

**KITSAP PUBLIC HEALTH DISTRICT
2018 – 2020 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 16

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and KITSAP PUBLIC HEALTH DISTRICT 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, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:
 - Commercial Tobacco Prevention Program - Effective July 1, 2020
 - ELC COVID-19 - Effective June 1, 2020
 - HIV Client Services-HOPWA - Effective July 1, 2020
 - Infectious Disease Care & Prevention (IDCP) - July 1, 2020
 - Infectious Disease Client Services (IDCS) RW CARES - Effective January 20, 2020
 - Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2020
 - OICP-Promotion of Immunization to Improve Vaccination Rates - Effective July 1, 2020
 - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2020
- Amends Statements of Work for the following programs:
 - LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019
 - Marijuana Prevention & Education Program - Effective July 1, 2019
 - Recreational Shellfish Activities - Effective July 1, 2019
 - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018
- Deletes Statements of Work for the following programs:

2. Exhibit B-16 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-15 Allocations as follows:

- Increase of **\$804,922** for a revised maximum consideration of **\$7,193,474**.
- 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-16 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-15.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Keith Grellner
Keith Grellner (Aug 5, 2020 13:29 PDT)

Brenda Henrikson, Contracts Specialist
Brenda Henrikson, Contracts Specialist (Aug 5, 2020 14:38 PDT)

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

2018-2020 CONSOLIDATED CONTRACT

EXHIBIT A

STATEMENTS OF WORK

TABLE OF CONTENTS

DOH Program Name or Title: Commercial Tobacco Prevention Program - Effective July 1, 2020	3
DOH Program Name or Title: ELC COVID-19 - Effective June 1, 2020	11
DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2020	13
DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2020.....	16
DOH Program Name or Title: Infectious Disease Client Services (IDCS) RW CARES - Effective January 20, 2020	24
DOH Program Name or Title: LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019	29
DOH Program Name or Title: Marijuana Prevention & Education Program - Effective July 1, 2019.....	35
DOH Program Name or Title: Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2020	43
DOH Program Name or Title: OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2020	45
DOH Program Name or Title: Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2020.....	47
DOH Program Name or Title: Recreational Shellfish Activities - Effective July 1, 2019.....	52
DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018.....	54

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Commercial Tobacco Prevention Program - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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: July 1, 2020 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide state funding for tobacco and vapor product prevention and control activities.

Note: Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for SFY20 and SFY21. SFY21 will be split between the current 2018-2020 Consolidated Contract (ConCon) and the next ConCon term beginning January 1, 2021. Any unused portion of SFY21 will be carried forward into the new contract term

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Youth Tobacco Vapor Products	N/A	334.04.93	77410890	07/01/20	12/31/20	0	38,402	38,402
FPH-Youth Tobacco Vapor Prevention	N/A	334.04.93	77410621	07/01/20	12/31/20	0	24,289	24,289
SFY21 Marijuana Education	N/A	334.04.93	77420821	07/01/20	12/31/20	0	5,766	5,766
TOTALS						0	68,457	68,457

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Planning and Coordination</p> <ol style="list-style-type: none"> Using a template provided by CTPP, build upon existing 2019-2020 implementation plan for 2020-2021 in collaboration with representatives from all counties within the respective Accountable Communities of Health (ACH) region. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors. Participate in statewide commercial tobacco prevention coalition meetings as established. 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	Funding utilized: State (YTVP, FPH) Reimbursement for actual expenditures, not to exceed total funding consideration. A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p>office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
2	<p>Reduce Tobacco-Related Disparities</p> <ol style="list-style-type: none"> 1. In collaboration with priority population contractors, engage and educate internal and external partners about: <ol style="list-style-type: none"> a. The value of local control in preventing initiation and continued use of tobacco and vapor products that lead to tobacco-related health issues and health disparities. b. The value of a comprehensive tobacco prevention program to prevent the initiation of tobacco and vapor product use among youth and young adults c. Focused policy options to address the impact of flavored (including menthol) tobacco and vapor product flavors on youth initiation and use of tobacco and vapor products. 2. Disseminate prevention and Tobacco Use and Dependence Treatment (TUDT)-informing materials for disparately affected communities that address emerging tobacco/vapor products are culturally & linguistically appropriate, trauma-informed, & equity-based. 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
3	<p>Prevent Tobacco use Among Youth and Young Adults with Emphasis on Nicotine Consumed Through Electronic Cigarettes/Vapor Products</p> <ol style="list-style-type: none"> 1. Build upon existing Tobacco and Vapor 21 implementation plan, addressing diverse audiences and ensuring all communications 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>materials are culturally and linguistically appropriate.</p> <p>2. 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>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
4	<p>Promote and Support Tobacco Use and Dependence Treatment</p> <p>1. Inform providers about TUDT resources and referral processes, including those for the Washington State Tobacco Quitline (WAQL), 2Morrow Health application, and WA-Branded Truth Initiative’s “This is Quitting” promotional materials.</p> <p>2. In collaboration with CTPP, incorporate 2020-2021 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency social media content, and report communications and media efforts in a template provided by the CTPP as part of the monthly reporting requirement.</p> <p>3. Disseminate TUDT resources provided by CTPP to community-based organizations, centers, and networks supporting disparately affected communities.</p>		<p>Monthly Progress Report (due the 15th of the month) and Expenditure Report and Request for Reimbursement (due the 30th of the month.)</p>	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>Eliminate Exposure to Secondhand Smoke and Vape Emissions</p> <ol style="list-style-type: none"> 1. Conduct education and outreach within respective ACH region addressing local smoking and vaping in public places ordinances. 2. Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies. 3. Respond to technical assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses. 4. Upon request, provide technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies. 		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>
6	<p>Media and Health Communications</p> <p>Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.</p>		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (YTVP, FPH)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					budget workbook must be completed by the 30 th of the month following the month in which costs were incurred.
7	<p>Youth Marijuana Prevention and Education</p> <p>Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.</p>		Monthly Progress Report (due the 15 th of the month) and Expenditure Report and Request for Reimbursement (due the 30 th of the month.)	07/01/20-12/31/20	<p>Funding utilized: State (Marijuana Prevention and Education)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative**Definitions:**

CONTRACTOR – LHJ performing work under this statement of work.

A. Contractor will:

1. Fulfill program administration roles and responsibilities:
 - Ensure required infrastructure. It is recommended that each regional contractor have 0.4 FTE but will have no less than a .25 FTE (10 hours/week).
 - Participate in required conference calls, trainings, webinars, and in-person or virtual meetings for Commercial Tobacco Prevention Program (CTPP) contractors hosted by DOH.
 - Participate in contract management conference calls/webinars with CTPP every other month, beginning in July 2020. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.
 - Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors.
 - Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
 - 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.
 - Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each CTPP Regional Contractor.
 - Meet all requirements outlined in the CTPP Work Plan and Reporting Guidebook provided by CTPP.
 - Have completed background checks and on file for any staff or volunteer (funded and/or representing a CTPP 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.

B. DOH will support Contractor by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, 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 LHJ.

C. Program Administration:

1. The contractor shall perform the requirements and activities defined in this statement of work (SOW) and the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2019. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19-1A invoice. CTPP staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by CTPP.

2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with CTPP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this SOW.
3. DOH reserves the right to determine the amount of any reduction to this statement of work, based on contractor's performance. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual work plan and budget must be approved by CTPP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

D. Subcontractor Requirements:

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional 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 Regional Contractor. Due dates may be set by the Regional Contractor to ensure they can meet the deadlines in Section E below.
2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor is required to include language in these contracts that reflects the following:
 - Provide verification that criminal history/background checks have been completed for any staff and volunteers who will work with youth (ages 0-17) and are on file.

E. Required Plans and Reports

The contractor shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

<u>Report</u>	<u>Date Due</u>
1. Submit an annual plan and budget	Annually, no later than July 30, 2020, using a template provided by CTPP. DOH approval will occur no later than August 15, 2020. Update as needed on SharePoint.
2. Expenditure Report and Request for Reimbursement (A19-1A)	A19-1A and updated budget workbook due the 30 th of the month following the month in which costs are incurred.
3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY21: July 10, 2021 Final Expenditure Reports are due within 45 days of the end of the contract year
4. Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by CTPP. All documents related to task activities will be attached.
5. Assessment and Evaluation	Using a template provided by CTPP, complete project evaluation activity developed and coordinated by CTPP as requested.

The 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.

F. Payment

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2019.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. 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.
4. DOH shall pay 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: July 1, 2020 to June 30, 2021.
5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. 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.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Program Manual, Handbook, Policy References

Meet requirements outlined in the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, Budget Workbook.

H. Special References (RCWs, WACs, etc)

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.

DOH Program Contact

Stacia Wasmundt, Contract Manager
 Youth Tobacco and Vapor Product Prevention Consultant
 Commercial Tobacco Prevention Program
 Office of Healthy and Safe Communities
 Washington State Department of Health
 Street Address: Tumwater Town Center 3,
 243 Israel Road SE, Tumwater, WA 98501
 Telephone: 360-791-6484 / Email: Stacia.Wasmundt@doh.wa.gov

DOH Fiscal Contact

Shanna Haggerty, Fiscal Consultant
 Prevention and Community Health
 Washington State Department of Health
 Street Address: 101 Israel Rd SE, Tumwater WA 98501
 Mailing Address: PO Box 47855, Olympia WA 98504-7855
 Telephone: 360-236- 3801/Fax: 360-664-2619 / Email: Shanna.Haggerty@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: ELC COVID-19 - Effective June 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH18248

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

Period of Performance: June 1, 2020 through December 31, 2020

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to build and strengthen epidemiology, laboratory and health information systems capacity in local health jurisdictions.

Note: Pending execution of an extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, DOH plans to extend the period of performance and funding in this statement of work through December 31, 2021. Unspent funds through December 31, 2020 will be carried forward into the new consolidated contract period beginning January 1, 2021 and will allow for work to continue through December 31, 2021.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY19 COVID CARES	93.323	333.93.32	1891029A	06/01/20	12/31/20	0	314,824	314,824
TOTALS						0	314,824	314,824

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Establish a spending plan and staffing proposal to support the work of COVID-19 case investigation and contact tracing. The spending plan and staffing proposal should include proposed positions and define roles.		Submit spending plan and staffing proposal summary to the DOH Contract Manager.	August 15, 2020	\$314,824 – MI 1891029A – COVID CARES (\$314,824 for the period 06/01/20-12/31/21)
2	Hire, orient and/or train staff based on the negotiated staffing proposal. Develop a training plan in consultation with DOH that is consistent with the DOH COVID-19 guideline. Training plan will be flexible depending on staff experience and based on for onboarding into new systems.		Staff summary and training plan	September 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Conduct case investigations, contact tracing and monitoring in accordance with DOH COVID-19 Infection Reporting and Surveillance Guidelines (DOH 420-107), Appendix 1: Case and Contact Investigation, pages 16-21: https://www.doh.wa.gov/Portals/1/Documents/5100/420-107-Guideline-COVID-19.pdf		Data collected and reported into DOH systems	Daily	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements/Narrative

All work will be performed in accordance with the revised and approved project plans to be submitted to DOH by July 15, 2020.

Special Billing Requirements

Payment: Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Submission of Invoice Vouchers: The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

DOH Program Contact

Mike Boysun
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DOH Fiscal Contact

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District
Contract Number: CLH18248

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

Period of Performance: July 1, 2020 through December 31, 2020

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

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

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY20 HOUSING-PEOPLE WITH AIDS FORMULA	14.241	333.14.24	12660201	07/01/20	12/31/20	0	26,690	26,690
TOTALS						0	26,690	26,690

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons With AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</p>		<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p>Administrative: \$1,746</p> <p>Support Services: \$1,250</p> <p>STRMU: \$3,750</p> <p>Permanent Housing Placement: \$0</p> <p>Tenant Based Rental Assistance: \$19,944</p>

			<p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10th of the month.</p> <p>-Submission of Consolidated Annual Performance Report (CAPER) by August 10.</p> <p>-Submission of Monitor responses by the due date requested.</p>		<p>Housing Information Services: \$0</p> <p>TOTAL: \$26,690</p>
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***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements/Narrative

The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the HOPWA Program.

LHJ shall provide the following inputs:

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

Compensation and Payment:

- The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **January 25, 2021**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**

(1) The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.

iv) **Advance Payments Prohibited** Funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.

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

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

Contract Modifications:

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

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

Confidentiality Requirements:

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

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

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

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

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

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

DOH Program Contact

Deborah Green
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Deborah.Green@doh.wa.gov

DOH Fiscal Contact

Abby Gilliland
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Abby.Gilliland@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2020 through December 31, 2020

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY20 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261850C	07/01/20	12/31/20	0	232,292	232,292
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	07/01/20	12/31/20	0	20,000	20,000
HIV LOCAL PROVISO	N/A	334.04.98	12618595	07/01/20	12/31/20	0	41,748	41,748
ADAP REBATE (LOCAL) 19-21	N/A	334.04.98	12618590	07/01/20	12/31/20	0	45,864	45,864
TOTALS						0	339,904	339,904

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Drug User Health				
Syringe Service Program (SSP)	Syringe Service Program (SSP): To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will operate during scheduled hours to provide new harm reduction supplies and syringes to prevent transmission of disease. SSP will offer referrals to address social determinants of health.	Identify and submit annual projections for each of the SSP deliverables. Enter deliverable data into database for tracking SSP activities by the 15th of each month following service.	Monthly by the 15th of the following month.	\$20,000 – MI 12405100 – State Drug User Health \$20,000 for 07/01/20-12/31/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV Community Services - Care				
<p>Outreach Services – Peer Navigation</p>	<p>Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services.</p> <p>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.</p>	<p>Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p>\$41,748 – MI 12618595 – Local Proviso</p> <p>\$41,748 for 07/01/20-12/31/20</p>
<p>Case Management</p>	<p>Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.</p>	<p>Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.</p> <p>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client</p> <p>Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p>	<p>Agency must adhere to DOH ID Reporting Requirements</p>	<p>\$218,281 – MI 1261850C – Local Rebates</p> <p>\$218,281 for 07/01/20-12/31/20</p>

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Medical Transportation	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; 4) voucher or token systems.	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$2,250 – MI 1261850C – Local Rebates \$2,250 for 07/01/20-12/31/20
Food Bank	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).	Agency must track and report within the DOH-approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$7,486 – MI 1261850C – Local Rebates \$7,486 for 07/01/20-12/31/20
Housing	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.	Agency must track and report within the DOH approved data system any and all activity related to this Service Category. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.	Agency must adhere to DOH ID Reporting Requirements	\$4,275 – MI 1261850C – Local Rebates \$4,275 for 07/01/20-12/31/20
Space and Staff	LJH will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center; Registered Nurse to assist physician and administrative support staff to assist with project	LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by Harborview Medical Center and the LHJ.	Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2020.	\$45,864 – MI 12618590 – Rebates \$45,864 for 07/01/20-12/31/20

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative**1. Definitions**

CONTRACTOR – LHJ receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

2. Client Eligibility and Certification - Reference the HCS Manual for more information.

3. Title XIX HIV Medical Case Management – Reference the HCS Manual for more information.

4. Quality Management/Improvement Activities – Reference the HCS Manual for more information.

5. HIV Statewide Data System – Reference the HCS Manual for more information.

6. HIV and STD Testing Services

- a. HIV testing services must follow DOH and CDC guidance for HIV testing.
- b. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STD/HCV partner services. CONTRACTOR must refer newly identified HIV infected persons to the local health jurisdiction for PS within three (3) business days of a positive result.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV test kits and controls should be procured through DOH.
- e. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.
- f. CONTRACTOR will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided. Testing for infections other than HIV is not to be performed anonymously.
- g. In the event of a standalone HIV test, if STD testing is available at the agency, the reason for no accompanying STD test must be documented. If the agency does not offer STD or HCV testing, a referral for STD and HCV testing must be documented.
- h. CONTRACTOR must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- i. CONTRACTOR will ensure that sufficient staff is available to perform HIV testing using capillary and venous draws.

7. PAHR Services – Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.

- a. PAHR Services programs must follow FY21 PAHR Services Implementation Guidelines.
- b. All PAHR Services data should be tracked through Provide unless written exception is approved.
- c. Minimum PAHR Services data elements should be collected by all agencies funded to provide PAHR Services. These data elements may be referenced in FY21 PAHR Services Implementation Guidelines.

8. Reporting Requirements – Reference the HCS Manual for more information.

9. 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. It allows individuals and organizations to perform at a greater capacity.

10. Training Requirements – Reference the HCS Manual for more information.

11. Participation in Washington State’s HIV Planning Process - Reference the HCS Manual for more information.

12. Contract Management – Reference the HCS Manual for more information.

a. Fiscal Guidance

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, 2020. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
- iv) **Advance Payments Prohibited** – Reference the HCS Manual for more information.
- v) **Payer of Last Resort** – Reference the HCS Manual for more information.
- vi) **Cost of Services** – Reference the HCS Manual for more information.
- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- x) **Supervision** - Under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

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

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

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

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

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

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

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

Food for staff meetings/trainings is not allowable.

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

b. **Contract Modifications**

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

c. **Subcontracting**

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

d. **Written Agreements**

The CONTRACTOR should execute written agreements with the providers listed below to document how the providers’ services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- (1) Partner Counseling and Re-Linkage Services (PCRS)
- (2) HIV Testing Services
- (3) Medical Providers providing services to agency’s medical case management clients

- (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR.

Technical assistance is available through DOH.

13. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through this RFA will:

- a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health
 PO Box 47841, Olympia, WA 98504-7841
 Phone: (360) 236-3579/Fax: (360) 664-2216
 Email: Michael.Barnes@doh.wa.gov

- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub-contractors). Such notice must consist of language similar to the following: “This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website.”

14. Youth and Peer Outreach Workers

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

15. Confidentiality Requirements – Reference the HCS Manual for more information.

16. 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.

17. Allowable Costs

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

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

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

**Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or 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.

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)

DOH Program Contact, PLWH

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DOH Fiscal Contact

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360-236-3351/Fax: 360-664-2216
Abby.Gilliland@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Infectious Disease Client Services (IDCS) RW CARES - Effective January 20, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: January 20, 2020 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act in order to address the impact created by COVID-19.

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
RYAN WHITE PART B COVID-19 RESPONSE	93.917	333.93.91	12613200	01/20/20	12/31/20	0	24,730	24,730
TOTALS						0	24,730	24,730

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Ryan White - CARES				
COVID-19 CARES Act	All activities and purchases supported with Ryan White HIV/AIDS Program (RWHAP) CARES Act COVID-19 awards must be used for services, activities, and supplies needed to prevent or minimize the impact of COVID-19 on RWHAP clients. The following activities are approved: <ul style="list-style-type: none"> • Medical Case Management • Non-Medical Case Management • Emergency Financial Assistance • Food Bank/Home Delivered Meals • Essential Non-food Items • Health education/Risk Reduction • Housing • Linguistic Services • Medical Transportation 	Agency must track and report within the DOH approved data system any and all activity related to this Service Category Additionally, all activities related to CARES Act funding must be tracked in a monthly COVID-19 Data Report (CDR) per Health Resources and Services Administration (HRSA) requirements.	CARES Act funding must be expended by December 31, 2020. Expenses incurred related to COVID-19 may be reimbursed back to January 20, 2020.	\$24,730 – MI 12613200 – Ryan White CARES \$24,730 for 01/20/20-12/31/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Outreach Services • Psychosocial Support Services 	Progress reports to be submitted quarterly.		

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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

Program Specific Requirements/Narrative**1. Definitions**

- a. CARES Act – The Coronavirus Aid, Relief, and Economic Security Act
- b. CONTRACTOR – LHJ receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

2. Client Eligibility and Certification - Reference the HCS Manual for more information.

3. Title XIX HIV Medical Case Management – Reference the HCS Manual for more information.

4. Quality Management/Improvement Activities – Reference the HCS Manual for more information.

5. HIV Statewide Data System – Reference the HCS Manual for more information.

6. Reporting Requirements – Agency must report in agency approved data system any and all activity related to this service category. Additionally, all activities related to CARES Act funding must be tracked in a monthly COVID-19 Data Report (CDR) as determined by HRSA.

7. Participation in Capacity Building and Technical Assistance Activities designed to increase efficacy of HIV Community Services

- a. Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. It allows individuals and organizations to perform at a greater capacity.
- b. Any capacity building must be related to preventing, preparing, or responding to COVID-19.

8. Training Requirements – Reference the HCS Manual for more information.

9. Contract Management – Reference the HCS Manual for more information.

- a. **Fiscal Guidance**

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by January 21, 2021. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
- iv) **Advance Payments Prohibited** – Reference the HCS Manual for more information.
- v) **Payer of Last Resort** – Reference the HCS Manual for more information.
- vi) **Cost of Services** – Reference the HCS Manual for more information.
- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- x) **Supervision** - Under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

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

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

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

- 1) Laptops and Notebook Computers
- 2) Tablets and Smart Phones

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

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

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

Food for staff meetings/trainings is not allowable.

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

b. Contract Modifications

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

c. Subcontracting

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

d. Written Agreements

The CONTRACTOR should execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with funded Medical HIV Case Management services and activities:

- (1) Partner Counseling and Re-Linkage Services (PCRS)
- (2) HIV Testing Services
- (3) Medical Providers providing services to agency's medical case management clients
- (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR.

Technical assistance is available through DOH.

10. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through this RFA will:

- a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health
 PO Box 47841, Olympia, WA 98504-7841
 Phone: (360) 236-3579/Fax: (360) 664-2216
 Email: Michael.Barnes@doh.wa.gov

- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub- contractors). Such notice must consist of language similar to the following: “This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website.”

11. Youth and Peer Outreach Workers

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

12. Confidentiality Requirements – Reference the HCS Manual for more information.

13. 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:
 - iv. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
 - v. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and;
 - vi. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

14. Allowable Costs

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

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

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

**Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or 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.

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)

DOH Program Contact, PLWH

Chris Wukasch
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-34329/Fax: 360-664-2216
Chris.Wukasch@doh.wa.gov

DOH Fiscal Contact

Abby Gilliland
DOH, Infectious Disease Operations Unit
PO Box 47840, Olympia, WA 98504-7841
360-236-3351/Fax: 360-664-2216
Abby.Gilliland@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: March 1, 2019 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to establish funding for Local Strategies for Physical Activity and Nutrition (LSPAN), a project of the State Physical Activity and Nutrition Program (SPAN).

Note: Deliverables due after December 31, 2020 will be included in the extended consolidated contract period beginning January 1, 2021.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from September 29, 2020 to December 31, 2020 and add and extend deliverable due dates.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY18 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440248	03/01/19	09/29/19	60,000	0	60,000
FFY19 PHYS ACTVTY & NUTRITION PROG	93.439	333.93.43	77440239	09/30/19	12/31/20	60,000	0	60,000
TOTALS						120,000	0	120,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1a	PROGRAM ADMINISTRATION: Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD).		Designated KPHD staff will participate in contract management calls.	March 1, 2019- September 29, 2020 <i>December 31, 2020</i>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
1b	PROGRAM ADMINISTRATION: Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.		Designated KPHD staff will participate in calls, webinars, and meetings.	March 1, 2019- September 29, 2020 <i>December 31, 2020</i>	Reimbursement for actual costs, not to exceed total contract funding. See

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					Program Specific Requirements.
1c	PROGRAM ADMINISTRATION: Perform administrative duties related to LSPAN.		Quarterly progress reports to DOH via SharePoint site or email	<p>Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p>Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p><i>January 15, 2021 (covering September 30, 2020-December 31, 2020)</i></p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2a	PROGRAM IMPLEMENTATION: Finalize Work Plan and Budget Workbook using DOH-provided templates.		Submit Work Plan to DOH Program Contact via email	<p>Draft due: Year 1-FFY18: March 15, 2019 Year 2-FFY19: July 3, 2020</p> <p>Final due: Year 1-FFY18: March 29, 2019 Year 2-FFY19: July 10, 2020</p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.
2b	PROGRAM IMPLEMENTATION: Implement finalized community work plan focused on LSPAN that include:		Quarterly progress reports to DOH via SharePoint site or email	Year 1-FFY18: July 15, 2019 (covering March 31, 2019-June 29, 2019)	Reimbursement for actual costs, not to exceed total contract

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> - Addressing at least two (2) state strategies required by this grant funding. - Achieving policy, systems, or environmental changes consistent with the strategies. - Identifying and reaching populations with health disparities. 			<p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p>Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p><i>January 15, 2021 (covering September 30, 2020-December 31, 2020)</i></p>	funding. See Program Specific Requirements.
2c	PROGRAM IMPLEMENTATION: Report quarterly expenditures using DOH-provided template.		Report quarterly expenditures using DOH-provided template.	<p>Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p>Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p>	Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				October 15, 2020 (covering June 30, 2020- September 29, 2020) <i>January 15, 2021 (covering September 30, 2020-December 31, 2020)</i>	
2d	<p>PROGRAM COMMUNICATION: Inform partners and public about program successes and related best practices, including social media posts and publication.</p> <p>Write a success story related to LSPAN projects.</p>		<p>Provide copies of any relevant communication products with quarterly progress reports to DOH via SharePoint site or email</p> <p>One success story using DOH-provided template</p>	<p>January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p><i>January 15, 2021 (covering September 30, 2020-December 31, 2020)</i></p> <p>Draft due by August 30, 2020</p> <p>Final due by October 15, 2020</p>	Reimbursement for actual costs, not to exceed total contract funding.
3	<p>PROGRAM EVALUATION: Participate in performance measure data collection and program evaluation activities in collaboration with DOH.</p>		<p>Quarterly progress reports to DOH via SharePoint site or email</p>	<p>Year 1-FFY18: April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p>Year 2-FFY19: January 15, 2020 (covering September 30, 2019-December 30, 2019)</p>	Reimbursement for actual costs, not to exceed total contract funding.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				April 15, 2020 (covering December 31, 2019-March 30, 2020) July 15, 2020 (covering March 31, 2020-June 29, 2020) October 15, 2020 (covering June 30, 2020- September 29, 2020) <i>January 15, 2021 (covering September 30, 2020-December 31, 2020)</i>	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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.

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

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

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

AND

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

Email: MandatoryGranteeDisclosures@oig.hhs.gov

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

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

Monitoring Visits (frequency, type)

- In-person site visits at least once a year

Special Billing Requirements

- Must use the budget workbook supplied by the program

DOH Program Contact

Amy Ellings, Healthy Eating Active Living Program Manager

Washington State Department of Health

PO Box 47848, Olympia, WA 98504

360-236-3754 (desk) / 360-480-1164 (mobile)

Amy.Ellings@doh.wa.gov

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Marijuana Prevention & Education Program - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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


Period of Performance: July 1, 2019 through December 31, 2020

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to fund the activities of a regional Youth Marijuana Prevention and Education Program (YMPEP).

Revision Purpose: The purpose of this revision is to add the Master Index Code for SFY21 and update the Chart of Accounts Program Name/Title, add language under Program Specific Requirements/Narrative, and change the DOH Program Contact.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
SFY20 MARIJUANA EDUCATION	N/A	334.04.93	77420820	07/01/19	06/30/20	247,509	0	247,509
SFY21 MARIJUANA EDUCATION	N/A	334.04.93	77420821	07/01/20	12/31/20	247,509	0	247,509
TOTALS						495,018	0	495,018

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ is required to complete the following tasks and deliverables and adhere to all requirements contained in the attached Youth Marijuana Prevention and Education Guide.					
 YMPEPRegGuide.pdf					
Due dates and allocations are for purposes of reflecting the total annual allocation and reporting for SFY20 and SFY21. SFY21 will be split between the current 2018-2020 Consolidated Contract (ConCon) and the new ConCon term beginning January 1, 2021. Any unused portion of SFY21 will be carried forward into the new contract term.					
1. Groundwork – Build program and regional capacity to plan, coordinate, implement and evaluate regional Youth Marijuana Prevention and Education Program (YMPEP) activities based on the regionally developed strategic plan:					
A.	Hire YMPEP Regional Coordinator.		Report progress and submit invoices monthly	06/30/20 12/31/20	Reimbursement for actual expenditures, not to exceed total funding consideration.
B.	Create and maintain Regional Network and partnerships with people throughout the region.		Report progress and submit invoices monthly	06/30/20 12/31/20	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
C.	Provide needed education and skill enhancement opportunities for Regional Network.		Report progress and submit invoices monthly	06/30/20 12/31/20	A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
D.	Identify organizational structure of the Regional Network		Report progress and submit invoices monthly	06/30/20 12/31/20	
E.	Form a subcommittee of the Regional Network; refer to them as the Planning Team		Report progress and submit invoices monthly	06/30/20 12/31/20	
2. Assessment – Conduct ongoing needs assessment data within the region to support planning activities					
A.	Form or identify an Epidemiological Workgroup		Report progress and submit invoices monthly	06/30/20 12/31/20	Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
B.	Conduct/update a needs assessment to assess regional needs, assets, gaps, and readiness.		Report progress and submit invoices monthly	06/30/20 12/31/20	
C.	Determine which of the most pressing needs prevention efforts can influence.		Report progress and submit invoices monthly	06/30/20 12/31/20	
3. Capacity – Recruit and convene a regional network and raise awareness of its mission and purpose					
A.	Host regular meetings with Regional Network. (Planning team meets monthly during Strategic Planning Process; Full network meets quarterly at a minimum.)		Report progress and submit invoices monthly	06/30/20 12/31/20	Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month
B.	Use knowledge about the community's level of readiness to publicize the issue and encourage participation on Regional Network		Report progress and submit invoices monthly	06/30/20 12/31/20	
C.	Expand the Regional Network to include sectors within the region and other members interested in preventing substance use disorder.		Report progress and submit invoices monthly	06/30/20 12/31/20	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
D.	Develop a plan for attending health equity trainings, recruiting and developing partnerships with a diverse representation of the community, etc.		Report progress and submit invoices monthly	06/30/20 12/31/20	following the month in which costs were incurred.
4. Planning – Coordinate development of a mission, logic model and strategic and sustainability plans for the region.					
A.	Convene the planning team.		Report progress and submit invoices monthly.	06/30/20 12/31/20	Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
B.	Train the planning team.		Report progress an submit invoices monthly	06/30/20 12/31/20	
C.	Analyze risk and protective factors and local conditions		Report progress and submit invoices monthly	06/30/20 12/31/20	
D.	Choose the factors on which the region will concentrate		Choose the factors on which the region will concentrate	06/30/20 12/31/20	
E.	Establish Mission of YMPEP region		Report progress an submit invoices monthly	06/30/20 12/31/20	
F.	Develop logic model to guide effort		Report progress an submit invoices monthly	06/30/20 12/31/20	
G.	Create regional strategic plan to include policies, programs and practices. Include a minimum of 70 percent of time to Primary activities and up to 30 percent of time to implement approved Innovative activities		Report progress and submit invoices monthly	06/30/20 12/31/20	
H.	Choose policy, systems, and environmental (PSE) activities to address the risk and protective factors the Regional Network prioritized.		Report progress and submit invoices monthly.	06/30/20 12/31/20	
I.	Present the plan to the communities it will serve throughout the region and gather support		Report progress and submit invoices monthly	06/30/20 12/31/20	
J.	Create Sustainability Plan		Report progress and submit invoices monthly	06/30/20 12/31/20	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5. Implementation – Coordinate implementation of the strategic plan					
A.	Hire staff, subcontract and/or recruit volunteers to implement Regional Strategic Plan.		Report progress and submit invoices monthly.	06/30/20 12/31/20	Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
B.	Follow the Regional Strategic Plan throughout the implementation process		Report progress and submit invoices monthly	06/30/20 12/31/20	
C.	Continue to track and monitor resources annually. Update and revise resource assessment as needed.		Report progress and submit invoices monthly	06/30/20 12/31/20	
D.	Meet regularly with Regional Network.		Report progress and submit invoices monthly	06/30/20 12/31/20	
E.	Keep regional partners informed using a newsletter, listserv, monthly meetings		Report progress and submit invoices monthly	06/30/20 12/31/20	
F.	Write grant applications (as appropriate) to increase funding opportunities and ensure sustainability of YMPEP region		Report progress and submit invoices monthly	06/30/20 12/31/20	
6. Evaluation – Plan and participate in state and regional evaluation efforts					
A.	Create Regional Evaluation Plan		Report progress and submit invoices monthly	06/30/20 12/31/20	Reimbursement for actual expenditures, not to exceed total funding consideration. A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract. The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.
7. Work Plan – LHJ must prepare and submit a work plan and budget for the remainder of the biennium					
A.	Prepare and submit Annual Work Plans and budgets for SFY 20 and SFY 21.		Completed work plan and budget	06/30/20 12/31/20	Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p>A19's for YMPEP expenditures must continue to be submitted to the DOH Grants Management office per the Consolidated Contract.</p> <p>The Expenditure Worksheet in the YMPEP Budget Workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

A. Local Health Jurisdiction (LHJ) will:

1. Fulfill program administration roles and responsibilities:
 - a) Meet requirements outlined in the YMPEP Regional Implementation Guide provided by DOH, which includes (but is not limited to) conducting a regional assessment of needs, coordinating and maintaining a regional network, preparing, annually updating and managing the implementation of the region's strategic plan.
 - b) Ensure program staffing is at least 1.0 FTE (divided among no more than three (3) people). These staff are required to attend either the Substance Abuse Prevention Skills Training (SAPST) or DOH SAPST within nine (9) months of being hired.
 - c) Participate in required conference calls, trainings, and webinars and *virtual or* in-person meetings for YMPEP contractors hosted by DOH.
 - d) Submit an Annual Plan and Budget according to the deadlines in Section E below.
 - e) Submit accurate and complete progress and expenditure reports, using the required guidance, reporting tool or system, and deadlines provided by DOH (See Section E below).
 - f) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YMPEP Regional Contractor/LHJ.
 - g) Participate in the DOH-funded Marijuana Prevention Practice Collaborative by following the guidelines and expectations developed by the collaborative membership.
 - h) Have completed background checks completed and on file for any staff or volunteer (funded and/or representing an YMPEP 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 statement of work. This requirement is consistent with existing statute RCW 9.96A.020

2. Meet evaluation requirements:
 - a) Submit at least one (1) Success Story using guidance and tools provided by DOH.
 - b) Perform annual close out procedures as directed by DOH.
 - c) Participate in performance measure data collection activities in collaboration with DOH.
 - d) Participate in project evaluation activities developed and coordinated by DOH.

- e) Consult with and submit an Exception Request to the Washington State Institutional Review Board (wsirb@dshs.wa.gov) when intending to conduct focus groups, key-informant interviews, surveys, or any other method used to gather data systematically. Provide a copy of the WSIRB Exception Request and approval to the DOH Contract Manager.

3. Written Policies and Procedures/Documents

- a) Written policies and procedures, consistent with federal and state regulations, as applicable, shall be kept on file in the office of the LHJ and be available for review at the request of DOH staff. Such policies and procedures shall include, but not be limited to, as appropriate:
 - i. Position Descriptions
 - ii. Confidentiality Policy
 - iii. Regional Needs Assessment
 - iv. 5-Year Regional Strategic Plan (includes annual work plan)
 - v. Completed background checks for those staff, subcontractors or volunteers working directly with youth (ages 0-17).
 - vi. Latest Agency Audit
 - vii. Subcontractor Agreements

B. DOH will support LHJ by providing:

- 1. Timely communications regarding funding amounts and/or funding reductions.
- 2. An annual calendar of key events, 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. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Updating regional needs assessment.
 - b) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - c) 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>.
 - d) Providing relevant resources and training.
 - e) Meeting performance measure, evaluation, and data collection requirements.
 - f) Developing 5-year regional strategic plans, annual work plans, budgets and logic models.
 - g) Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether YMPEP funds may be used for activities and projects proposed by the LHJ.

C. Program Administration

- 1. The LHJ shall perform the requirements and activities defined in this agreement and the YMPEP Regional Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each Monthly Report, and Monthly Expenditure Report and Request for Reimbursement Form (A19).
- 2. The YMPEP Regional Contractor/LHJ shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with YMPEP funds.
- 3. Failure of the YMPEP Regional Contractor/LHJ to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this statement of work.
- 4. DOH reserves the right to determine the amount of any reduction, based on YMPEP Regional Contractor's/LHJ's performance, and to amend the contract to effect any reduction. Any reduction shall be based on a review of the YMPEP Regional Contractor's/LHJ's expenditure patterns and actual performance.
- 5. The LHJ will make a reasonable and ongoing effort, throughout the period of performance, to secure and/or leverage resources from private and public entities to supplement the administrative, operational, and implementation costs under this program. Documentation of any collaborative efforts and securing of resources that benefit this project shall be kept current and on file in the office of the YMPEP Regional Contractor/LHJ and shall be available for review upon request by DOH staff.

6. The LHJ’s annual work plan and budget must be approved by the DOH MPEP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, including personnel changes, must also be approved by the DOH contract manager prior to implementation.

D. Subcontractor Performance Expectations

1. When subcontracting with an organization that is leading regional efforts in one or more counties, the Regional Contractor/LHJ is required to include language in these contracts that reflects the following:
 - a) Submit monthly progress reports and invoices that reflect work performed and funding spent using tools provided by the DOH or the Regional Contractor/LHJ. Due dates may be set by the LHJ to ensure they can meet the deadlines in Section E below.
2. When subcontracting with an organization to work directly with youth (ages 0-17), the Regional Contractor/LHJ is required to include language in these contracts that reflects the following:
 - a) 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.

E. Required Plans and Reports

The LHJ shall submit required reports by the date due using required forms according to procedures issued by DOH. These reports and their due dates shall include, but not be limited to:

<u>Report</u>	<u>Date Due</u>
1. Submit an Annual Plan and Budget	Annually no later than April 30. DOH approval will occur no later than June 15.
2. Expenditure Report and Request for Reimbursement	A19 and updated budget workbook due the 30 th of the month following the month in which costs are incurred.
3. Final Expenditure Report and Request for Reimbursement (FY Closeout)	Year-end projections are due as follows: FY20: July 10, 2020 FY21: July 10, 2021 Final Expenditure Reports are due within 45 days of the end of the contract year.
4. Contractor Monthly Report	The 15 th of the month following the month in which activities were performed.
5. Success Story	Annually, No later than June 30, 2019

The LHJ 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.

F. Payment

1. 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.
2. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the LHJ 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.
4. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: SFY 20 (July 1, 2019 to June 30, 2020) and SFY 21 (July 1, 2020- June 30, 2021).

5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Activity Report, Monthly Expenditure Report and Request for Reimbursement form (A19) according to Section E of this contract. If the Monthly Activity Report, Expenditure Report and/or Request for Reimbursement form are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted annually by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. 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.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

G. Evaluation of YMPEP Regional Contractor's/LHJ's Performance

1. LHJ's performance will be evaluated on the following:
 - a) Biennial submittal and DOH approval of an updated Regional Needs Assessment in accordance with DOH guidance and requirements.
 - b) Biennial submittal and DOH approval of an updated 5-year Regional Strategic Plan in accordance with DOH guidance and requirements.
 - c) Timely completion, submission of proposed Annual Budget (Budget Line Items, Summary Budget Projections, Budget Narrative) and work plan in accordance with DOH guidance and requirements.
 - d) Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management via ConCon and the YMPEP Budget Workbook by the due dates listed in Section E.
 - e) Submission of 24 monthly Activity Reports by the due dates listed in Section E.
 - f) One on-site visit per biennium per requirements and protocols provided by DOH MPEP.

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

1. Recipients may not use funds for research.
2. Recipients may not use funds for clinical care.
3. 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 marijuana products or paraphernalia used in the consumption and/or use of marijuana products.
4. 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.
5. Recipients may not use funding for construction or other capital expenditures.
6. The contractor/LHJ must comply with DOH MPEP guidance on food, incentives and use of DOH logo outlined in the YMPEP Regional Implementation Guide, and should not exceed federal per diem rates.
7. Reimbursement of pre-award costs is not allowed.

I. Special References

As a provision of Dedicated Marijuana 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.

DOH - Primary Point of Contact:

~~David Harrelson~~ *Angela Boyer*, YMPEP Contract Manager

Office Phone: ~~360-972-0199~~ (360) 584-3189

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: July 1, 2020 through December 30, 2020

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

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY21 PPHF Ops	93.268	333.93.26	74310206	07/01/20	12/31/20	0	1,250	1,250
TOTALS						0	1,250	1,250

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

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

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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.

DOH Contract Manager

Tawney Harper, MPA

Deputy Director | Operations Manager

Office of Immunization and Child Profile

Department of Health

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: OICP-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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: July 1, 2020 through December 31, 2020

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

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY21 VFC Ops	93.268	333.93.26	74310202	07/01/20	12/31/20	0	8,067	8,067
TOTALS						0	8,067	8,067

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners. The proposal must meet guidelines outlined in the <u>Local Health Jurisdiction Funding Opportunity, Promotion of Immunizations to Increase Vaccination Rates</u> announcement.		Written proposal and a report that shows starting immunization rates for the target population	August 1, 2020	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. *See Restrictions on Funds below.
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.		Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2020	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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.

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

Allowable Uses of Federal Operations Funds document (dated 12/20/2017) is posted on the DOH Consolidated Contract website at this [link](#). These federal funds may not be used for expenses related to travel or attendance at any non-DOH sponsored conference, training, or event without prior written approval from the DOH Office of Immunization and Child Profile.

DOH Program Contacts

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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: July 1, 2020 through December 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives and identify funding for the period July 1, 2020 through December 31, 2020

Revision Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
FFY21 VFC IQIP	93.268	333.93.26	74310204	07/01/20	12/31/20	0	21,000	21,000
TOTALS						0	21,000	21,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Childhood Vaccine Program (CVP) and Immunization Quality Improvement for Providers as directed by the state administrators of the program.					
1	Enroll new health care providers into the Childhood Vaccine Program (CVP). Conduct an enrollment site visit to all new providers, and gather information needed to complete program enrollment. All visits must be conducted in person in accordance with CVP Operations Guide.		Provider Agreement New Enrollment Packet with original signature – DOH 348-002 (NOTE: a photocopy will not be accepted) New Enrollment Training Guide (CVP SharePoint Site) Information Sharing Agreement - DOH 348-576 Vaccine Loss Policy with original signature – DOH 348-298	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program. Transfers must be performed in accordance with CDC and CVP guidelines.		Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or disenroll from the Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	
3	<p>Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>		<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions and upload applicable documentation into PEAR</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	
4	<p>Complete the Compliance Site Visit Management Plan to ensure providers receive a site visit within 24 months of previous site visit and/or 12 months from new enrollment visit.</p> <p>Conduct Compliance Site Visits at enrolled health care provider site within the assigned region using the DOH Provider Selection Protocol. All visits must be conducted in person in accordance with CVP Operations Guide.</p>		<p>a) Copy of Compliance Site Visit Management Plan (template will be provided)</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for</p>	<p>a) By July 31, 2020</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Complete Compliance Site Visit follow-up to assure providers resolve all corrective actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p>		<p>each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.</p> <p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p>	<p>visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p> <p>d) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	
5	<p><u>IQIP (Immunization Quality Improvement for Providers)</u></p> <p>a) Complete Project Management Scheduling Tool by July 15, 2020.</p> <p>b) Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 15% of eligible enrolled health care providers within the assigned region by December 15, 2020. Visits must take place in person and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint site.</p> <p>c) Continue following up with provider sites at two (2,) six (6), and twelve (12) months after initial IQIP visit. Perform an assessment at six (6) months of initial visit. Follow up visits must take place in person, webinar, or by telephone and in accordance with the</p>		<p>a) Copy of project management plan (template will be provided)</p> <p>b) Enter all initial IQIP visit details into the IQIP Online Tool for each visit conducted.</p> <p>c) Enter IQIP follow-up visit details in the IQIP Online Tool for all follow-up</p>	<p>a) Within five (5) business days of the IQIP Annual Training</p> <p>b) Within five (5) business days of visit</p> <p>c) Within five (5) business days of contact</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Immunization Quality Improvement for Provider's Guide.				

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

- A portable unit or certified pack-out must be used for any vaccine that is transferred or removed from providers who merge with existing health care organizations or who discontinue participating in the Washington State Childhood Vaccine Program.
- All LHJ staff who conduct VFC Compliance Site Visits and IQIP visits must participate in an annual in-person VFC and IQIP training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All LHJ staff who conduct VFC Compliance Site Visits and IQIP visits must participate in scheduled VFC and IQIP training webinars, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new site visit reviewers are required to complete DOH assigned training before conducting site visits independently.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. The observational visit will occur within three (3) months of the annual training.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.
- All LHJ staff who conduct site visits (Compliance and Unannounced Storage and Handling) must have the equipment needed to allow use of the Provider Education, Assessment, and Reporting (PEAR) online system at the time of the visit (i.e., laptop, internet hotspot or air card, etc.).

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

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act).

The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

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

Program Manual, Handbook, Policy References

Childhood Vaccine Program Operations Guide - A copy will be provided by the Office of Immunization and Child Profile.

Immunization Quality Improvement for Provider's Guide (IQIP) Guide – A copy will be provided by the Office of Immunization and Child Profile and available on the OICP IQIP SharePoint site.

All Childhood Vaccine Program documents created by DOH will be available on the Childhood Vaccine Program and OICP IQIP SharePoint sites.

Staffing Requirements

Provide notification via email to WAChildhoodVaccines@doh.wa.gov within fifteen (15) days of any changes to staffing for those who conduct work outlined in this statement of work.

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

Allowable Uses of Federal Operations Funds document (dated 12/20/2017) is posted on the DOH Consolidated Contract website at this [link](#). These federal funds may not be used for expenses related to travel or attendance at any non-DOH sponsored conference, training, or event without prior written approval from the DOH Office of Immunization and Child Profile.

Definitions/Acronyms

AFIX - Assessment, Feedback, Incentive, and Exchange

CDC – Centers for Disease Control and Prevention

CVP – Childhood Vaccine Program

IQIP - Immunization Quality Improvement for Providers

OICP – Office of Immunization and Child Profile

PEAR - Provider Education, Assessment, and Reporting

VFC – Vaccines for Children Program

DOH Program Contact

Tawney Harper, MPA

Deputy Director | Operations Manager

Office of Immunization and Child Profile

Department of Health

PO Box 47843, Olympia WA 98504-7843

tawney.harper@doh.wa.gov, 360-236-3525

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Recreational Shellfish Activities - Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: July 1, 2019 through December 31, 2020

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funds for shellfish harvesting safety.

Revision Purpose: The purpose of this revision is to extend the period of performance and funding from June 30, 2020 to December 31, 2020, revise deliverable due dates, and update DOH program and fiscal contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
Rec. Shellfish/Biotoxin	N/A	334.04.93	26402600	07/01/19	12/31/20	15,000	0	15,000
TOTALS						15,000	0	15,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Biotoxin Monitoring <ul style="list-style-type: none"> Collect 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. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. This may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: February 17, 2020 December 31, 2020 (See Special Instructions below.)	\$14,300

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	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 report including the number of events staffed, and amount of educational materials distributed.	Email Report to DOH by: February 17, 2020 December 31, 2020 (See Special Instructions below.)	\$500
3	Other Maintain a 24-hour toll free recreational shellfish hotline		Report the number of phone calls received.	Email Report to DOH by: February 17, 2020 December 31, 2020 (See Special Instructions below.)	\$200

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative**Program Manual, Handbook, Policy References**

Department of Health's Biotxin Monitoring Plan

Special References (RCWs, WACs, etc)

Chapter 246-280 WAC

<http://www.doh.wa.gov/CommunityandEnvironment/Shellfish/RecreationalShellfish>

<http://www.doh.wa.gov/AboutUs/ProgramsandServices/EnvironmentalPublicHealth/EnvironmentalHealthandSafety/ShellfishProgram/Biotoxins>

Special Instructions

Report for work done the previous year must be submitted via email to Liz Maier by ~~February 17, 2020~~ December 31, 2020.

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

DOH Program Contacts:

Liz Maier, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360.236.3308; liz.maier@doh.wa.gov

Kristy Warner, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360.701.7537; kristy.warner@doh.wa.gov

DOH Fiscal Contact: ~~Heidi Kuykendall, Office of Environmental Health and Safety, PO Box 47824, Olympia, WA 98504-7824; 360.236.3396; heidi.kuykendall@doh.wa.gov~~
~~Pamela Ranes, Office of Financial Management; PO Box 47850, Olympia, WA 98504-7850; 360.236.4528; pamela.ranes@doh.wa.gov~~

**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - Effective October 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

Period of Performance: October 1, 2018 through September 30, 2020

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 (Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidance system.

Revision Purpose: The purpose of this revision is to (1) update language in Task 2.0 and 2.1. (2) Add language in Task 2.1.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change None	Total Consideration
				Start Date	End Date			
FFY18 CSS IAR SNAP ED PROG MGNT CF	10.561	330.10.56	76211993	10/01/18	09/30/19	13,833	0	13,833
FFY19 CSS IAR SNAP ED PROG MGNT	10.561	330.10.56	76211991	10/01/18	09/30/19	69,875	0	69,875
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	10.561	330.10.56	76701905	10/01/19	09/30/20	83,000	0	83,000
TOTALS						166,708	0	166,708

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in their approved: <ul style="list-style-type: none"> FFY19 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was 		<ul style="list-style-type: none"> Project qualified target audiences reached Project activities completed (# direct education, PSE, Etc.) noted in project plans and workbooks. Required demographic data collected. Evaluation activities completed per the implementing agency and 	<p><u>For the Period:</u> 10/01/18 to 09/30/19</p> <p>Due: per the approved work plan and no later than 09/30/19</p>	<p><u>For the Period:</u> 10/01/19 to 09/30/20</p> <p>Due: per the approved work plan and no later than 09/30/20</p>	<p>Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$166,708.</p> <p>Kitsap Public Health District will be paid the allowable costs incurred based on their approved budget and program</p>

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<p>submitted to them via DOH email.</p> <ul style="list-style-type: none"> FFY 20 SNAP-Ed project description and work plans approved by DOH, Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email. 		<p>state evaluation team (pre and post surveys, PSE tracking, success stories etc.).</p>			<p>allowability. See special billing requirements section.</p> <p>**NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.</p>
2.0	<p>Quarterly Progress Reports The following data is collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> Project major achievements. Project major challenges. If projects are running on time with original timeline? If not why, and how will you correct the timeline? Any PSE progress. Any success stories to date. <p>Topics included in quarterly progress report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) requirements.</p>		<p>Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system.</p>	<p>FFY19 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/18 to 12/31/18. Final Due: COB 01/10/19 2nd quarter report for the work completed during 01/01/19 to 03/31/19. Final Due: COB 04/11/19 3rd quarter report for the work completed during 04/01/19 to 06/30/19. Final Due: COB 07/11/19 Final report for all work not already reported. 	<p>FFY20 Quarterly Progress Reports due:</p> <ul style="list-style-type: none"> 1st quarter report for the work completed during 10/01/19 to 12/31/19. Final Due: COB 01/10/20 2nd quarter report for the work completed during 01/01/20 to 03/31/20. Final Due: COB 04/11/20 04/13/20 3rd quarter report for the work completed during 04/01/20 to 06/30/20. Final Due: COB 07/11/20 07/13/20 Final report for all work not already reported. 	<p>See payment information as referenced in task number 1.0</p>

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
				Final Due: COB 09/21/19	Final Due: COB 09/18/20	
2.1	<p>Education and Administrative Reporting Systems (EARS), Evaluation Data and Reports</p> <p>The following evaluation activities and information is required for all projects based on your approved project/plan</p> <ul style="list-style-type: none"> • Formative • Process • PSE • Outcome • Qualitative <p>Please Note: the deliverables may change based on state evaluation team requirements.</p> <p>Education and Administrative Reporting Systems (EARS) data is required for each SNAP-Ed project. This information is collected through the following required modules in PEARS: Program Activity (direct education), Indirect Activity (indirect intervention channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.</p> <p><i>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</i></p>		<p>Collect and submit reporting and evaluation data into PEARS electronically according to time frame provided, or using approved reporting method.</p> <ol style="list-style-type: none"> 1. Collect and report any formative and process data completed based on approved project plan. 2. Submit PSE progress and outcomes based on approved project plan. 3. Capture and submit qualitative (success stories, pictures, etc.) information in PEARS per your approved work plan. 4. Submit a required release for all photos submitted. 5. Conduct and submit/mail pretest surveys for each project class series. 6. Conduct and submit/mail posttest surveys for each project class series. 	<p>1-4. Due: At minimum quarterly.</p> <ul style="list-style-type: none"> • 1st quarter report due by 01/10/19 • 2nd quarter due by 04/11/19 • 3rd quarter due by 07/11/19 • Final report for all other work due 09/21/19 <p>5-6. Due: Monthly No later than 30 days after the end of the previous month. (E.g. October pre and post surveys submitted no later than November 30 and so on...).</p>	<p>PEARS data reporting submitted 10/01/19 to 09/30/20 09/18/20.</p> <ul style="list-style-type: none"> • Due: PEARS Program Activities (direct education) module completed in real time and no later than two (2) weeks after services are provided. • Due: PEARS Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY which is due by 09/30/20. • Activities completed in Oct 2019 due in PEARS by 11/30/19 • Nov 2019 by 12/31/19 • Dec 2019 by 01/31/20 • Jan 2020 by 02/29/20 • Feb 2020 by 03/31/20 • Mar 2020 by 04/30/20 	<p>See payment information as referenced in task number 1.0</p>

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<i>not a required deliverable for that subrecipient.</i>				<ul style="list-style-type: none"> • Apr 2020 by 05/31/20 • May 2020 by 06/30/20 • Jun 2020 by 07/31/20 • Jul 2020 by 08/31/20 • Aug 2020 by 09/30/20 09/18/20 • Sep 2020 by 09/30/20 09/18/20 <p>SNAP-Ed Direct education conducted between 10/01/18 and 09/30/20.</p> <ul style="list-style-type: none"> • Due: Pre- and post-test surveys submitted to DOH in real time and no later than two weeks after completion of the survey. All pre- and post-test surveys must be received no later than COB 09/30/20 09/18/20. 	
3.0	<p>Civil Rights All staff must be trained each fiscal year in civil rights.</p> <p>*See special requirements section- civil rights</p>		<p>Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include:</p> <ul style="list-style-type: none"> • Training and source • Who attended • Date completed 	Due: 12/31/19	Due: 12/31/19 New hires need to complete within 30 days.	See payment information as referenced in task number 1.0
3.1	<p>Other Agency Training The following trainings are required for <u>all agencies</u>:</p> <ul style="list-style-type: none"> • Fiscal – fiscal lead, coordinator, and any staff who will purchase items for the SNAP-Ed program. 		Fiscal and Data reporting training completed.	<p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years.</p> <p>If the data collection system changes in FFY19</p>	<p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every three years.</p> <p>If the data collection system changes in FFY20</p>	See payment information as referenced in task number 1.0

Task #	Task/Activity/Description	*May Support PHAB Standards/ Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Data collection and reporting – coordinator and program staff who are reporting data. 			every staff member entering data into the electronic system will be required to take training on new expectations or system changes.	every staff member entering data into the electronic system will be required to take training on any new expectations or system changes.	
4.0	<p>SNAP-Ed Inventory List Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure.</p> <p>*See special requirements section-monitoring.</p>		SNAP-Ed inventory list	Due: Yearly, at the time of a fiscal monitoring and/or site visit. It can also be requested when deemed necessary.	Due: Inventory list is required to be updated at 12/31/19 and 09/18/20, as well as at the time of a fiscal or program monitoring site visit. It can also be requested when deemed necessary.	See payment information as referenced in task number 1.0
5.0	<p>SNAP-Ed A19 Invoices Use the A19-1A specific to the DOH SNAP-Ed program. This document will be sent to all LHJs prior to October 16th based on the current fiscal year.</p>		<p>Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment.</p> <p>Documentation of all costs incurred shall be accompanied by an agency financial system report. If your agency does not have a financial reporting system you must check with the SNAP-Ed program for further guidance.</p>	<p>Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...).</p> <p>Final invoice is due October 30, 2019</p> <p>Or</p> <p>*If pre-approved in writing by contract manager, LHJ can submit invoices every two (2)</p>	<p>Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30 and so on...)</p> <ul style="list-style-type: none"> o Oct. Invoice: 11/30/19 o November: 12/30/19 o December: 01/30/20 o January: 02/29/20 o February: 03/30/20 o March: 04/30/20 o April: 05/30/20 o May: 06/30/20 o June: 07/30/20 o July: 08/30/20 o August: 09/30/20 	See payment information as referenced in task number 1.0

Task #	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	FFY19 Due Date/Time Frame	FFY20 Due Date/Time Frame	Payment Information and/or Amount
				months. Invoices must be received by DOH no later than dates listed below: <ul style="list-style-type: none"> ○ Oct and Nov due: 12/29/18 ○ Dec and Jan due: 02/28/19 ○ Feb and Mar due: 04/30/19 ○ Apr and May due: 06/29/19 ○ Jun and Jul due: 08/31/19 ○ Aug and Sept due: 10/30/19 	<ul style="list-style-type: none"> ○ September: 10/30/20 <p>Final invoice is due October 30th, 2020</p> <p style="text-align: center;">Or</p> <p>*If pre-approved in writing by contract manager, agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.</p>	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

To comply with this act and be eligible to perform the activities in this statement of work, the contractor must have a Data Universal Numbering System (DUNS®) number.

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

***Program Specific Requirements/Narrative**

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

The agency must meet the required set of deliverables and adhere to contractual obligations. The contract deliverables along with specified due dates will be determined by the SNAP-Ed program and provided to the LHJ in writing. Based on contract performance (i.e. program and fiscal monitoring results and findings) 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 LHJ for deliverables that are not completed, not submitted by the due dates specified (without approved extension by DOH in writing), or not carried out sufficiently or consistently. After DOH SNAP-Ed provides documentation of the issue and outlines the appropriate correction 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 LHJ. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each monthly payment until the appropriate corrective action is

completed. The LHJ may request reconsideration by submitting a letter to Washington Department of Health, PO Box 47886, Olympia, WA 98504-7886, or 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 completion and acceptance of deliverables and for allowable costs as outlined in the 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.

Staff Requirements

Upon request by DOH, LHJ 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.

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

- The LHJ is fiscally responsible for activities funded with Supplemental Nutrition Assistance Program Education funds and is liable for repayment of unallowable costs.
- Efforts are made to target SNAP-Ed to the SNAP-Ed target audience.
- 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.

Audits

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

Monitoring Expectations

The LHJ's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing program activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

SNAP-Ed Statewide Initiatives

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

Any curriculum modifications should be developed and executed based on the most current curriculum modification guidance. Local Agencies must consult their DOH contract manager as directed. <https://s3.wp.wsu.edu/uploads/sites/2090/2017/01/Guidance-for-Curriculum-Modification-FFY2018-Modified-10.9.17-PDF.pdf>

Indirect Rate/Allocation Plan

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

Annual Civil Rights Training Requirement (see FNS 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 subrecipients, 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 - Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2

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

Travel

The LHJ 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>, and with the travel requirements found in the current year’s SNAP-Ed federal guidance.

Amendments

Agencies should check the current year’s federal SNAP-Ed guidance, DOH SNAP-Ed budget amendment guidance, and with the DOH contract manager to know what kinds of changes they can make on their own and what changes require an amendment and pre-approval in writing. Agencies must submit a written amendment request to DOH, and receive written pre-approval from DOH, prior to making/implementing any changes within their project or budget. Any requests needing FNS approval must be submitted to DOH no later than April 1st of each fiscal year. If agencies are making smaller changes that do not require FNS approval, DOH can review those and make approvals on a case by case basis. All of these non FNS amendments 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 and preapproved by the state DOH SNAP-Ed program in advance and was 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 LHJ within seven (7) 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 agency’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
 - An agency may request pre-approval to bill every two (2) months instead, in which case, that agency is required to adhere to the billing due dates provided by DOH.

3. In FFY19 and FFY20 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason the LHJ is unable to submit the SNAP-Ed A19-1A on the due date, the LHJ is required to submit a request for an exception to the DOH no later than seven (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 an agency’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 an agency 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 SNAP-Ed program.
 - All new SNAP-Ed contractors within their 1st fiscal year.
 - LHJs with current fiscal findings.
 - LHJs who have not submitted adequate or accurate backup documentation within the last year.

BUDGET	
Source	Amount
USDA	\$166,708

DOH Program Contact

Christine Ciancetta, SNAP-Ed Contract Manager
 Department of Health
 PO Box 47886, Olympia, WA 98504-7886
Christine.Ciancetta@doh.wa.gov / 360-236-3788

DOH Fiscal Contact

Kim Henderson, Fiscal Analyst
 Department of Health
 PO Box 47886, Olympia, WA 98504-7886
Kim.Henderson@doh.wa.gov / 360-236-3491

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	(\$13,410)	\$25,000	\$145,847
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	\$38,410		
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	(\$10,716)	\$78,347	
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$7,500)	\$42,500	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	(\$95,842)		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782		
FFY20 CSS IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 10	10.561	333.10.56	10/01/19	09/30/20	10/01/19	09/30/20	\$83,000	\$83,000	\$83,000
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708	\$69,875	\$159,906
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$69,167		
FFY18 CSS IAR SNAP Ed Program Mgnt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgnt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
FFY20 Housing People with AIDS Formula	NGA Not Received	Amd 16	14.241	333.14.24	07/01/20	12/31/20	07/01/20	06/30/21	\$26,690	\$26,690	\$168,092
FFY19 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$36,083	\$88,023	
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940		
PS SSI 1-5 BEACH Task 4	01J18001	Amd 13	66.123	333.66.12	03/01/20	10/31/20	07/01/17	06/30/23	\$5,800	\$5,800	\$17,400
PS SSI 1-5 BEACH Task 4	01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	10/31/19	\$5,800	\$5,800	
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123	333.66.12	03/01/18	10/31/18	07/01/17	06/30/19	\$5,800	\$5,800	
PS SSI 1-5 PIC Task 4	01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A, Amd 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$78,805		
FFY19 Swimming Beach Act Grant IAR (ECY)	01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$14,000	\$14,000	\$28,000
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$119,217		

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

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					Start Date	End Date	Start Date	End Date			
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 5	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$5,318	\$295,345	\$295,345
FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01	Amd 4	93.069	333.93.06	07/01/18	06/30/19	07/01/18	06/30/19	\$290,027		
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$295,345	\$295,345	\$295,345
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$50,000	\$50,000	\$50,000
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX	5NH23IP000762-05-00	Amd 2, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/17	06/30/19	\$27,563	\$27,563	\$41,821
FFY17 AFIX	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$14,258	\$14,258	
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
FFY21 PPHF Ops	NGA Not Received	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$1,250	\$1,250	\$6,250
FFY20 PPHF Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$2,500	\$2,500	
FFY17 PPHF Ops	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	04/01/18	06/30/19	\$2,500	\$2,500	
FFY21 VFC IQIP	NGA Not Received	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$21,000	\$21,000	\$48,588
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$27,588	\$27,588	
FFY21 VFC Ops	NGA Not Received	Amd 16	93.268	333.93.26	07/01/20	12/31/20	07/01/20	06/30/21	\$8,067	\$8,067	\$31,255
FFY20 VFC Ops	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$16,134	\$16,134	
FFY17 VFC Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$7,054	\$7,054	
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	04/28/20	03/29/19	04/28/20	\$24,482	\$24,482	\$35,494
FFY19 Tobacco Prevention	U58DP006004	Amd 9	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	(\$6,120)	\$0	
FFY19 Tobacco Prevention	U58DP006004	Amd 8	93.305	333.93.30	03/29/19	06/30/19	03/29/19	03/28/20	\$6,120		
FFY18 Tobacco Prevention	U58DP006004	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	
FFY19 COVID CARES	NU50CK000515	Amd 16	93.323	333.93.32	06/01/20	12/31/20	06/01/20	06/30/21	\$314,824	\$314,824	\$314,824
FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe	NU90TP922069	Amd 14	93.354	333.93.35	01/20/20	12/31/20	01/01/20	06/30/21	\$340,263	\$340,263	\$340,263
FFY19 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 10, 16	93.439	333.93.43	09/30/19	12/31/20	09/30/19	12/31/20	\$60,000	\$60,000	\$120,000
FFY18 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 8	93.439	333.93.43	03/01/19	09/29/19	09/28/18	09/29/19	\$60,000	\$60,000	

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

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					Start Date	End Date	Start Date	End Date			
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF	NB01OT009234	Amd 4	93.758	333.93.75	10/01/18	09/30/19	10/01/18	09/30/19	\$40,000	\$40,000	\$69,034
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$3,235	\$29,034	
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2, 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$5,799		
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A, Amd 3	93.758	333.93.75	01/01/18	09/29/18	07/01/17	09/30/18	\$20,000		
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	Amd 2	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$4,477	\$18,420	\$18,420
FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01	N/A	93.889	333.93.88	01/01/18	06/30/18	07/01/17	07/02/18	\$13,943		
FFY19 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 8	93.917	333.93.91	04/01/19	06/30/19	04/01/19	06/30/19	\$14,353	\$14,353	\$71,765
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$22,871	\$57,412	
FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541		
FFY18 RW HIV Provider Capacity-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
Ryan White Part B COVID-19 Response	6X7CHA368990101	Amd 16	93.917	333.93.91	01/20/20	12/31/20	01/20/20	03/31/21	\$24,730	\$24,730	\$24,730
FFY19 Ryan White Supp Direct Svcs	5X07HA000832800	Amd 12	93.917	333.93.91	09/30/19	06/30/20	09/30/19	09/29/20	\$109,140	\$109,140	\$109,140
FFY20 MCHBG LHJ Contracts	B04MC32578	Amd 10	93.994	333.93.99	10/01/19	09/30/20	10/01/19	09/30/20	\$159,854	\$159,854	\$439,599
FFY19 MCHBG LHJ Contracts	B04MC32578	Amd 4	93.994	333.93.99	10/01/18	09/30/19	10/01/18	09/30/19	\$159,854	\$159,854	
FFY18 MCHBG LHJ Contracts	B04MC31524	N/A	93.994	333.93.99	01/01/18	09/30/18	10/01/17	09/30/18	\$119,891	\$119,891	
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/20	12/31/20	07/01/19	06/30/21	\$10,000	\$10,000	\$20,000
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	07/01/19	06/30/20	07/01/19	06/30/21	\$10,000	\$10,000	
GFS-Group B (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	(\$10,000)	\$0	
GFS-Group B (FO-SW)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000		
FY2 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	07/01/18	06/30/19	07/01/18	06/30/19	\$10,000	\$10,000	\$30,000
FY1 Group B Programs for DW (FO-SW)		Amd 3	N/A	334.04.90	01/01/18	06/30/18	01/01/18	06/30/18	\$20,000	\$20,000	
Healthy Communities		Amd 12	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	(\$3,425)	\$0	\$0
Healthy Communities		Amd 10	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$3,425		

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
State Drug User Health Program		Amd 16	N/A	334.04.91	07/01/20	12/31/20	07/01/19	06/30/21	\$20,000	\$20,000	\$114,478
State Drug User Health Program		Amd 9	N/A	334.04.91	07/01/19	06/30/20	07/01/19	06/30/21	\$40,000	\$40,000	
State Drug User Health Program		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/18	06/30/19	\$54,478	\$54,478	
State HIV CS/End AIDS WA		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$2,083	\$12,496	\$23,948
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$10,413		
State HIV CS/End AIDS WA		Amd 6	N/A	334.04.91	10/01/18	12/31/18	07/01/17	06/30/19	\$2,083	\$2,083	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$6,246	\$6,246	
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	06/30/19	\$3,123	\$3,123	
State HIV Prevention		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	(\$43,333)	\$0	\$51,667
State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333		
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000		
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP		Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	
FY20/21 COVID-19 Disaster Response Acct		Amd 14	N/A	334.04.92	01/20/20	12/31/20	01/01/20	06/30/21	\$309,737	\$309,737	\$309,737
FPH Lead Case Mgmt-FPH		Amd 15	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	(\$2,425)	\$1,000	\$1,000
FPH Lead Case Mgmt-FPH		Amd 12	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$3,425		
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	
SFY21 Marijuana Education		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$5,766	\$5,766	\$506,734
SFY21 Marijuana Education		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$247,509	\$247,509	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$5,950	\$5,950	
SFY20 Marijuana Education		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	\$403,323
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		Amd 9, 16	N/A	334.04.93	07/01/19	12/31/20	07/01/19	06/30/21	\$15,000	\$15,000	\$37,500
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$45,000	\$45,000	\$75,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$15,000	\$15,000	\$45,000
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	
FPH-Youth Tobacco Vapor Prevention		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$24,289	\$24,289	\$48,801
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$24,512	\$24,512	
Youth Tobacco Vapor Products		Amd 16	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$38,402	\$38,402	\$159,493
Youth Tobacco Vapor Products		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	(\$8,451)	\$38,403	
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$46,854		
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
FFY20 Swim Beach Act Grant IAR (ECY-ALEA)		Amd 15	N/A	334.04.96	03/01/20	10/31/20	12/15/19	12/14/20	\$18,000	\$18,000	\$18,000
HIV Local Proviso		Amd 16	N/A	334.04.98	07/01/20	12/31/20	07/01/19	06/30/21	\$41,748	\$41,748	\$41,748
ADAP Rebate (Local) 19-21		Amd 16	N/A	334.04.98	07/01/20	12/31/20	07/01/19	06/30/21	\$45,864	\$45,864	\$137,592
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)

Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
FFY20 RW Grant Year Local (Rebate)		Amd 16	N/A	334.04.98	07/01/20	12/31/20	04/01/20	03/31/21	\$232,292	\$232,292	\$1,037,195
FFY20 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	(\$27,285)	\$88,861	
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	\$116,146		
FFY19 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	(\$81,855)	\$266,582	
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19	03/31/20	04/01/19	03/31/20	\$348,437		
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	04/01/19	06/30/19	04/01/19	03/31/20	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98	01/01/19	03/31/19	04/01/18	03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/18	03/31/19	04/01/18	03/31/19	\$225,000	\$225,000	
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	\$41,749
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$147,345	\$147,345	\$442,035
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$147,345	\$147,345	
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	07/01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$13,250)	\$14,250	\$14,250
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$12,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	\$14,750		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 15	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$500	\$21,750	\$21,750
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 12	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$8,500		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 12	N/A	346.26.64	01/01/19	12/31/20	07/01/19	06/30/21	\$12,750		

**EXHIBIT B-16
ALLOCATIONS
Contract Term: 2018-2020**

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement of Work Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period Sub Total	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/17	12/31/18	\$2,000		
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$468	\$1,268	\$1,268
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$800		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,249)	\$1,900	\$1,900
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,949		
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6, 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	\$1,200		
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 12	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	\$3,000	\$4,249	\$4,249
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 12	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	\$1,249		
TOTAL									\$7,193,474	\$7,193,474	
Total consideration:				\$6,388,552						GRAND TOTAL	\$7,193,474
				\$804,922							
GRAND TOTAL				\$7,193,474						Total Fed	\$3,230,929
										Total State	\$3,962,545

*Catalog of Federal Domestic Assistance

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

Exhibit C-15 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	04/01/15	\$5,859,307	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	FOOD NUTRITION INCENTIVE GRANT
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	333.10.56	09/30/19	\$5,300,000	10/01/19	09/30/20	\$83,000	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 CSS IAR SNAP-ED PROG MGNT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,875	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGNT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$69,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY20 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$26,690	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	NGA Not Received	NGA Not Received
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	09/30/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/20	\$17,400	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,991	03/01/19	10/31/19	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION

Exhibit C-15 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
 CONTRACT PERIOD: 01/01/2018-12/31/2020

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782	01/01/18	06/30/18	\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY19 OVERDOSE DATA TO ACTION PREV	333.93.13	08/12/19	\$4,390,240	09/01/19	08/31/20	\$50,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services-Centers for Disease Control and Prevention-National Center for Injury Prevention and Control	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEALTH OVERDOSE DATA TO ACTION
FFY21 VFC OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$8,067	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY21 VFC IQIP	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$21,000	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY21 PPHF OPS	333.93.26	NGA Not Received	NGA Not Received	07/01/20	12/31/20	\$1,250	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$27,588	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM

Exhibit C-15 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
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Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$24,482	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/29/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY19 COVID CARES	333.93.32	04/23/20	\$22,581,799	06/01/20	12/31/20	\$314,824	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and	Department of Health and Human Services Centers for Disease Control and Prevention	NU50CK000515	EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY,
FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE	333.93.35	03/16/20	\$13,230,799	01/20/20	12/31/20	\$340,263	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922069	CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802
FFY19 PHYS ACTVTY & NUTRITION PROG	333.93.43	07/24/19	\$1,846,000	09/30/19	12/31/20	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY18 PHYS ACTVTY & NUTRITION PROG	333.93.43	09/01/18	\$923,000	03/01/19	09/29/19	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$29,034	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$18,420	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
RYAN WHITE PART B COVID-19 RESPONSE	333.93.91	05/19/20	\$320,994	01/20/20	12/31/20	\$24,730	93.917	HIV Care Formula Grants	Department of Health & Human Services Administration	6X7CHA368990101	RYAN WHITE HIV/AIDS PROGRAM PART B COVID19 RESPONSE
FFY19 RYAN WHITE SUPP DIRECT SVCS	333.93.91	04/02/18	\$13,631,623	09/30/19	06/30/20	\$109,140	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY19 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/19	06/30/19	\$14,353	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
FFY18 RW HIV PEER NAV PROJ-PROVISO	333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II

Exhibit C-15 Schedule of Federal Awards

AMENDMENT #16

Date: May 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH18248-Kitsap Public Health District
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				Start Date	End Date						
FFY20 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY19 MCHBG LHJ CONTRACTS	333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$3,230,929					