,528.17
Boysen-Knapp (2058)	173.33	\$7,636.00			\$5,334.75
Breitmayer (435259)	168.33	\$7,509.95			\$5,720.38
Bronder (434436) Christine	173.33	\$5,649.00			\$4,192.06
Brown (271677) Steven	173.33	\$9,643.00			\$5,748.09
Burchett (409212) Brian	173.33	\$6,228.00			\$4,390.09
Burke (434463) Lenore	173.33	\$4,814.00			\$3,316.26
Burton (434296) Callie	173.33	\$4,880.00			\$3,527.96
Cadorna (434932) Jessi		\$0.00			\$0.00
Camarena (434536) Daniel	173.33	\$6,048.00			\$4,133.51
Chandler (435269)	169.83	\$7,576.86			\$3,288.41
Chang (411387) Margo	173.33	\$5,427.00			\$3,762.26
Chen (434841) Jessica	25.94	\$1,036.56			\$721.77
Clark (435043) Cheryl	173.33	\$6,830.00			\$4,882.69
Collins (434101) Lori	173.33	\$7,351.00			\$5,001.47
Collins (435290) River	173.33	\$3,789.00			\$2,845.91
Crail (435213) Rebekah	99.00	\$2,797.74			\$2,187.17
Currie (400651) Krista	173.33	\$5,077.00			\$3,752.95
Davis (433997) Elizabeth	173.33	\$9,184.00			\$6,363.87
Degracia (435196) Allison	173.33	\$5,783.00			\$4,271.82
Dowless (340919) Kelly	173.33	\$8,018.00			\$5,419.84
Duren (430735) Ashley	173.33	\$6,722.00			\$4,857.39
Evans (4565) Eric	173.33	\$11,163.00			\$5,675.02
Fergus (434648) Maria	173.33	\$5,366.00			\$3,919.57
Fine (421693) George	86.67	\$2,287.00			\$1,776.20
Fisk (321284) April	173.33	\$8,840.00			\$4,810.55
Fong (356883) Yolanda	173.33	\$12,903.00			\$8,318.78
Fuchs (435045) Molly	173.33	\$4,605.00			\$3,372.40
Fucini (434997) Heather	173.33	\$6,228.00			\$4,999.64
Giuntoli (337331) Paul	173.33	\$7,614.00			\$4,663.45
Gress (421427) Nicole	173.33	\$5,308.00			\$3,800.22
Griego (410072) Yaneisy	173.33	\$6,294.00			\$4,723.72
Guidry (355732) Jessica	173.33	\$10,631.00			\$7,445.61
Hammond (434978)	173.33	\$6,926.00			\$4,608.03
Hampton (434838)	173.33	\$8,018.00			\$5,644.46
Hansen (435085) Isabella	173.33	\$4,666.00			\$3,447.76
Harmon (434977) William	173.33	\$8,270.00			\$6,221.00
Holdcroft (270783) Jodie		\$0.00			\$29.46
Holdcroft (4579) Grant		\$0.00			\$85.60
Holt (2726) Karen	173.33	\$10,631.00			\$6,786.67
Howard (434057) Anne	138.67	\$4,687.00			\$3,008.24
Howell (435293) Jessica	86.67	\$1,882.00			\$1,503.85
Hubert (435172) Joaquin	173.33	\$5,401.00			\$4,460.36
Hughes (434256) Jakob	173.33	\$6,228.00			\$4,504.15
Hunter (409213) Kari	173.33	\$9,643.00			\$6,267.56
Inga Dominguez (434769)	173.33	\$5,116.00			\$3,785.74
Inouye (434255) Wendy	173.33	\$8,840.00			\$6,021.88
Jenkins (434053) Andrea	173.33	\$4,814.00			\$3,631.96
Jones (358933) Kimberly	173.33	\$9,643.00			\$6,439.67
Jury (434709) Thomas	173.33	\$5,649.00			\$4,076.97
Katula (393427) Dayna	173.33	\$9,643.00			\$5,916.97
Kench (245476) Donald	173.33	\$4,481.00			\$2,523.73
Kiess (250913) John	173.33	\$11,721.00			\$8,607.05
Kimes (433908) Alexandra	173.33	\$8,270.00			\$5,703.59

Kitsap Public Health - 12/31/2024

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kindschy (421430)	173.33	\$6,866.00			\$5,058.15
Kinnear (434099) Sarah	173.33	\$6,316.00			\$4,676.66
Knoop (16125) Melina	173.33	\$7,614.00			\$4,957.50
Kruse (243184) Charles	173.33	\$7,719.00			\$5,251.44
Kushner (327580) Siri	173.33	\$11,721.00			\$7,055.75
Laird (416539) Melissa	173.33	\$10,631.00			\$6,445.24
Lawver (434888) Albert	173.33	\$6,228.00			\$4,649.49
Levine (435209) Naomi	173.33	\$6,015.00			\$4,493.87
Lytle (285038) Ross	173.33	\$7,614.00			\$5,129.35
Madden (434318) Shannon	173.33	\$4,814.00			\$3,520.65
May (434674) Martha	173.33	\$4,694.00			\$3,239.12
Mazur (388104) Karina	140.00	\$7,265.60			\$4,846.13
McClung (435242) Carol	173.33	\$8,419.00			\$5,605.70
McMillan (434052) Michelle	173.33	\$6,432.00			\$4,561.74
Miller (435008) Christopher	173.33	\$8,510.00			\$5,536.81
Moen (279971) Anne	173.33	\$8,330.00			\$5,462.73
Moontree-Stewart (406607)	173.33	\$6,072.00			\$4,625.18
Moore (434254) Alexandra	173.33	\$5,931.00			\$4,389.82
Morris (312378) Dawn	173.33	\$7,933.00			\$5,541.14
Morris (434567) Amanda	173.33	\$4,814.00			\$3,494.54
Morrow (433895) Nathan	173.33	\$17,214.00			\$9,947.26
Navarro (435294) Alee	165.33	\$4,098.68			\$3,129.66
Neff Warner (435082) Leah	205.33	\$7,813.92			\$4,785.00
Newland (435315) Daisy	173.33	\$5,380.00			\$4,084.29
Nguyen (295033) Loan	173.33	\$5,598.00			\$3,774.05
North (22459) Edwin	173.33	\$10,631.00		\$183.93	
O'Brien (433907) Melissa	173.33	\$5,649.00			\$4,425.84
Onarheim (426938) Carin	173.33	\$5,983.00			\$4,508.84
Outlaw-Spencer (434984)	173.33	\$6,072.00			\$4,671.56
Pandino (419118) Linda	173.33	\$5,077.00			\$3,793.85
Perry (306605) Rachel	173.33	\$4,605.00			\$3,365.82
Pittsinger (435173) Lynn	173.33	\$11,721.00			\$7,736.07
Renteria (435276) Anna	173.33	\$4,547.00			\$3,566.94
Romaele (435094) Antonio	173.33	\$5,649.00			\$4,168.56
Rork (404613) Ian	173.33	\$7,251.00			\$5,262.26
Sample (434976) Brittany	173.33	\$5,729.00			\$4,238.38
Sauna (435096) Khushnum	173.33	\$5,508.00			\$4,075.76
Shelby (434658) Emmy	156.00	\$7,068.00			\$4,796.81
Sherman (434949) Linnea	173.33	\$4,814.00			\$3,236.56
Shoriz (434893) Justin	173.33	\$5,264.00			\$4,024.99
Shuhler (425553) Yana	173.33	\$4,775.00			\$3,135.58
Sidell (435084) Nathan	173.33	\$5,456.00			\$3,312.06
Simmons (434365) Nolan	173.33	\$5,931.00			\$4,439.28
Smith (361388) Terri	173.33	\$8,510.00			\$5,905.71
Snow (435021) Kelly	117.33	\$3,656.04			\$2,386.65
Sooter (427776) Thaddeus	173.33	\$9,643.00			\$6,675.26
Stedman (347366) Kelsey	173.33	\$9,643.00			\$6,252.97
Stewart (423168) Tobbi	173.33	\$6,228.00			\$4,208.79
Taveras (435217) Orpa	173.33	\$5,000.00			\$3,730.18
Tierney (434695) Kayla	173.33	\$4,648.00			\$3,471.20
Turner (1682) Denise	173.33	\$5,598.00			\$3,327.36
Van Ort (392243) Susan	173.33	\$7,614.00			\$5,206.48
Villahermosa II (435216)	173.33	\$5,456.00			\$3,929.06
Wagner (426251) Mary	121.34	\$3,224.00			\$2,264.89
Warren (434273) Lisa		\$0.00			\$0.00
Wellborn (14545) Brian	173.33	\$4,481.00			\$2,907.47
Wendt (397255) Jan	173.33	\$7,733.00			\$5,621.47
Westervelt (434382) Laura	173.33	\$6,866.00			\$4,530.53
Whares (434641) Erica	173.33	\$6,926.00			\$5,373.54
Whitford (434292) Tiffany	173.33	\$4,574.00			\$3,371.61
Wimpenny (434923) Jacob	173.33	\$7,209.00			\$5,167.10
Winchester (431493)	173.33	\$5,649.00			\$4,003.29
Wyatt (434415) Janet	173.33	\$7,733.00			\$4,879.32
	21,266.73	\$852,665.35	\$67,981.82	\$215,978.04	\$578,806.13

TREAS RPT - Detail Cash Report - Cash

Treasurer's Detail Report
For 2024 - Dec

Ledger Account	Revenue or Spend Category	Journal	Posting Date	Debit	Credit	Balance
Cash						
2315:Employee Benefits Payable		Operational Journal: Kitsap Public Health District - 12/13/2024	12/13/2024	-	132,741.71	(132,741.71)

- 132,741.71 (132,741.71)

Certificate Of Completion

Envelope Id: AF6D4CCE-862A-45F5-BE6B-A42D276E7245
 Subject: Complete with Docusign: 2.05.25 Consent Agenda_Warrants_EFTs.pdf
 Source Envelope:
 Document Pages: 32
 Certificate Pages: 2
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed
 Envelope Originator:
 Carol McClung
 345 6th Street, Suite 300
 Bremerton, WA 98337
 Carol.mcclung@kitsappublichealth.org
 IP Address: 146.218.141.215

Record Tracking

Status: Original
 1/24/2025 9:24:20 AM
 Holder: Carol McClung
 Carol.mcclung@kitsappublichealth.org
 Location: DocuSign

Signer Events

Melissa Laird
 melissa.laird@kitsappublichealth.org
 Finance Manager
 Kitsap Public Health District
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 DB9C788F36B1467...
 Signature Adoption: Pre-selected Style
 Using IP Address: 146.218.141.198

Timestamp

Sent: 1/24/2025 9:26:55 AM
 Viewed: 1/24/2025 9:28:05 AM
 Signed: 1/24/2025 9:28:11 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Yolanda Fong
 yolanda.fong@kitsappublichealth.org
 Administrator
 kitsap Public health District
 Security Level: Email, Account Authentication (None)

Signed by:

 04B011B7E67B465...
 Signature Adoption: Pre-selected Style
 Using IP Address: 146.218.141.163

Sent: 1/24/2025 9:26:55 AM
 Resent: 1/27/2025 11:43:22 AM
 Resent: 1/28/2025 7:08:40 AM
 Viewed: 1/28/2025 7:51:04 AM
 Signed: 1/28/2025 7:51:25 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/24/2025 9:26:56 AM
Certified Delivered	Security Checked	1/28/2025 7:51:04 AM
Signing Complete	Security Checked	1/28/2025 7:51:25 AM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	1/28/2025 7:51:25 AM

Payment Events	Status	Timestamps
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