

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

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 12**

**PURPOSE OF CHANGE:** To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and KITSAP PUBLIC HEALTH DISTRICT, a Local Health Jurisdiction, hereinafter referred to as “LHJ”, pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

**IT IS MUTUALLY AGREED:** That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:
  - Amends Statements of Work for the following programs:  
 Foundational Public Health Services (FPHS) - Effective July 1, 2022  
 Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022  
 Youth Cannabis & Commercial Tobacco Prevention Program - Effective July 1, 2022
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-12 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-11 Allocations as follows:
  - Increase of **\$274,482** for a revised maximum consideration of **\$12,298,666**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature: <i>Keith Gallwey</i>	Signature: <u>Brenda Henriksen</u> <small>Brenda Henriksen (Jun 7, 2023 08:18 PDT)</small>
Date: Jun 6, 2023	Date: Jun 7, 2023

APPROVED AS TO FORM ONLY  
Assistant Attorney General

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

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY23 IAR SNAP Ed Prog Mgnt-Region 5	NGA Not Received	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$115,813	\$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	(\$19,204)	\$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY22 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	10/01/22	06/30/23	09/12/22	06/30/23	\$103,989	\$103,989	\$211,168
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	(\$103,989)	\$27,229	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593		
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY23 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	\$50,000
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	\$495,235
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
FFY22 TB Uniting for Ukraine Supp	<b>NU52PS910221</b>	Amd 10	93.116	333.93.11	07/01/22	12/31/22	05/21/22	12/31/22	\$7,500	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$107,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000		
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	\$283,424
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	\$1,032,214
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$2,500	\$4,459
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	\$27,588
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$16,134	\$29,004
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	\$314,824
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	\$155,419
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	(\$199,494)	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$2,919,838		
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	\$192,500
<b>FFY23 Tobacco-Vape Prev Comp 1</b>	<b>NU58DP006808</b>	<b>Amd 12</b>	<b>93.387</b>	<b>333.93.38</b>	<b>04/29/23</b>	<b>04/28/24</b>	<b>04/29/23</b>	<b>04/28/24</b>	<b>\$24,482</b>	<b>\$24,482</b>	<b>\$73,446</b>
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$2,000	\$82,000	\$149,000
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000		
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000	
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93.439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000		
FFY23 MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854	\$159,854	\$294,435
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890		
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	\$51,755
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877	
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0	\$20,000
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000		
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000	
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	\$20,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	\$37,500
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	\$247,509
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	\$194,000
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	\$65,704
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	\$30,000
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$30,814	\$185,184
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$92,442	\$92,442	
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	(\$19,580)	\$21,174	
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,880		
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$19,880	\$40,754	
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$20,874		
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	\$804,785
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$29,820	\$378,258	
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23	\$348,438		
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$19,580	\$135,726	
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$116,146		
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$48,569	\$164,715	
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23	\$5,400	\$5,400	\$10,000
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22	\$4,600	\$4,600	
<b>FPHS-LHJ-Proviso (YR2)</b>		<b>Amd 12</b>	<b>N/A</b>	<b>336.04.25</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/21</b>	<b>06/30/23</b>	<b>\$250,000</b>	<b>\$2,719,000</b>	<b>\$4,064,000</b>
FPHS-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$2,469,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$1,345,000)	\$0	
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,345,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$1,345,000	\$1,345,000	
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250	\$13,250	\$32,250
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR 25 SRF - Local Asst (15%) (FO-SW) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000	\$2,000	\$3,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work LHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Amount	Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date			
<b>TOTAL</b>									\$12,298,666	\$12,298,666	
<b>Total consideration:</b>	\$12,024,184									<b>GRAND TOTAL</b>	\$12,298,666
<b>GRAND TOTAL</b>	\$274,482									<b>Total Fed</b>	\$6,393,131
	\$12,298,666									<b>Total State</b>	\$5,905,535

\*Catalog of Federal Domestic Assistance

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

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

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective July 1, 2022

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

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2022 through June 30, 2023

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

**Revision Purpose:** The purpose of this revision is to update allocation to match actual funds requested and distributed for SFY23. Task #1 increased by \$250,000 due to reallocation of unspent funds from other LHJs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FPHS - LHJ - Proviso (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	2,469,000	250,000	2,719,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>2,469,000</b>	<b>250,000</b>	<b>2,719,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<b>FPHS funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	<del>\$1,278,000</del> <del>\$1,528,000</del>
2	<b>Assessment funds to each LHJ</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	<b>Assessment funds to each LHJ – CHA/CHIP</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	<b>CD – Hepatitis C</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$37,000
5	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$354,000
6	<b>CD – TB – Part 2</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$21,000
7	<b>EPH – Radiation Emergency Preparedness</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$38,000
8	<b>EPH – Climate Change Response</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$43,000
9	<b>EPH – Water System Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$38,000
10	<b>MCH – Child Death Review</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$83,000
11	<b>Lifecourse – Infrastructure &amp; Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$487,000

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

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

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPHS Policy Advisor, WSALPHO – [cgoodwin@wsac.org](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171
- ~~For other questions:~~
  - ~~Marie Flake, FPHS Lead, DOH – [marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov), 360-951-7566~~

### **Program Specific Requirements**

The Steering Committee is engaged in a long-term, multi-biennial, phased, building-block approach to full funding and implementation of of FPHS statewide that includes:

- Full funding of FPHS with adequate, dedicated, stable funding that keeps pace with inflation and demand for services
- Full implementation of FPHS that includes system transformation and modernization to deliver services in the most equitable, effective, and efficient manner possible for the funds available



Foundational Public Health Services Definitions and related information can be found here: [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs) or [FPHS | Powered by Box](#).

**Stable funding and an iterative decision-making process** – The FPHS Steering Committee is the decision making body for FPHS. The Steering Committee provides oversight including determination of goals, priorities, budget request, funding allocation and accountability metrics. The Steering Committee relies on FPHS Subject Matter Expert (SME) Workgroups and other FPHS workgroups to ensure a collaborative, systemwide, decision making process. The Steering Committee use an iterative approach to decision making. This means that additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

**Annual Allocations** – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June. FPHS funds can be applied retroactively to expenditures within the SFY for which they were allocated even if the expenditure occurred before the Steering Committee made the allocation decision or the agency contract was signed.

SFYs are named for the year in which they end. The state biennium is named for the year in which it begins and ends.

- SFY22 (July 1, 2021 – June 30, 2022); half of annual FPHS allocation disbursed July 1, 2021 and January 1, 2022
- SFY23 (July 1, 2022 – June 30, 2023); half of annual FPHS allocation disbursed July 1, 2022 and January 1, 2023
- SFY 22 & 23 comprise the 2021 – 2023 Biennium (21-23)

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

The Consolidated Contract (ConCon) is based on the calendar year and renewed every 3 years. FPHS statements of work may include reference information such as allocations, fund disbursement schedules, deliverable due dates, etc. that fall outside of the current 3-year contract period if they are part of the same state fiscal year. The purpose for including this information in the ConCon is to provide a) historical information from the previous ConCon cycle; and/or b) prospective information about future ConCon cycle, if they are part of the same SFY.

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

**Spending of FPHS funds** – The FPHS funds are for assuring FPHS services are available, and as reflected in the SOW. Each agency is responsible for deciding how to spend their funds within the parameters established by the FPHS Steering Committee and the SOW contract. Assurance includes providing the FPHS as part of your jurisdiction’s program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff.

**Deliverables** – FPHS funds are to be used to increase the availability of FPHS services statewide. The FPHS accountability process measures how funds are sent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. Each part of the governmental public health system that receives FPHS funds must complete:

1. Routine reporting of spending and spending projections. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.

Unspent or projected unspent funds may be reallocated by the Steering Committee to other FPHS activities in order to fully utilize funds within the state fiscal year timeframe to deliver services to Washington communities. Any FPHS funds unspent at the end of the state fiscal year (ending June 30) revert to the state treasury. Because LHJs receive funds up front, prospectively, any unspent funds and must be returned to DOH by end of July of each year for DOH to return to the Office of Financial Management.



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

**BARS Revenue Code:** 336.04.25

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

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

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

### **336.04.24 – County Public Health Assistance**

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

### **336.04.25 – Foundational Public Health Services**

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPFS communicable disease services (listed above) and can also be used for the FPFS capabilities that support FPFS communicable disease services as defined in the most current version of FPFS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: [www.doh.wa.gov/lhjfunding](http://www.doh.wa.gov/lhjfunding)

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

Link to RCW 43.70.512 – [RCW 43.70.512: Public health system—Foundational public health services—Intent. \(wa.gov\)](http://www.wa.gov/legislature/RCW/43/70/512)

Link to RCW 43.70.515 – [RCW 43.70.515: Foundational public health services—Funding. \(wa.gov\)](http://www.wa.gov/legislature/RCW/43/70/515)

### **Activity Special Instructions:**

#### **1. FPFS funds to each LHJ**

These funds are allocated to each Local Health Jurisdiction to assure FPFS are available in their own jurisdiction. In coordination with the FPFS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds may be used to provide any of the activities described in the most current version of FPFS definitions for foundational programs and foundational capabilities. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPFS to every community in Washington.

Even if FPFS services are provided by another agency through a contract, new service delivery model, or centralized service delivery model (such as the State Public Health Lab), all agencies that receive FPFS funds are responsible for reporting progress on the availability and implementation within their jurisdiction using the FPFS Annual Assessment.

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

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

**Pandemic Response** – These FPFS funds are to be used as directed and allocated by the FPFS Steering Committee to deliver FPFS services. As the global COVID-19 pandemic and the public health response to it continues to wane, these FPFS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPFS activities during this period of performance through 6/30/23. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

#### **2. Assessment funds to each LHJ – (FPFS definition G.2)**

These funds are allocated to each Local Health Jurisdiction to assure FPFS are available in their own jurisdiction - Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

**3. Assessment funds to each LHJ – CHA/CHIP (FPHS definitions G.3)**

These funds are allocated to each LHJ to assure FPHS are available in their own jurisdiction -

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

**4. CD – Hepatitis C (FPHS definitions C.4.o-p)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions – Address Hepatitis C cases per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. Use BARS expenditure codes: 562.24.

The priorities for the 2021-2023 biennium (July 2021 – June 2023):

- Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.
- Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population, and incorporate Hepatitis B work.

**5. CD – Case investigation Capacity (FPHS definitions C.2, C. 4)**

These funds are to select LHJs to assure FPHS are available in their own jurisdictions - Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.

**6. CD – TB – Part 2 (FPHS definition C.4.q-v)**

Funding allocated to LHJs with high Tuberculosis (TB) burden - Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community

**7. EPH – Radiation Emergency Preparedness (FPHS definitions B.2, B.3, B.5, B.6, B.7)**

The goal of this investment is to sustainably fund planning, training, and response for radiological emergencies. This will include training with agency Incident Management Team members and other Environmental Public Health Division staff outside of the Office of Radiation Protection (ORP) to allow for smoothly coordinated response actions and public messaging. This will allow agencies to respond, investigate, remove and dispose of unwanted and abandoned radioactive materials, and address responsibilities for protection of public health and reducing the inappropriate burden placed on licensees to fund activities outside of their permit/license or registration. Use BARS expenditure code: 562.52

Anticipated expenses include, but are not limited to:

- Staffing
- Materials and supplies to support training exercises

**8. EPH – Climate Change Response (FPHS definitions B.1, B.2, B.3, B.6, B.7)**

The goal of this investment is to fund education, communications, and response needs for wildfire smoke and harmful algal blooms. These funds should be used to establish sufficient capacity to contribute to the public health education, communication, and response efforts necessary to reduce the public health impacts of wildfire smoke exposure, as well as the capacity to help communities prepare for wildfire smoke events through education, community engagement, guidance development, and emergency response. These activities should reduce LHJ reliance on DOH toxicology capacity to help them determine appropriate and consistent messaging and next steps, in addition to providing adequate funding to collect necessary samples or pay for laboratory costs. Use BARS expenditure code: 562.40

Anticipated expenses include, but are not limited to:

- Staffing
- Sampling and laboratory costs

**9. EPH – Water System Capacity** (FPHS Definitions B.3, B.6, B.7)

The goal of this investment is to increase LHJ capacity for water resource management and planning. This request was funded in 2022 as a "core team" and this new request is for LHJ capacity to engage in key issues related to water resources management, planning, etc. Use BARS expenditure code: 562.43 or 53.

Anticipated expenses include, but are not limited to:

- Staffing

**10. MCH – Child Death Review** (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)

This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and operating costs for 9 LHJs. Use BARS expenditure codes: 562.60.

Anticipated expenses include, but are not limited to:

- Staffing

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

These funds are to each LHJ to assure FPHS are available in their own jurisdictions - Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.

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

**DOH Program Name or Title:** Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** September 1, 2022 through August 31, 2023

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Kitsap Public Health District will support Strategy 6 - Establishing Linkages to Care, Strategy 8 - Partnerships with Public Safety and First Responders, and Strategy 9 - Empowering Individuals to Make Safer Choices.

**Revision Purpose:** The purpose of this revision is to edit language under activity 7 and remove contingency language around naloxone purchase. Program specific requirements like restrictions on funds and billing requirements have been updated.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22	08/31/23	107,417	0	107,417
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>107,417</b>	<b>0</b>	<b>107,417</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Continue to expand the Peninsula Harm Reduction Network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner on harm reduction and anti-stigma education and improve access to substance use disorder (SUD) treatment and comprehensive care for people who access syringe exchange services. Timeline: By the end of March 2023, LHJ will expand its network to include local health care providers and local EMS.	Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.	Quarterly progress reports to DOH for all tasks.  Due Dates: September-November due December 9, 2022. December-February due March 10, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH.  Total of all invoices will not exceed \$107,417 through August 31, 2023.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Strategy 9: Continue to convene monthly community-wide meetings with partners and potential partners to discuss stigma reduction education programs and overdose prevention strategies for our community. Timeline: Ongoing, monthly.	Progress report: Share outcomes of meetings and what strategies and educational programs are being implemented. Successes and challenges. Share materials with DOH. Demonstrate how work aligns with OD2A logic model.	March-May due June 9, 2023. June-August final report for this funding period due September 29, 2023.	(See Special Billing Requirements below.)
3.	Strategy 6: Conduct site visits with current and future syringe exchange sites to ensure they are following policies and procedures and collecting appropriate data for exchanges. Continue to provide support and guidance where needed. Timeline: site visits for existing sites will be completed annually. LHJ lead will continue to have monthly check-ins via Zoom or telephone, with the syringe exchange sites it contracts with.	Progress report: Report site visit outcomes, collected data and any important finds, updates or changes to policies. Demonstrate how work aligns with OD2A logic model.		
4.	Strategy 6: Will implement QA system checklist created in 2022 during site visits with existing syringe exchange sites. Timeline: The Q`A system checklist utilized annually during site visits beginning May 2022.	Progress report: Share progress with implementation of QA system. Demonstrate how work aligns with OD2A logic model.		
5.	Strategy 6: Provide overdose education and naloxone distribution in the county to agencies for their staff, and community members for individual use. Includes visiting agencies to provide training and participating in community events. Timeline: Ongoing as requested by agencies or community members and as community events occur.	Progress report: Report on types of education provided and to whom and amount of naloxone that was distributed. Provide names of agencies that training was provided for and types of community events that were participated in. Demonstrate how work aligns with OD2A logic model.		
6.	Strategy 8: Continue to build a relationship with EMS and other agencies/programs to begin discussing co-creating a post overdose outreach plan to help connect people who inject drugs with SUD treatment and other services after experiencing an overdose. Timeline: Ongoing - building these relationships will take time but the LHJ lead started that process in 2021/2022.	Progress report: Updates on creation and implementation of plan. Demonstrate how work aligns with OD2A logic model.		
7.	<p>Dependent on <i>available DOH funding, LHJ need, and contingent on CDC approval</i>, the county may purchase and distribute naloxone <i>under prevention strategies, focusing on people who use drugs.</i></p> <p><i>Funding cannot be spent for naloxone until the LHJ receives written approval from DOH. Reimbursement for naloxone purchases will be allowable after written approval is provided by DOH.</i></p>	<p>Progress report, <del>if applicable</del>:</p> <ul style="list-style-type: none"> <li>a. Number of staff/volunteers trained to use and distribute naloxone kits</li> <li>i. If possible, please share the description/topics of the training</li> <li>b. Number of kits purchased and in inventory</li> <li>c. Number of people who received naloxone kits and education on use</li> </ul>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		i. If possible, please share the description/contents of the provided education d. Number of nasal kits distributed i. If applicable, the number of kits distributed through vending machines and settings for vending machine locations ii. If possible, please share an average/estimate of number of kits/doses given per person e. Number of intramuscular kits distributed i. If possible, please share an average/estimate of number of kits/doses given per person f. Number of overdose reversals reported i. If known, please share the number of doses used per overdose reversal g. Do you plan to make any changes/updates in implementation or to the implementation plan? h. What have been successes/challenges in distribution? Please share any lessons learned or innovations.		
8.	Continue to participate in quarterly and monthly calls with DOH and LHJ's to share lessons learned and successes. Timeline: Ongoing.	Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

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

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

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

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

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

**Program Specific Requirements**

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

- Subrecipients may not use funds for research.



- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
  - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additional-requirements/index.html>).
- Program funds cannot be used for ~~purchasing naloxone~~, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO). *As of November 2022, FFY22 Overdose Data to Action Funds may be used to purchase naloxone. Programs must receive prior approval from CDC, delivered as written approval from DOH, before purchasing naloxone.*

**Monitoring Visits (i.e., frequency, type, etc.):**

DOH program staff may conduct site visits up to twice per funding year.

**Billing Requirements:**

Billing on an A19-1A invoice voucher must be received by DOH monthly. *DOH must receive correct and complete invoices within 45 days of the end of the period of performance for this statement of work.*

**Special Instructions:**

**The following funding statement must be used for media (publications, presentations, manuscripts, posters, etc.) created using OD2A funding:**

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NU17CE925007, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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

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

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

**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** July 1, 2022 through April 28, 2024

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

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

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

**Revision Purpose:** The purpose of this revision is to extend the period of performance from June 30, 2023 to April 28, 2024; add a Chart of Accounts Master Index Title for the next federal fiscal year round of funding; add delivery dates to coincide with the new line of funding; update program specific funding language for new line of funding; add termination disclaimer; and revise SOW.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
SFY23 YOUTH TOBACCO VAPOR PRODUCTS	77410893	N/A	334.04.93	07/01/22	06/30/23	38,402	0	38,402
FFY22 TOBACCO-VAPE PREV COMP 1	77410212	93.387	333.93.38	04/29/22	04/28/23	24,482	0	24,482
SFY23 TOBACCO PREVENTION PROVISO	77410823	N/A	334.04.93	07/01/22	06/30/23	194,000	0	194,000
SFY23 DEDICATED CANNABIS ACCOUNT	77420823	N/A	334.04.93	07/01/22	06/30/23	247,509	0	247,509
FFY23 TOBACCO-VAPE PREV COMP 1	77410215	93.387	333.94.98	04/29/23	04/28/24	0	24,482	24,482
						0	0	0
<b>TOTALS</b>						<b>504,393</b>	<b>24,482</b>	<b>528,875</b>

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

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

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

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

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>Contractor will educate adults who influence youth, such as parents, other family members, educators, clergy, coaches, etc.</p> <p>Contractor will build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</p> <p>Contractor will implement activities designed to prepare young people to make informed decisions, and lead change in their community.</p>		
	<b>Media &amp; Communication</b>	<p>Contractor will plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national (ex: CDC Tips Campaign), statewide, and tailored media campaigns to prevent youth commercial tobacco initiation, and support cessation.</p> <p>Contractor will promote Washington State Quitline and self-help options for TUDT, including 2Morrow Health App (<a href="http://doh.wa.gov/quit">doh.wa.gov/quit</a>) and This is Quitting (<a href="http://doh.wa.gov/vapefreewa">doh.wa.gov/vapefreewa</a>), to people who use commercial tobacco.</p> <p>Contractor will prepare (design, research, write, edit), get approval for, or distribute informational/educational materials in hard copy or online.</p> <p>Contractor will plan, conduct, and document reach of various campaigns on various platforms (e.g., social media, point of purchase, movie theaters, radio, etc.).</p>	04/28/22 – 04/29/23 <i>04/29/23 – 12/31/23</i>	
8	<b>Synar Coverage Study</b>	<p>Contractor will attend trainings hosted by Washington State Health Care Authority regarding the Coverage Study. The training schedule will be announced by August 15, 2022.</p> <p>Contractor will utilize the designated amount of funds (\$4,000) to pay for staff time, travel-related costs, and other relevant costs to the completion of the Coverage Study in their assigned census tract(s) by October 31, 2022.</p> <p>Contractor may use any funds not utilized in the designated amount for the coverage study for other commercial tobacco-related activities that focus on prevention, control, and/or cessation.</p>	October 31, 2022	<p>Funding Utilized: SFY23 Tobacco Prevention</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice for YCCTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract. The expenditure worksheet in the budget workbook must be completed by the 30th of the month following the month in which costs were incurred.</p>

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

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

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

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

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

**Program Specific Requirements**

**For MI Codes 77410893, 77410823 & 77420823 To be in compliance with grant requirements, contractor will:**

1. Hire and maintain program staff, which includes a minimum of one person (1.0 FTE) who is designated as the YCCTPP Region Network Facilitator. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. See YCCTPP implementation guide for more information. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
2. ~~Participate in required conference calls (including kick-off training, monthly check ins, quarterly conference calls for the YCCTPP program), trainings, webinars, and in-person or virtual meetings for YCCTPP contractors according to the schedule provided by DOH.~~  
*Maintain a regional network of prevention partners.*
  - i. *A Network - an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide the regions prevention efforts and share resources.*
  - ii. *Minimum Requirements for A Network (See Implementation Guide for further guidance):*
    1. *A Network Coordinator (minimum of 1.0 FTE)*
    2. *Key partners with representation from 4 required sectors (Local Health Jurisdiction, Youth Serving Organization, Community Based Organization / Non-Profit, and Prevention Coalitions)*
    3. *A clear process for engaging key partners in development of YCCTPP workplan and shared responsibility in implementation.*
    4. *A Network Administrative Plan*
3. ~~Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.~~  
*Participate in required virtual and/or in-person meetings, and optional trainings/webinars including but not limited to:*
  - i. *YCCTPP quarterly meetings, tentatively scheduled for July 11, 2023, November 7-9, 2023, March 12, 2024, and May 14-16, 2024.*
  - ii. *Monthly check-ins with contract manager*
  - iii. *Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team*
  - iv. *Optional: Trainings and/or Webinars, schedule to be determined by TA contractor and WA DOH.*
  - v. *Contractor will participate in a DOH site visit once per biennium.*
4. ~~Submit an Organization and Network Equity Assessment according to the deadlines in Section E below.~~  
*Contractor will serve as YCCTPP Representative of their region/population for Washington State.*
5. ~~Submit an Organization and Network Administrative Plan according to the deadlines in Section E below.~~  
Act as the fiduciary agent, if subcontracting, DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
6. ~~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.~~  
Meet all requirements outlined in the YCCTPP Implementation Guide provided by YCCTPP.



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

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

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

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

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

**DOH will support Contractor by providing:**

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events including required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
  - a. Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
  - b. Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

- c. Providing relevant resources and training, as resources permit.
- d. Meeting performance measure, evaluation, and data collection requirements.
- e. Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the Priority Population Contractor.

**Program Administration:**

- ~~1. The contractor shall perform the requirements and activities defined in this agreement and the YCCTPP Implementation Guide. 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 invoice. YCCTPP staff will also monitor and evaluate program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by YCCTPP.~~
- ~~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 YCCTPP 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 statement of work.~~
- ~~3. DOH reserves the right to determine the amount of any reduction, based on contractor’s performance, and to unilaterally amend the contract to affect any reduction. 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 YCCTPP contract manager prior to implementation. This includes execution of subcontracts within the community. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.~~

**Subcontractor Requirements:**

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

**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>
<del>1. Submit an annual work plan and budget</del>	<del>Annually, no later than 45 days after state contract execution (07/01/22). DOH approval will occur no later than two weeks after submission. Update as needed with contract manager approval.</del>
<del>2. Expenditure Report and Request for Reimbursement (A19)</del>	<del>A19s and updated budget workbook due the 30<sup>th</sup> of the month following the month in which costs are incurred.  Non-health departments (non-consolidated contracts): A-19 documents (PDFs) must be saved, signed and emailed with the following title format: <b>A-19-Contract #-organization name-month-year.</b></del>

3. <del>Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)</del>	<del>Year-end projections are due as follows: SFY23: May 10, 2023. An invoice must be submitted market FINAL INVOICE PROJECTION</del>
4. <del>Monthly Progress Report</del>	<del>Final Expenditure Reports and invoices are due no later than July 14, 2023 for SFY and June 13, 2023 for FFY and must be marked FINAL INVOICE.</del>
5. <del>Quarterly Progress Report</del>	<del>The 20<sup>th</sup> of the month following the month in which activities were performed. Monthly reports of work will report on overall progress of activities in a monthly survey provided by YCCTPP. All documents related to task activities will be attached. Subcontractor reporting should be submitted to the YCCTPP contractor by the 15<sup>th</sup> of each month.</del>
6. <del>SFY Only: Network Equity Assessment</del>	<del>Completed annually, no later than 90 days after workplan approval.</del>
7. <del>SFY Only: Organization and Network Administrative Plan</del>	<del>Completed no later than 90 days after contract execution and updated quarterly after the fact.</del>
8. <del>SFY Only: Annual Report</del>	<del>Completed no later than 30 days after period of performance, utilizing a template provided by YCCTPP that includes data from monthly and quarterly reports.</del>
9. <del>Assessment and Evaluation</del>	<del>Using a template provided by YCCTPP, complete project evaluation activities developed and coordinated by YCCTPP as requested. Additionally, utilizing data in monthly and quarterly progress reports, participate and support statewide evaluation efforts of CDC funds.</del>

#### ***BREAKDOWN OF DELIVERABLES, DUE DATES, AND FUNDING SOURCE***

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

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

#### **Payment**

- All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the YCCTPP Implementation Guide.
- 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.

- DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
- DOH shall 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: SFY July 1, 2022 – June 30, 2023, & FFY April 29, 2022 – April 28, 2023 & *April 29, 2023 – April 28, 2024*
- 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) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19) 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.
- Final expenditure projections must be submitted by the 14<sup>th</sup> of July for state funds and 13<sup>th</sup> of June for federal funds to allow DOH to appropriately accrue funds to make final payments.
- The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
- Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
- Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

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

Meet requirements outlined in the Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) Implementation Guide.

### **Evaluation of YCCTPP Contractor's Performance**

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

~~The YCCTPP Contractor performance will be evaluated on the following:~~

- ~~• Timely completion, submission and YCCTPP approval of proposed annual work plan and Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) to their designated contract manager in accordance with YCCTPP guidance and requirements.~~
- ~~• Submittal of an organizational and network equity assessment with YCCTPP guidance, requirements, and timelines.~~
- ~~• Submittal of an organizational and network administrative plan with YCCTPP guidance, requirements, and timelines.~~
- ~~• Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YCCTPP SharePoint by the due dates listed above.~~
- ~~• Submission of monthly progress reports and quarterly reports by the due dates listed above.~~
- ~~• Submission of annual report with YCCTPP guidance, requirements, and timelines.~~
- ~~• Site visits per requirements and protocols provided by DOH/YCCTPP.~~

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

#### **Federal Funding Restrictions and Limitations:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Recipients may not use funds for tobacco compliance check inspections.
- Recipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.

- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

**Dedicated Cannabis Account Restrictions:**

- 0) Recipients may not use funds for clinical care.
- 1) Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. Recipients may not use funds to buy cannabis products or paraphernalia used in the consumption and/or use of cannabis products.
- 2) 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.
- 3) Recipients may not use funding for construction or other capital expenditures.
- 4) The contractor must comply with DOH YCCTPP guidance on food, incentives and use of DOH logo outlined in the YCCTPP Tailored Implementation Guide, and should not exceed federal per diem rates.
- 5) Reimbursement of pre-award costs is not allowed.

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

**Program Manual, Handbook, Policy References**

Meet requirements outlined in the Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) Implementation Guide.

**Special References**

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

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

As a provision of the 2022 Operating Budget, ([ESSB5693](#)) funds are provided solely for tobacco, vapor product, and nicotine control, cessation, treatment and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or other disparities.