

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

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 17

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:
 - Disease Control & Health Statistics BITV CI/CT COVID-19 - Effective July 1, 2020
 - Division of Emergency Preparedness & Response PHEP - Effective July 1, 2020
 - Emergency Preparedness & Response COVID-19 Local CARES - Effective March 1, 2020
 - HIV Client Services-HOPWA CARES - Effective January 20, 2020
 - Injury & Violence Prevention (IVP) Overdose Data to Action - Effective September 1, 2020
- Amends Statements of Work for the following programs:
 - Commercial Tobacco Prevention Program - Effective July 1, 2020
 - Foundational Public Health Services (FPHS) - Effective July 1, 2019
- Deletes Statements of Work for the following programs:

2. Exhibit B-17 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-16 Allocations as follows:

- Increase of **\$7,247,806** for a revised maximum consideration of **\$14,441,280**.
- 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-17 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-16.

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 (Oct 6, 2020 13:24 PDT)

Brenda Henrikson, Contracts Specialist
Brenda Henrikson, Contracts Specialist (Oct 6, 2020 13:47 PDT)

Date

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

**2018-2020 CONSOLIDATED CONTRACT
EXHIBIT A
STATEMENTS OF WORK
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**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: Revision **Revision # (for this SOW)** 1

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input checked="" 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 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: The purpose of this revision is to add \$12,241 in federal FFY20 Tobacco-Vape Prev Comp 1 funding, add language to task 2, update payment information, and add special requirements and restrictions on federal funding.

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	38,402	0	38,402
FPH-Youth Tobacco Vapor Prevention	N/A	334.04.93	77410621	07/01/20	12/31/20	24,289	0	24,289
SFY21 Marijuana Education	N/A	334.04.93	77420821	07/01/20	12/31/20	5,766	0	5,766
FFY20 Tobacco-Vape Prev Comp 1	93.387	333.93.38	77410220	07/01/20	12/31/20	0	12,241	12,241
TOTALS						68,457	12,241	80,698

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. 		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 <i>and federal</i> (YTVP, FPH, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	3. Participate in statewide commercial tobacco prevention coalition meetings as established.				<p>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>
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. 3. <i>Educate key stakeholders and decision-makers on:</i> <ol style="list-style-type: none"> a. <i>The role of local control in preventing youth initiation and continued use of tobacco and</i> 		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 <i>and federal</i> (YTVP, FPH, CDC)</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
	<p><i>vapor products that lead to tobacco-related health issues and health disparities;</i></p> <p><i>b. Evidence-based and promising policies and practices to decrease the appeal of tobacco and vapor products to youth and youth adults.</i></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 materials are culturally and linguistically appropriate. 2. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing. 		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 <i>and federal</i> (YTVP, FPH, CDC)</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>
4	<p>Promote and Support Tobacco Use and Dependence Treatment</p> <ol style="list-style-type: none"> 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. 2. In collaboration with CTPP, incorporate 2020-2021 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into 		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 <i>and federal</i> (YTVP, FPH, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>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>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>
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. 		<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 <i>and federal</i> (YTVP, FPH, CDC)</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</p>		<p>Monthly Progress Report (due the 15th of the month) and Expenditure Report and</p>	07/01/20-12/31/20	<p>Funding utilized: State <i>and federal</i> (YTVP, FPH, CDC)</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	national media campaigns to prevent youth initiation and support cessation.		Request for Reimbursement (due the 30 th of the month.)		<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>
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</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.

***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**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 LHI.

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, <i>updated Tobacco and Vapor 21 implementation plan</i> , 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

- 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.
- 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: July 1, 2020 to June 30, 2021.
- 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.
- Final expenditure projections must be submitted by the 10th of July 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.

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.

I. Restrictions on Funds***Federal Funding Restrictions and Limitations:***

- *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.*
- *Subrecipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.*
- *Subrecipients may not use funds for tobacco compliance check inspections.*
- *Subrecipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.*
- *Subrecipients must direct a minimum of 10% of the funds for evaluation activities.*
- *Generally, subrecipients 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>).*

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: Disease Control & Health Statistics BITV CI/CT
COVID-19 - 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 provide supplemental funding for the LHJ to ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread of 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			
BITV-COVID ED LHJ ALLOCATION-CARES	21.019	333.21.01	1897129V	07/01/20	12/30/20	0	365,445	365,445
FEMA-75 COVID LHJ ALLOCATION	97.036	333.97.03	1897129W	07/01/20	12/30/20	0	1,096,335	1,096,335
TOTALS						0	1,461,780	1,461,780

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified.</p> <p>This statement of work includes FEMA funding as part of this allocation. Documentation will be requested to support these costs to provide to FEMA for a reimbursement request. Further instructions on the necessary documents and timeline for providing these will be shared.</p> <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations & contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>		<p>Submit the budget plan and narrative using the template provided.</p> <p>Provide the requested documentation to support costs for FEMA reimbursement reporting.</p>	<p>Within 30 days of receiving this award.</p> <p>Upon request</p>	<p>Reimbursement of actual costs incurred, not to exceed \$1,461,780</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Existing funds for COVID-19 public health response activities may not be displaced by these funds and reallocated for other organizational expenses. No funds from this agreement shall be used to supplant existing federal, state or local funds nor any funding allocations or commitments made before August 31, 2020.</p> <p>DOH does recognize the public health response goes beyond December 2020 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 as applicable.</p>				
2	<p>1) LHJ Active monitoring activities. In partnership with WA DOH, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Funding must be first targeted towards Contact Tracing and Case Investigation Support:</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Maintain the capacity to surge a minimum of eight (8) contact tracers for every 100,000 people in the jurisdiction, as needed, based on disease rates. DOH centralized investigations may count towards this minimum short-term and provide additional capacity beyond the eight (8) per 100,000 FTE. 2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with community-based and culturally-specific organizations to provide such services. DOH centralized investigations may count towards this minimum short-term and provide 		<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST as directed by DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>additional capacity beyond the eight (8) per 100,000 FTE.</p> <ol style="list-style-type: none"> 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Follow up with 95% of contacts within 24 hours. 5. Enter all contact tracing data in CREST as directed by DOH. <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Enter all case investigation data in WDRS as directed by DOH. 2. Ensure all staff designated to utilize WDRS are trained in the system. Include if new positive cases are tied to a known existing positive case or indicate community spread. 3. Conduct case investigation and monitor outbreaks. <p>b. Testing</p> <ol style="list-style-type: none"> i. Work with partners to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy. iii. Maintain a current list of entities providing COVID 19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. <p>c. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe, if patient providers permission to notify tribes.</p>		<p>Enter all case investigation data in WDRS as directed by DOH.</p> <p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection</p>		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>d. Support Infection Prevention and control for high-risk populations</p> <ul style="list-style-type: none"> i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities. iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. iv. Vulnerable populations. Support testing, infection control, isolation and quarantine and social services and wraparound supports for homeless individuals. Individuals residing in homeless camps, for justice-involved individuals and other vulnerable populations. <p>e. Community education. Work with partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p> <p>f. Regional Active Monitoring activities. In partnership with WA DOH, the LHJs must work with other LHJs in the region to collaboratively support epidemiologic and surge capacity needs. LHJs must conduct the following activities in accordance with guidance to be provided by WA DOH:</p>		<p>prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

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"> i. Ensure regular communication among LHJs in the region ii. Compile and share a regional data regularly among LHJs and with WA DOH iii. Establish MOUs for providing epidemiologic and surge capacity needs for the region iv. Implement MOUs as needed. 				

***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

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

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

DOH Program Name or Title: Division of Emergency Preparedness & Response
PHEP - 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 establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness and response.

NOTE: Pending execution of an extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, program plans to extend the period of performance and funding in this statement of work through June 30, 2021. Deliverable due dates after December 31, 2020 are referenced for informational purposes only and will be updated in a revised statement of work once the consolidated contract is extended. The revised statement of work will reflect jurisdiction’s entire allocation.

Revision Purpose: NA

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 PHEP BP2 LHJ Funding	93.069	333.93.06	31102280	07/01/20	12/31/20	0	177,207	177,207
TOTALS						0	177,207	177,207

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Across Domains and Capabilities Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.		Mid-year report on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2020	Reimbursement for actual costs not to exceed total funding consideration amount.
2	Across Domains and Capabilities Participate in an evaluation of LHJ response capabilities, upon request from DOH.		DOH will maintain documentation of evaluation participation.	Upon request.	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Across Domains and Capabilities</p> <p>Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH.</p> <p>Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.</p>		Budget, using template provided by DOH.	September 1, 2020	
4	<p>Across Domains and Capabilities</p> <p>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p>		<p>Mid-year report on template provided by DOH.</p> <p>Input provided to DOH upon request from DOH.</p>	December 31, 2020	
5	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.</p>		<p>Mid-year report on template provided by DOH.</p> <p>Documentation of training available upon request.</p>	December 31, 2020	
6	<p>Domain 1 Community Resilience Capability 1 Community Preparedness - Vulnerable populations</p> <p>6.1 Update and maintain the All Hazards Plan to address vulnerable populations.</p> <p>6.2 Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.</p> <p>6.3 Document the primary groups within the LHJ boundaries identified in Centers for Disease Control and Prevention (CDC)'s Social</p>		<p>Mid-year report on template provided by DOH.</p> <p>Updated sections of the All Hazards Plan available upon request.</p> <p>Procedure checklist, job action sheet or other documentation available upon request.</p> <p>Documentation of primary vulnerable population groups available upon request.</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Vulnerability Index to inform public health response planning.</p> <p>Note: Tasks 6.1, 6.2 and 6.3 don't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>				
7	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> For some LHJs this training won't be available until the next Statement of Work period, January 1 – June 30, 2021. DOH will work with regions and LHJs to customize and schedule training(s). This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. 		Mid-year report on template provided by DOH.	December 31, 2020	
8	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Gather and submit data for LHJ performance measure (PM) 2: Percent of public health and medical responders who are trained on their role during a public health response.</p>		LHJ performance measure data (PM 2)	October 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: DOH will provide additional guidance about submitting performance measure data.				
9	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Collaborate with DOH Training & Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities).</p>		Mid-year report on template provided by DOH.	December 31, 2020	
10	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>10.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>10.2 Update Regional Training & Exercise Plans with input from LERCs in region.</p> <p>10.3 Complete Training & Exercise Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p>		<p>Mid-year report on template provided by DOH.</p> <p>10.2 Regional Training & Exercise Plans available upon request.</p> <p>10.3 Training & Exercise Planning Workshop Guide. Guide will be provided by DOH.</p>	December 31, 2020	
11	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining, maintaining and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ○ The functionality of critical public health operations 		Mid-year report on template provided by DOH.	December 31, 2020	

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"> ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Notes:</p> <ul style="list-style-type: none"> ● This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period. ● The communication drill (15.2) does not meet the requirement for participation in an exercise or real world event. 		After Action Review(s) and Corrective Action Plan(s) available upon request.		
12	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> ● Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). ● DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 3)	October 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
13	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> • “Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. • The target is to mobilize a response within 45 minutes. • DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 1)	October 30, 2020	
14	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>14.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>14.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>		<p>Mid-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</p> <p>14.1 Notification to DOH Duty Officer within 60 minutes of activation.</p> <p>14.2 Sitreps submitted to DOH Duty Officer</p>	December 31, 2020	
15	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>15.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on Basecamp.</p> <p>15.2 Participate in at least one risk communication drill offered by DOH between July 1, 2020 and June 30, 2021. Drill will occur via webinar, phone</p>		Mid-year report on template provided by DOH.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and email. DOH will offer one in July 1 – December 31, 2020 and one between January 31 – June 30, 2021.</p> <p>15.3 Conduct a hot wash evaluating LHH participation in the drill.</p> <p>15.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHH participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Participation in a real world event may meet the requirement for 15.2, 15.3 and 15.4. • The communication drill doesn't meet the requirement for participation in an exercise or real world event for Activity 11. 		15.3 and 15.4 Hotwash or After Action Review (AAR)		
16	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHH performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The target is within the first six hours. • DOH will provide additional guidance about submitting performance measure data. 		LHH performance measure data (PM 7)	October 30, 2020	
17	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>17.1 Maintain WASECURES as primary notification system.</p> <p>17.2 Participate in DOH-led notification drills.</p>		Mid-year report on template provided by DOH.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>17.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>17.4 Participate in quarterly DOH-led WASECURES Users Group, provide technical assistance to LHJs in region as needed.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 17.3 doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period. DOH tracks data for LHJ Performance Measure 6: Percent of successful WASECURES alerts (high or medium level) confirmed within 60 minutes of receipt by LHJ staff. 				
18	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>		<p>Provide EEIs upon request.</p> <p>Note in the mid-year report that EEIs were provided or none were requested.</p>	<p>Upon request.</p> <p>December 31, 2020</p>	
19	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or Region. Gather input</p>		<p>Report progress and/or plans in mid-year report on template provided by DOH.</p> <p>MCM plans will be due June 30, 2020.</p>	<p>December 31, 2020</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and provide technical assistant to LERCs, as needed.</p> <p>Notes:</p> <ul style="list-style-type: none"> • MCM plans include number of local distribution sites and number for which a detailed point-to-point distribution plan from RSS to distribution site has been jointly confirmed by LHJ and DOH. (LHJ PM 4) • MCM plans include number of local points of dispensing (PODs) and number for which a detailed point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5) • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • DOH will provide technical assistance to LHJs on core elements of an MCM plan. • LHJ Performance Measure data will be due October 30, 2020. DOH will gather data for PMs 4 and 5. 				
20	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> • Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. • LHJ may also conduct a drill or tabletop exercise to exercise plans. • This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this 		<p>Mid-year report on template provided by DOH.</p> <p>Logistical Support Plans available upon request.</p>	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Statement of Work period, or may opt to do all the work in the next Statement of Work period.				
21	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p> <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>		<p>Mid-year report on template provided by DOH.</p> <p>Responder Safety and Health Plan available upon request.</p>	December 31, 2020	
22	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) Participate in:</p> <ul style="list-style-type: none"> - Catchment area meetings, which are held quarterly at Regional Lead jurisdictions, as requested by HCC Lead and deemed appropriate by LHJ. - At least one HCC drill or exercise to include, but not limited to: redundant communications, WATrac, CST, or other drills and exercises to support planning and response efforts. - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ. - Reviewing HCC plans for alignment with local ESF8 plans. - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports. 		Mid-year report on template provided by DOH.	December 31, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.				
23	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p> <p>Notes:</p> <ul style="list-style-type: none"> • “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. • DOH will provide additional guidance about submitting performance measure data. 		LHJ performance measure data (PM 8)	October 30, 2020	
24	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).</p> <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>		<p>Mid-year report on template provided by DOH.</p> <p>List of facilities and copies of current agreements available upon request.</p>	December 31, 2020	
25	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum:</p> <ul style="list-style-type: none"> • Biohazard/Waste Management • Feeding • Laundry • Communications 		<p>Mid-year report on template provided by DOH.</p> <p>Vendor lists available upon request.</p>	December 31, 2020	

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"> Sanitation <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>				
Additional activities as requested by the LHJ:					
27	Maintain local system to provide information and warnings to community and response partners.		Mid-year report on template provided by DOH.	December 31, 2020	
28	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.		Mid-year report on template provided by DOH.	December 31, 2020	
29	Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson local health jurisdiction websites.		Mid-year report on template provided by DOH. Website screenshots available upon request.	December 31, 2020	
30	Update County Emergency Support Function (ESF) # 8 resource documents.		Mid-year report on template provided by DOH. ESF #8 documents available upon request.	December 31, 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

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

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](https://www.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)

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

DOH Program Contact

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

DOH Program Name or Title: Emergency Preparedness & Response COVID-19 Local CARES - Effective March 1 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: March 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"/> One-Time Distribution
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to provide additional funding to supplement existing funds for LHJs to prevent, prepare for, and respond to the COVID-19 disease outbreak.

Note: Pending execution of a one-year extension to the 2018-2020 consolidated contracts which currently end December 31, 2020, DOH will extend the period of performance in this statement of work through the end of January 2021 to include additional time for submission of the Final Report. LHJ may not bill for any time spent or costs incurred after December 30, 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			
COVID LHJ OFM Allocation-CARES	21.019	333.21.01	934E0200	03/01/20	12/30/20	0	5,402,000	5,402,000
TOTALS						0	5,402,000	5,402,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Federal Funds Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and or other preparedness and response activities for COVID-19.</p> <p>The CARES Act (Coronavirus Relief Fund) provides that payments from the Fund may only be used to cover costs that:</p>		<p>Complete Federal Funding Certification (provided by DOH).</p> <p>Activity report(s) on template to be provided DOH.</p>	<p>September 30, 2020</p> <p>September 30, 2020 October 31, 2020 November 30, 2020 December 31, 2020</p> <p>Final Report: January 30, 2021</p>	<p>Reimbursement for actual costs not to exceed total funding consideration amount.</p>

	<ol style="list-style-type: none"> 1. Are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); 2. Were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and; 3. Were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 <p>The guidance on the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments can be found at this link:</p> <p>https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf</p> <p>DOH will provide additional guidance and technical assistance.</p> <p>Note: These funds are available through December 30, 2020. DOH will work closely with LHJ on the status of spending. By December 1, 2020, if funding is projected to be unspent, then DOH will reallocate those funds based on OFMs approval for the month of December.</p> <p>The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p> <p>Existing funds for COVID-19 public health response activities may not be displaced by these funds and reallocated for other organizational expenses. No funds from this agreement shall be used to supplant existing federal, state or local funds nor any funding allocations or commitments made before August 31, 2020.</p>			<p>Frequency and due dates of reports may change based on federal requirements. DOH will notify LHJ of any changes via email.</p> <p>A final activity report is required prior to DOH releasing the final amount of funding.</p>	
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	<p>DOH does recognize the public health response goes beyond December 2020 and authorizes local health jurisdictions the ability to maximize funding streams available to them by using short term funding first to have longer term funding available to continue to support the local health jurisdiction response activities beyond December 2020 as applicable.</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>

Program Specific Requirements/Narrative

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov

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)

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccce462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Allowable Activities - See list of allowable activities below, Appendix 2 from Coronavirus Relief Fund - Guidance for State, Territorial, Local, and Tribal Governments

Updated September 2, 2020 and a link:

<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

The purpose of this document is to provide guidance to recipients of the funding

DOH Program Contact

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

DOH Program Name or Title: Foundational Public Health Services (FPHS) - 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	Federal Compliance (check if applicable)	Type of Payment
<input type="checkbox"/> Federal <Select One>	<input type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Periodic Distribution
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of July 1, 2019 through June 30, 2021.

Note: The total consideration is for the period of July 1, 2019 through June 30, 2021. 2019-2021 biennial funding allocations will be divided into four six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July, 1, 2019; January 1, 2020; July 1, 2020; January 1, 2021.

Pending execution of a one-year 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 June 30, 2021. The final disbursement of funds scheduled for January 1, 2021 and deliverable due dates after December 31, 2020 are included in this statement of work for informational purposes only and will be carried forward into the extended contract term beginning January 1, 2021.

FPHS funds must be spent in the state fiscal year (SFY) in which they are disbursed: SFY20 07/01/19-06/30/20 and SFY21 07/01/20-06/30/21.

2019-2021 Biennial Allocation: \$424,268

Annual Allocation: \$212,134

Six Month Disbursement: \$106,067

Revision Purpose: The purpose of this revision is to increase the 2019-2021 funding allocation, add task 2 and funding to address hepatitis C, revise the SFY20 deliverable due date for task 1, and add language in the Program Specific Requirements/Narrative section concerning flexible use of FPHS funding during the COVID-19 pandemic response.

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			
FPHS FUNDING FOR LHJS	N/A	336.04.25	99202101	07/01/19	06/30/20	147,345	28,000	175,345
FPHS FUNDING FOR LHJS	N/A	336.04.25	99202101	07/01/20	12/31/20	147,345	28,000	175,345
FPHS - Hepatitis C	N/A	336.04.25	99202101	07/01/19	06/30/20	0	36,789	36,789
FPHS - Hepatitis C	N/A	336.04.25	99202101	07/01/20	12/31/20	0	36,789	36,789
TOTALS						294,690	129,578	424,268

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	These funds are for delivering ANY or all of the FPHS communicable disease, environmental public health or assessment service and can also be used for any of the other FPHS capabilities that support these FPHS as defined in the most current version of FPHS Definitions.	Annual Report (template provided by DOH) for SFY20 (07/01/19 – 06/30/20) Annual Report (template provided by DOH) for SFY21 (07/01/20 – 06/30/21)	By 08/15/20 09/15/20 <i>Note: January 2021 payment is dependent on submission of this annual report.</i> By 08/15/21	Funds are available beginning July 1, 2019. Half of the annual allocation will be disbursed each July upon receipt of the Annual Report and the second half will be disbursed each January. Note: Funds must be spent in the state fiscal year (SFY) in which they are disbursed.
2	<p><i>FPHS Hepatitis C – Address Hepatitis C cases in the jurisdiction 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.</i></p> <p><i>The priorities for SFY21 (July 2020 – June 2021) are:</i></p> <ul style="list-style-type: none"> <i>• Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.</i> <i>• 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.</i> 			<p><i>\$73,578 for the biennium.</i></p> <p><i>Annual distribution amount: \$36,789</i></p> <p><i>The allocation of these funds is based on burden of disease using the most current Hepatitis C data. Allocations will be revised using updated data biennially.</i></p> <p><i>These FPHS funds are for long-term core FPHS investments in Hepatitis C elimination as directed by the FPHS Steering Committee. However in order to make use of the funds available this 19-21 biennium, and in each specific SFY during the COVID-19 response, flexibility is allowed and these funds can be used for other FPHS activities like responding to COVID-19.</i></p>

Tasks/Activities/Description	Impact Measures
<p>Control of Communicable Disease and Other Notifiable Conditions</p> <ol style="list-style-type: none"> 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other <u>notifiable conditions</u>. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 	<p>Percent of toddlers and school age children that have completed the standard series of recommended vaccinations.</p> <p>Percent of new positive Hepatitis C lab reports that are received electronically which have a completed case report.</p> <p>Percent of new positive Hepatitis C case reports with completed investigations.</p> <p>Percent of Gonorrhea cases investigated.</p>

Tasks/Activities/Description	Impact Measures
<ol style="list-style-type: none"> 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. 5. Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions. 6. When Additional Important Services (AIS) are delivered regarding prevention and control of communicable disease and other notifiable conditions, ensure that they are well coordinated with foundational services. 	<p>Percent of Gonorrhea cases investigated that are receiving dual treatment (treatment for both Gonorrhea and Chlamydia at the same time)</p> <p>Percent of newly diagnosed syphilis cases that receive partner services interview.</p>
<p>Environmental Public Health</p> <ol style="list-style-type: none"> 1. Provide timely, state and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures. 2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources and advocate for high priority policy initiatives. 3. Conduct environmental public health investigations, inspections, sampling, laboratory analysis and oversight to protect food, <u>recreational water</u>, drinking water and liquid waste and solid waste systems in accordance with local, state and federal laws and regulations. 4. Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions and other public health threats related to environmental hazards. 5. Protect the population from unnecessary radiation exposure in accordance with local, state and federal laws and regulations. 6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes 7. When Additional Important Services (AIS) are delivered regarding environmental public health, assure that they are well coordinated with foundational services. 	TBD
<p>Assessment (Surveillance and Epidemiology)</p> <ol style="list-style-type: none"> 1. Ability to collect sufficient, statewide and community level data and develop and maintain electronic information systems to guide public health planning and decision making at the state, regional and local level. 2. <u>Ability to</u> access, analyze, use and interpret data. 3. <u>Ability to</u> conduct a comprehensive community or statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health. 	TBD
<p>Emergency Preparedness (All Hazards).</p> <ol style="list-style-type: none"> 1. Ability to develop emergency response plans for natural and man-made public health hazards; train public health staff for emergency response roles and routinely exercise response plans. 2. Ability to lead the Emergency Support Function 8 – Public Health & Medical and/or a public health response for the county, region, jurisdiction and state. 3. Ability to activate and mobilize public health personnel and response teams; request and deploy resources; coordinate with public sector, private sector and non-profit response partners and manage public health and medical emergencies utilizing the incident command system. 	TBD

Tasks/Activities/Description	Impact Measures
<p>4. Ability to communicate with diverse communities across different media, with emphasis on populations that are disproportionately challenged during disasters, to promote resilience in advance of disasters and protect public health during and following disasters.</p> <p>Communication.</p> <ol style="list-style-type: none"> 1. Ability to engage and maintain ongoing relations with local and statewide media. 2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Standards, to increase visibility of public health issues. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served. <p>Policy Development and Support</p> <ol style="list-style-type: none"> 1. Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, must include evaluation plans. 2. Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative or promising and include evaluation plans) and that address the social determinants of health and health equity. 3. Ability to utilize cost-benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment. <p>Community Partnership Development</p> <ol style="list-style-type: none"> 1. Ability to create and maintain relationships with diverse partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health inequity; private businesses and health care organizations; Tribal Nations, and local, state and federal government agencies and leaders. 2. Ability to select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners. 	
Business Competencies – Leadership Capabilities; Accountability and Quality Assurance Capabilities; Quality Improvement Information; Technology Capabilities; Human Resources Capabilities; Fiscal Management, Contract and Procurement Capabilities; Facilities and Operations; Legal Capabilities.	TBD

Program Specific Requirements/Narrative

Special References (RCWs, WACs, etc)

Link to 2SHB 1497 – <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/House%20Passed%20Legislature/1497-S2.PL.pdf>

FPHS Definitions

www.doh.wa.gov/fphsresources

Special Instructions

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 FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

SAO's [BARS Manual](#)

Flexibility During COVID-19 Pandemic Response – FPHS funds are for long-term core FPHS investments as directed by the FPHS Steering Committee. However, in order to make use of the funds available for the 19-21 biennium and in each specific state fiscal year (SFY) during the COVID-19 response, flexibility is allowed and these funds can be used for other FPHS activities like responding to COVID-19.

Deliverables are to be submitted to Marie Flake at marie.flake@doh.wa.gov

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services
Washington State Department of Health
PO Box 47890, Olympia, WA 98504-7890
Phone 360-236-4063 / Mobile 360-951-7566
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**Exhibit A
Statement of Work
Contract Term: 2018-2020**

DOH Program Name or Title: HIV Client Services-HOPWA CARES - Effective January 20, 2020

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: January 20, 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			
HOUS. OPP. FOR PPL W/AIDS CARES COVID-19	14.241	333.14.24	12660205	01/20/20	12/31/20	0	15,000	15,000
TOTALS						0	15,000	15,000

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: \$1,500</p> <p>Support Services: \$0</p> <p>STRMU: \$13,500</p> <p>Permanent Housing Placement: \$0</p> <p>Tenant Based Rental Assistance: \$0</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: \$15,000</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

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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: Injury & Violence Prevention (IVP)-Overdose Data to Action - Effective September 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: September 1, 2020 through December 31, 2020

Statement of Work Purpose: Kitsap County Public Health District (KCPHD) will support strategy 9 – Empowering Individuals to Make Safer Choices by coordinating with healthcare providers, behavioral healthcare providers, pharmacies, healthcare systems, and others to participate in building a new syringe exchange network across the community to improve access and engagement in treatment. KCPHD will convene a community meeting to discuss new syringe exchange sites, develop a recommendation for strategic expansion of comprehensive syringe exchange services, implement a feasibility assessment for any new sites and offer technical assistance and support.

Note: Pending execution of a one-year 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 August 31, 2021. Unspent funds through December 31, 2020 and tasks with deliverables due in 2021 will be carried forward into the extended consolidated contract period beginning January 1, 2021 and will allow for work to continue through August 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			
FFY20 OVERDOSE DATA TO ACTION PREV	93.136	333.93.13	77520292	09/01/20	12/31/20	0	50,000	50,000
TOTALS						0	50,000	50,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 9: Continue to expand the new syringe exchange network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner in order to provide improved access to substance use disorder (SUD) treatment and comprehensive care within syringe exchange sites. Timeline: By the end of March 2021, LHJ will expand its network to include local health care providers and local law enforcement. Convene monthly community-wide meetings with partners		Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with Overdose Data to Action (OD2A) logic model.	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 10, 2020. December-February due March 10, 2021.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed \$50,000 through August 31, 2021.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	and potential partners to discuss new syringe exchange sites program development and overdose prevention strategies for its community.			March-May due June 10, 2021.	(See Special Billing Requirements below.)
2.	Conduct site visits with current and future syringe exchange sites to ensure they are following policies and procedures and collecting appropriate data for exchanges. Provide support and guidance where needed. Timeline: Initial site visits for existing sites will be complete by the end of December 2020 and then annually. New activity justification: These sites were added during the first year of the grant. LHJ needs to do site visits to ensure that partners are following its policies and procedures and to be available as a resource.		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.	June-August final report for this funding period due September 30, 2021.	
3.	Implement quality assurance (QA) system for existing syringe exchange sites. Further develop and implement feasibility assessment for new sites. Timeline: The QA system will be complete by the end of December 2020. Feasibility assessment will be complete by the end of March 2021. New activity justification: The QA system is a new activity and it will provide a checklist of items to review as well as ensure consistency for site visits.		Progress report: Share program feasibility assessment plan including description of program (activities, policies, procedures, etc.), indicators, data sources and collection methods, expected outcomes. Share progress with implementation of QA system. Demonstrate how work aligns with OD2A logic model.		
4.	Participate in quarterly calls with DOH and grant partners. Share lessons learned and successes. More frequent one on one calls with DOH when needed.		Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

***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](https://www.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.)

- 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/additionalrequirements/ar-35.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), purchasing fentanyl test strips, 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).

Monitoring Visits (frequency, type)

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

Special Billing Requirements

Billing on an A19-1A invoice voucher must be received by DOH monthly.

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.

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**EXHIBIT B-17
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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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	WAH20-F999	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		
Hous. Opp for Ppl w/AIDS Reach CARES Act	WA-H2001W074	Amd 17	14.241	333.14.24	01/20/20	12/31/20	01/20/20	06/30/21	\$15,000	\$15,000	\$15,000
BITV-COVID Ed LHJ Allocation-CARES	NGA Not Received	Amd 17	21.019	333.21.01	07/01/20	12/30/20	07/01/20	12/30/20	\$365,445	\$365,445	\$365,445
COVID LHJ OFM Alloaction-CARES	NGA Not Received	Amd 17	21.019	333.21.01	03/01/20	12/30/20	03/01/20	12/30/20	\$5,402,000	\$5,402,000	\$5,402,000
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		

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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		
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		
FFY20 PHEP BP2 LHJ Funding	NU90TP922043	Amd 17	93.069	333.93.06	07/01/20	12/31/20	07/01/20	06/30/21	\$177,207	\$177,207	\$472,552
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	
FFY20 Overdose Data to Action Prev	NGA Not Received	Amd 17	93.136	333.93.13	09/01/20	12/31/20	09/01/20	08/31/21	\$50,000	\$50,000	\$100,000
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	
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	NH23IP922619	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	NH23IP922619	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	NH23IP922619	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	

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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 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 17	93.387	333.93.38	07/01/20	12/31/20	06/29/20	04/28/21	\$12,241	\$12,241	\$12,241
FFY20 CDC COVID-19 Crisis Resp LHI-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	
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	
FEMA-75 COVID LHJ Allocation	NGA Not Received	Amd 17	97.036	333.97.03	07/01/20	12/30/20	07/01/20	12/30/20	\$1,096,335	\$1,096,335	\$1,096,335

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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		
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		

**EXHIBIT B-17
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			
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	
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		

**EXHIBIT B-17
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			
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	
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 17	N/A	336.04.25	07/01/20	12/31/20	07/01/19	06/30/21	\$64,789	\$212,134	\$571,613
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		
FPHS Funding for LHJs		Amd 17	N/A	336.04.25	07/01/19	06/30/20	07/01/19	06/30/21	\$64,789	\$212,134	
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		
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		

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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 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		
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									\$14,441,280	\$14,441,280	
Total consideration:											\$7,193,474
											\$7,247,806
GRAND TOTAL											\$14,441,280
											Total Fed
											Total State
											\$10,349,157
											\$4,092,123

*Catalog of Federal Domestic Assistance

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

Exhibit C-16 Schedule of Federal Awards

AMENDMENT #17

Date: July 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 Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
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 MGMT-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 MGMT	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 MGMT 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 MGMT	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 MGMT 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)
HOUS. OPP FOR PPL W/ AIDS REACH CARES ACT	333.14.24	07/01/20	\$145,149	01/20/20	12/31/20	\$15,000	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WA-H2001W074	HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM SUPPLEMENTAL CARES ACT
FFY20 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/20/20	\$1,216,499	07/01/20	12/31/20	\$26,690	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH20-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
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
COVID LHJ OFM ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	03/01/20	12/30/20	\$5,402,000	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
BITV-COVID ED LHJ ALLOCATION-CARES	333.21.01	NGA Not Received	NGA Not Received	07/01/20	12/30/20	\$365,445	21.019	Coronavirus Relief Fund	Department of the Treasury	NGA Not Received	NGA Not Received
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

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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 Start Date	Allocation Period End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
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 Notificaiton 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 Notificaiton Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY20 PHEP BP2 LHJ FUNDING	333.93.06	06/12/20	\$11,365,797	07/01/20	12/31/20	\$177,207	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
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
FFY20 OVERDOSE DATA TO ACTION PREV	333.93.13	NGA Not Received	NGA Not Received	09/01/20	12/31/20	\$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	NGA Not Received	NGA Not Received
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 HEATHLH OVERDOSE DATA TO ACTION
FFY21 VFC OPS	333.93.26	\$9,082,252	07/01/20	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	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 VFC IQIP	333.93.26	\$9,082,252	07/01/20	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	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY21 PPHF OPS	333.93.26	\$9,082,252	07/01/20	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	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
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

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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
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
FFY20 TOBACCO-VAPE PREV COMP 1	333.93.38	06/21/20	\$1,523,776	07/01/20	12/31/20	\$12,241	93.387	National and State Tobacco Control Program	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006808	TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM
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

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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
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
FEMA-75 COVID LHJ ALLOCATION	333.97.03	NGA Not Received	NGA Not Received	07/01/20	12/30/20	\$1,096,335	97.036	Disaster Grants-Public Assistance (Presidentially Declared Disasters)	Department of Homeland Security	NGA Not Received	NGA Not Received
TOTAL						\$10,349,157					