

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

CONTRACT NUMBER: CLH18248

AMENDMENT NUMBER: 2

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:
 - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2018
- Amends Statements of Work for the following programs:
 - HIV Client Services - Effective January 1 2018
 - NEP-PIC NTA 0237 - Effective January 1, 2018
 - Office of Emergency Preparedness & Response - Effective January 1, 2018
 - Supplemental Nutrition Assistance Program-Education - Effective January 1, 2018
 - Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018
- Deletes Statements of Work for the following programs:

2. Exhibit B-2 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-1 Allocations as follows:

- Increase of **\$282,634** for a revised maximum consideration of **\$1,698,931**.
- 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-2 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-1.

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



Date 6/7/2018



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: Food Insecurity Nutrition Incentive Program - Effective January 1, 2018

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 type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2018 through March 31, 2020

Statement of Work Purpose: The purpose of this statement of work is to provide Food Insecurity Nutrition Incentive program (FINI) funding to increase the purchase of fruits and vegetables by low-income consumers participating in Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase. This program will test strategies that could contribute to our understanding of how to best increase the purchase of fruits and vegetables by SNAP participants and develop effective and efficient benefit redemption technologies.

Revision Purpose: The purpose of this revision is to add unspent FFY17 funds to FFY18 funds.

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			
FFY18 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211285	01/01/18	09/30/18	90,782	55,060	145,842
FFY19 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211295	10/01/18	09/30/19	89,063	0	89,063
TOTALS						179,845	55,060	234,905

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	<p>For Food Insecurity Nutrition Incentive (FINI), the LHJ will perform work as described in the DOH-approved Project Narrative and budget.</p> <p>Any changes to the Project Narrative and budget must be submitted to DOH in writing and pre-approved by DOH and U.S. Department of Agriculture (USDA) before they can be implemented.</p>		<ol style="list-style-type: none"> Supplemental Nutrition Assistance Program (SNAP) target audience reached Project activities completed Data and evaluation measures completed 	<p><u>For the Period:</u> January 1, 2018-March 31, 2020 Due: Based on approved Project Narrative</p>	<p>Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$179,845 \$234,905.</p> <p>LHJ will be reimbursed for allowable costs incurred based on approved federal budget and match documented. LHJ</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					must provide match up front to pull down federal funding. *See special billing requirements section.
1.1	<p>Report data to be collected:</p> <ol style="list-style-type: none"> 1. Required data elements established by DOH, University of Washington’s Center for Public Health Nutrition (CPHN) and Westat, the national FINI evaluator. 2. Status update on project deliverables. <p>If available, any success stories when appropriate.</p>		Use forms provided by DOH and CPHN to summarize the work aforementioned in the FINI Project Narrative for monthly, quarterly, and annual reporting.	Reports due for the period January 1, 2018–March 31, 2020: Quarterly Data due Q1 (January 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020 Annual Data Due (April 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020 Quarterly Data Due Q2 (April 1- June 30) August 1, 2018 August 1, 2019 Quarterly Data Due Q3 (July 1 – September 30) November 1, 2018 November 1, 2019 Quarterly Data Due Q4 (October 1 – December 31) February 1, 2018 February 1, 2019 February 1, 2020	See payment information as referenced in task number 1.0

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.2	Submit Timely Monthly Invoice Vouchers		<p>Prepare and submit invoicing which includes:</p> <ul style="list-style-type: none"> • FINI A19-1A Invoice Voucher • An agency fiscal ledger • Backup documentation supporting all reimbursable costs and local match <p>Invoicing must be sent to the DOH fiscal lead for review before payment is made.</p>	<p>Monthly: Invoices due no later than 30 days after the end of the preceding month. For example, October A19 invoice submitted no later than November 30 and so on.</p> <p>Quarterly invoicing is allowable if approved by DOH contract manager.</p>	See payment information as referenced in task number 1.0

***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

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.

Travel

The LHJ is expected to comply with the Office of Financial Management’s Travel Management Requirement and Restrictions as found in policy 10.10.

<http://www.ofm.wa.gov/policy/10.htm>

Program Manual, Handbook, Policy References:

Records

(Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2)

All records are to be retained for six years from fiscal closure. This requirement applies to fiscal records, reports and client information. Supporting documentation may be kept at the sub-grantee level, but shall be available for review for six years from the date of quarterly claim submittal. Any costs that cannot be substantiated by source documents will be disallowed.

Staffing Requirements:

Annual Civil Rights Training Requirement (see FNS Instruction Number 113-1 Chapter XI) - <http://www.fns.usda.gov/sites/default/files/113-1.pdf>

“Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. The local governmental agency, Indian Tribal Organization or non-Governmental Agency must be responsible for training their subrecipients, including ‘frontline staff.’ ‘Frontline staff’ who interact with program applicants or participants, and those persons who supervise ‘frontline staff’ must be provided civil rights training an annual basis.” Documentation must be maintained in personnel files confirming the following:

1. Name(s) of staff completing the annual civil rights training,
2. Date of Training
3. Brief summary of training source(s)/materials

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

Amendments

LHJ must submit a request to DOH to amend a project plan and/or budget for prior approval whenever they wish to change the USDA-approved scope of activities and/or budget. No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA.

Budget Revisions

The local governmental agency, Indian Tribal Organization or non-Governmental Agency, is allowed, in the Federal Fiscal year period, to request an adjustment be made to a funded line item listed in within the approved budget, with pre-approval from the DOH designated contract manager. Any anticipated changes to the budget must be pre-approved by DOH.

Special Funding Requirements

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this statement of work and prior to normal completion DOH may terminate task(s), remove funds, or reallocate funds at DOH’s discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the LHJ within seven (7) working days upon notice by the funding source of funding availability.

Monitoring Visits (frequency, type):

Audits

The local governmental agency, Indian Tribal Organization or non-Governmental Agency must make State financial and program audits or reviews conducted by other entities available to the DOH, USDA, or its designee.

Monitoring expectations

The local governmental agency, Indian Tribal Organization or non-Governmental Agency’s premises and records will be made available upon request to DOH and USDA staff for the purposes of observing nutrition education activities and reviewing for program and fiscal compliance. All non-capital equipment and reusable educational materials should be tracked in an inventory list and available for review upon request.

Assurances – All agencies will comply with the following assurances:

- Programming and services provide focus on the SNAP audience.
- Program activities are reasonable and necessary to accomplish FINI objectives and goals.
- Program activities do not supplant existing programs, and where operating in conjunction with existing programs, enhance and supplement them.
- Any messages of nutrition education are consistent with the Dietary Guidelines for Americans and do not disparage any specific food, beverage or commodity.
- Activities or employee hours included as contributions for any other Federal award may not be used as match/cost sharing. The LHJ must maintain and make available for review and audit supporting documentation showing actual hours worked per Federal funding stream for each employee contributing time to both FINI and other Federal awards.
- Documentation of payments for approved FINI activities must be maintained by the LHJ and be available for review and audit.

- Program activities conducted in compliance with all applicable Federal laws, rules, regulations including Civil Rights and OMB circulars governing cost issues, as well as the General Provisions found in Title 2: 2 CFR Part 400; 2 CFR Part 415; 2 CFR Part 416; 2 CFR Part 418; 2 CFR Part 422; Title 7:7 CFR Part 3430 and Research Terms and Conditions (06/11) and National Institute of Food and Agriculture (NIFA) agency Specific Terms and Conditions (10/14) at <http://www.nifa.usda.gov/business/awards/awardterms.html>.
- All materials developed or printed with FINI funds include the appropriate credit to USDA as a funding source. When acknowledging USDA support in accordance with 2 CFR Part 415, grantees must use the following acknowledgment for all projects or initiatives supported by NIFA:
"This material is based upon work that is supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, under award number 2015-70018-23357."

DOH also expects LHJ will use NIFA's official identifier in all of its publications, posters, websites and presentations resulting from this award. This identifier can be found at <http://nifa.usda.gov/resource/official-nifa-identifier>.

Special Billing Requirements:

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws and rules including OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the text box below.
 - a. Bills must be for only FINI specific activities, using a DOH A19-1A invoice voucher
 - b. A FINI specific A19-1A must be submitted to the agency's designated DOH FINI contract manager within 30 days of the last day of the month for which the work is being billed.
3. Documentation must be submitted with each FINI A19-1A invoice voucher. Documentation should include the following;
 - a. A copy of the agency's financial expanded/detailed general ledger.
 - b. Backup documentation for all costs which may include but are not limited to receipts, timesheets, volunteer hours, tracking incentive reimbursement, and must be available upon request.
4. Indirect Rate
All indirect rates must be submitted and preapproved by DOH and NIFA-USDA. The LHJ is responsible for ensuring that indirect costs included in the LHJ's budget and invoicing is supported by an indirect cost agreement and/or cost allocation plan approved by the appropriate agency. The LHJ cannot bill indirect costs that are determined to be unacceptable and will be disallowed.

SOURCE	TOTAL BUDGET
USDA	\$179,845 \$234,905

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

DOH Program Name or Title: HIV Client Services - Effective January 1, 2018

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 checked="" type="checkbox"/> Other		

Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is a provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling; 10) provide clinic space for Harborview Medical Center physician to provide primary medical care to HIV-positive individuals: Registered Nurse to assist physician one day per week and an additional day every other week; and administrative support staff to assist with the project.

Revision Purpose: The purpose of this revision is to: 1)-Extend the period of performance from 12/31/18 to 06/30/19; 2)-Add \$34,541 for new Task PRO-3 for the Peer Navigation Proviso; 3)-Add \$30,695 for new Task PRO-2 for Training Proviso (Provider Capacity); 4)-Add \$9,369 for new Task EAW-2 for EAW - Community Engagement; 5)-Add \$41,278 for new Task SAS-1 funded by Rebates; and 6)-Add \$4,586 for new Task SAS-1 funded by State PrEP.

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			
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	01/01/18	06/30/18	225,000	41,278	266,278
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	07/01/18	12/31/18	225,000	0	225,000
FFY18 RW HIV PROVIDER CAPACITY-PROVISO	N/A	334.04.98	1261228B	04/01/18	03/31/19	0	30,695	30,695
FFY18 RW HIV PEER NAV PROJ-PROVISO	N/A	334.04.98	1261228A	04/01/18	03/31/19	0	34,541	34,541
STATE HIV CS / END AIDS WA	N/A	334.04.91	12630100	03/01/18	06/30/18	0	3,123	3,123
STATE HIV CS / END AIDS WA	N/A	334.04.91	12630100	07/01/18	12/31/18	0	6,246	6,246
STATE HIV PREVENTION PrEP	N/A	334.04.91	12430100	01/01/18	06/30/18	0	4,586	4,586
TOTALS						450,000	120,469	570,469

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
See contract tasks and deliverables below.					

Task: HCS-4 Case Management – Persons Living With HIV (PLWH)		Budget	
Service Definition:	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	A	Salaries \$198,414
		B	Benefits \$92,268
		C	Service Contracts -
		E	Supplies/Goods -
		G	Travel \$2,576
		J	Equipment -
		N	Sub-Contracts -
		O	Other -
		IDC	% \$122,142
			Subtotal \$415,400
Strategies:	<ul style="list-style-type: none"> • Provide case management services for PLWH living in Kitsap, Mason, Clallam, and Jefferson Counties in compliance with WA State HIV CM Standards. • Utilize Acuity Guidelines to ensure delivery of appropriate level of services and related resources. • Prioritize medical engagement/retention, viral suppression and stable housing as recognized indicators of positive health outcomes and quality of life. • Utilize Client Centered Approach. • Practice Cultural Humility in all aspects of care and service delivery. • Intentionally track and address Health Disparities for Populations of Interest within your community(ies) as related to Case Management services and outcomes. • Meaningfully incorporate consumer feedback into ongoing program design, implementation and evaluation. 	\$415,400 – Rebates \$207,700 for 01/01/18-06/30/18 and \$207,700 for 07/01/18-12/31/18	
Targeted population:	Persons living with HIV		
Deliverables/Measures:	Number of PLWH to be served:	Kitsap	175
		Mason	30
		Clallam	40
		Jefferson	17
		Total	262

- Reporting:**
- Agency must create a CAREWare file for each PLWH receiving Case Management services within forty-eight (48) business hours from the time of Client Intake.
 - Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.
 - Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

Task: HCS-5 Medical Transportation

Service Definition: Provision of non-emergency transportation services that enable an eligible client to access or are retained in medical and support services. May be provided by:

- 1) providers of transportation services;
- 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs;
- 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed;
- 4) voucher or token systems.

Budget		
A	Salaries	
B	Benefits	
C	Service Contracts	
E	Supplies/Goods	\$5,500
G	Travel	
J	Equipment	
N	Sub-Contracts	
O	Other	
IDC	%	
Subtotal		\$5,500

- Strategies:**
- Agency will issue fuel cards and bus passes to PLWH to enable access to medical care and support services.
 - Agency will consider poverty, capacity, stigma and health disparity related barriers to transportation and attempt resolution through provision of medical transportation assistance or other available resources.
 - Ongoing medical transportation needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized.
 - Medical Transportation direct assists must be used as payer of last resort.

\$5,500 – Rebates
\$2,750 for 01/01/18-06/30/18 and
\$2,750 for 07/01/18-12/31/18

Targeted population: Persons living with HIV

Deliverables/Measures: Number of PLWH to be served: 100

Reporting:	<ul style="list-style-type: none"> Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level. 																															
Task:	HCS-6 Food Bank/Home Delivered Meals - PLWH																															
Service Definition:	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, water filtration in communities where issues of water safety exist).	Budget																														
		<table border="1" style="width: 100%;"> <tr><td>A</td><td>Salaries</td><td></td></tr> <tr><td>B</td><td>Benefits</td><td></td></tr> <tr><td>C</td><td>Service Contracts</td><td></td></tr> <tr><td>E</td><td>Supplies/Goods</td><td style="text-align: right;">\$19,800</td></tr> <tr><td>G</td><td>Travel</td><td></td></tr> <tr><td>J</td><td>Equipment</td><td></td></tr> <tr><td>N</td><td>Sub-Contracts</td><td></td></tr> <tr><td>O</td><td>Other</td><td></td></tr> <tr><td>IDC</td><td></td><td style="text-align: center;">%</td></tr> <tr><td colspan="2" style="text-align: right;">Subtotal</td><td style="text-align: right;">\$19,800</td></tr> </table>	A	Salaries		B	Benefits		C	Service Contracts		E	Supplies/Goods	\$19,800	G	Travel		J	Equipment		N	Sub-Contracts		O	Other		IDC		%	Subtotal		\$19,800
A	Salaries																															
B	Benefits																															
C	Service Contracts																															
E	Supplies/Goods	\$19,800																														
G	Travel																															
J	Equipment																															
N	Sub-Contracts																															
O	Other																															
IDC		%																														
Subtotal		\$19,800																														
Strategies:	<ul style="list-style-type: none"> Agency will distribute food bags to PLWH under guidance of nutritionist or dietician oversight. Agency will consider poverty, capacity, stigma and health disparity related barriers to food security and attempt resolution through provision of food assistance or other available resources. Ongoing food insecurity needs must be documented in the Client's Service Plan. Long term sustainable resolutions need to be explored and strategized. Food/M meal disbursement must be used as payer of last resort. 	<p>\$19,800 – Rebates \$9,900 for 01/01/18-06/30/18 and \$9,900 for 07/01/18-12/31/18</p>																														
Targeted population:	Persons living with HIV																															
Deliverables/Measures:	Number of PLWH to be served:	200																														
Reporting:	<ul style="list-style-type: none"> Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual. 																															

- Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

Task: HCS-7 Housing Services - PLWH

Service Definition:	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.	Budget		
		A	Salaries	
		B	Benefits	
		C	Service Contracts	
		E	Supplies/Goods	\$9,300
		G	Travel	
		J	Equipment	
		N	Sub-Contracts	
		O	Other	
		IDC	%	

Strategies:	<ul style="list-style-type: none"> • Agency will provide housing support to PLWH by paying for emergency shelter and hotel stays. • Agency will consider poverty, capacity, mental health, substance use and stigma related barriers to housing stability and provide directly, or through referral and linkage, services to support and address any of these connected life domains. • Intentionally track and address Health Disparities for Populations of Interest within your community(ies) as related to Housing services and outcomes. • Housing direct assists must be used as payer of last resort. 	Subtotal	\$9,300
		\$9,300 – Rebates	
		\$4,650 for 01/01/18-06/30/18 and \$4,650 for 07/01/18-12/31/18	

Targeted population: Persons living with HIV

Deliverables/Measures: Number of PLWH to be served: 12

- Reporting:
- Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.
 - Agency must track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.

Task: EAW-2 End AIDS Washington – Community Engagement				
Service Definition:	<i>End AIDS Washington Recommendation #11 calls to invigorate and strengthen meaningful community engagement and empowerment for people and communities disproportionately affected by HIV-related health disparities and stigma. These funds are to be used to develop innovative projects for invigorating meaningful community engagement with PLWH and PAHR in Washington State.</i>	Budget		
		<i>A</i>	<i>Salaries</i>	<i>\$5,319</i>
		<i>B</i>	<i>Benefits</i>	<i>\$1,489</i>
		<i>C</i>	<i>Service Contracts</i>	
		<i>E</i>	<i>Supplies/Goods</i>	
		<i>G</i>	<i>Travel</i>	
		<i>J</i>	<i>Equipment</i>	
		<i>N</i>	<i>Sub-Contracts</i>	
		<i>O</i>	<i>Other</i>	
		<i>IDC</i>	<i>%</i>	<i>\$2,561</i>
		Subtotal		\$9,369
Strategies:	<ul style="list-style-type: none"> • <i>Agency will develop and implement a single (or multiple) community engagement project(s).</i> • <i>Agency will develop processes that engage PAHR and PLWH creatively and effectively.</i> • <i>Agency will ensure messaging and program development is led by the communities that services are meant to benefit.</i> • <i>Agency will share best practices and lessons learned throughout the project funding period with DOH and statewide HCS partners to support other community engagement efforts.</i> 	<p>\$9,369 – State HIV CS EAW <i>\$3,123 for 03/01/18-06/30/18 and</i> <i>\$6,246 for 07/01/18-12/31/18</i></p>		
Targeted population:	<ul style="list-style-type: none"> <i>-Persons living with HIV (PLWH)</i> <i>-Persons at High Risk for HIV (PAHR)</i> <i>-All races and ethnicities of MSM/TSM (Primary)</i> <i>-US born black persons (Special Emphasis, Health Disparities)</i> <i>-Foreign born black persons (Special Emphasis, health Disparities)</i> <i>-Foreign born Hispanic persons (Special Emphasis, Health Disparities)</i> 			
Deliverables/Measures:	<i>Measures of success should be included in written narrative reports.</i>			
Reporting:	<p><i>Agencies will submit two (2) written narrative reports to DOH outlining progress made on community engagement project, challenges, successes, lessons learned, and next steps.</i></p> <ul style="list-style-type: none"> • <i>First narrative due July 25 (March 1 - June 30 funding period)</i> • <i>Second narrative due January 25 (July 1- December 31 funding period)</i> 			

<i>Task: PRO-2 Training - Proviso</i>		Budget	
<i>Service Definition:</i>	<i>Conferences and trainings on stigma, health disparities, or racism for subrecipient staff providing HIV care services.</i>	<i>A Salaries</i>	
		<i>B Benefits</i>	
		<i>C Service Contracts</i>	
		<i>E Supplies/Goods</i>	
		<i>G Travel</i>	<i>\$30,695</i>
		<i>J Equipment</i>	
		<i>N Sub-Contracts</i>	
		<i>O Other</i>	
		<i>IDC %</i>	
<i>Strategies:</i>	<ul style="list-style-type: none"> <i>Agency will send HIV care staff to conferences or trainings that address stigma, racism, and health disparities.</i> <i>Agency will offer on-site training on stigma, health disparities, and racism.</i> 	<i>Subtotal</i>	<i>\$30,695</i>
		<i>\$30,695 – Provider Capacity (Training)</i>	
		<i>\$30,695 for 04/01/18-03/31/19</i>	
<i>Targeted population:</i>	<i>Subrecipient staff who provide HIV care services.</i>		
<i>Deliverables/Measures:</i>	<i>Proposed number of staff trained:</i>		
<i>Reporting:</i>	<i>Quarterly agency reports including names and job titles of staff members who attend training or conferences. Report includes name of training or conference attended.</i>		

<i>Task: PRO-3 Peer Navigation - Proviso</i>		Budget	
<i>Service Definition:</i>	<i>Provide education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics may include: 1) education on risk reduction strategies such as PrEP for client partners and treatment as prevention; 2) education on health care coverage; 3) health literacy; 4) treatment adherence education.</i>	<i>A Salaries</i>	<i>\$18,750</i>
		<i>B Benefits</i>	<i>\$5,250</i>
		<i>C Service Contracts</i>	
		<i>E Supplies/Goods</i>	
		<i>G Travel</i>	<i>\$1,090</i>
		<i>J Equipment</i>	
		<i>N Sub-Contracts</i>	
		<i>O Other</i>	
		<i>IDC %</i>	<i>\$9,451</i>
		<i>Subtotal</i>	<i>\$34,541</i>
<i>Strategies:</i>	<i>Agency will provide education to clients living with HIV about HIV transmission and risk reduction in a programmatic way that is designed to provide quantified reporting of activities and outcomes to accommodate evaluation of effectiveness.</i>	<i>\$34,541 – Peer Navigation</i> <i>\$34,541 for 04/01/18-03/31/19</i>	
<i>Targeted population:</i>	<i>People living with HIV (PLWH)</i>		
<i>Deliverables/Measures:</i>	<i>PLWH served</i>		
<i>Reporting:</i>	<ul style="list-style-type: none"> <i>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in CAREWare, as appropriate, within five (5) business days from Client Intake, identified change in Client Status, delivery of a support service or benefit, or Interaction with or on behalf of Client. Requirements around documentation within CAREWare can be found in your HCS Manual.</i> <i>Agency must Track and report within CAREWare any and all Performance Measures related to this Service Category as directed by DOH Quality Team. These include, but may not be limited to, medical engagement, medical retention, viral load, housing status, and household poverty level.</i> 		

<i>Task:</i>	<i>SAS-1</i>	<i>Space and Staff</i>		
<i>Service Definition:</i>	<i>LJH will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center; Registered Nurse to assist physician and administrative support staff to assist with project</i>	Budget		
		<i>A</i>	<i>Salaries</i>	<i>\$19,880</i>
		<i>B</i>	<i>Benefits</i>	<i>\$10,705</i>
		<i>C</i>	<i>Service Contracts</i>	
		<i>E</i>	<i>Supplies/Goods</i>	
		<i>G</i>	<i>Travel</i>	
		<i>J</i>	<i>Equipment</i>	
		<i>N</i>	<i>Sub-Contracts</i>	
		<i>O</i>	<i>Other</i>	<i>\$3,686</i>
		<i>IDC</i>	<i>%</i>	<i>\$11,593</i>
			<i>Subtotal</i>	<i>\$45,864</i>
<i>Strategies:</i>	<i>LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by Harborview Medical Center and the LHJ.</i>		<i>\$41,278 – Rebates</i> <i>\$41,278 for 01/01/18-06/30/18</i> <i>\$4,586 – State PrEP</i> <i>\$4,586 for 01/01/18-06/30/18</i>	
<i>Deliverables/Measures:</i>	<i>Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2018.</i>			

***For Information Only:**

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

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

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. Definitions

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

2. Client Eligibility and Certification

PLWH LHJ shall:

- a. Maintain written documentation that each client receiving services is HIV positive.
- b. Implement an eligibility certification process upon entry (Intake) into case management services to ensure that only eligible clients are being served. Certification includes assessment of client:

- i) Income – There are no income eligibility requirements related to the services of Case Management, Health Education/Risk Reduction (HE/RR), Early Intervention Services (EIS), Outreach, or Psychosocial Support, regardless of acuity. Income eligibility certification applies only for Food/Meals, Medical Transportation, Housing, Medical Nutrition Therapy, Mental Health, and Substance Abuse Treatment is on par with that set for Washington State’s Early Intervention Program. At the time of the writing of this contract, that figure is set at 400% of the federal poverty level (FPL).
 - ii) Insurance status – All funding received under this statement of work must be treated as payer of last resort. As such, if there is another available payer for any service(s) covered under this statement of work, the LHJ is obligated to pursue that funding source first. This applies as well to the availability of Targeted HIV Case Management under Title XIX.
 - iii) Washington State residency
- c. Implement an eligibility recertification process for each client actively receiving Engagement Services to be conducted, at minimum, once every six (6) months. Recertification includes assessment of client.
- i) Income – There are no income eligibility requirements related to the services of Case Management, HE/RR, EIS, Outreach, or Psychosocial Support, regardless of acuity. Income eligibility recertification applies only for Food/Meals, Medical Transportation, Housing, Medical Nutrition Therapy, Mental Health, and Substance Abuse Treatment is on par with that set for AIDS Drug Assistance Program (ADAP). At the time of the writing of this statement of work that figure is set at 400% of the FPL.
 - ii) Insurance status – All funding received under this statement of work must be treated as payer of last resort. As such, if there is another available payer for any service(s) covered under this contract, the LHJ is obligated to pursue that funding source first. This applies as well to the availability of Targeted HIV Case Management under Title XIX.
 - iii) Washington State residency
- d. LHJ providing HIV medical case management shall engage with Title XIX HIV Medical Case Management in the following ways:
- i) Have a signed contract with the Health Care Authority (HCA) to provide Title XIX HIV Medical Case Management for eligible clients
 - ii) Adhere to the Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions.
 - iii) Adhere to the following system for meeting Medicaid match:
 - (1) Providers will bill HCA for Title XIX case management services.
 - (2) HCA will pay providers for services rendered
 - (3) HCA will bill DOH for the state match
 - (4) DOH will pay the state match to HCA

This system will remain in place as long as DOH has sufficient state general funds to meet Medicaid match.
 - iv) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes. PAHR and PLWH LHJ shall:
- e. Monitor expenditures of funds to assure confidentiality, client equity, compliance with federal and state guidelines, and to remain within annual budget.
- f. Adhere to the Statewide Standards for HIV Case Management or to the Standards, Requirements or Guidelines articulated within the HIV Community Services Manual.
- g. Inform clients upon Intake of the relationship between the LHJ and DOH as it applies to DOH access to client information created or obtained through the provision of services funded by this contract. DOH, as the grantor, and in the role of fiscal and clinical compliance auditor has the right to review client charts and client level data for quality assurance and evaluation purposes. LHJ must obtain signatory proof from client that this information was shared and received.

- i) Have clients sign Release of Information Forms granting DOH permission to review client charts and client level data for quality assurance and evaluation purposes.

3. Quality Management/Improvement Activities.

- a. Quality Management/Improvement Programs must include the ability to access the extent to which services are consistent with the DOH and Health and Human Services (HHS) guidelines for the treatment of HIV. Quality Management/Improvement Programs must include coordination of activities aimed at improving quality of care, health outcomes and client satisfaction. Improvement will include specific activities to improve services in response to DOH identified performance measures. Clients/consumers must be included in the Quality Management/Improvement Program. Required Quality Management/Improvement activities:
 - i) LHJ must identify a Quality Management/Improvement Program lead for both PLWH and PAHR. The LHJ's Quality Management/Improvement Program Lead must participate in Quality Management/Improvement training provided by DOH. The LHJ must identify at least one (1) PLWH consumer and one (1) PAHR consumer to participate in the Quality Improvement training provided by DOH.
 - ii) LHJ must develop and submit their Quality Management/Improvement Plan. DOH must approve all Quality Management/Improvement Plans. LHJ may use the Quality Management/Improvement plan template provided by DOH or submit a Quality Management/Improvement Plan of their own choosing that addresses all components listed in the Template.
 - iii) LHJ must participate in DOH onsite visits that will include Quality Management/Improvement components including the review of progress in implementing their annual Quality Management/Improvement Plan.
 - iv) LHJ may be required to participate in other DOH quality improvement activities.
 - v) LHJ must collect medical visit dates and HIV viral load dates and test results for all clients.

4. HIV Statewide CAREWare Data System

- a. The LHJ shall directly enter client level and service data in the HIV Statewide CAREWare Data System.
- b. Legal Authorization to Collect Data:

DOH represents and warrants that it is legally authorized to collect and/or receive the Medical Case Management information described in this statement of work, including review of client charts and client level data, ("Data Elements"), in the conduct of its public health activities. Disclosure of the Data Elements by LHJ to DOH is required under the terms of this agreement. Transmittal of the Data Elements through DOH's secure CAREWare system is appropriate under this agreement and will not be deemed to violate the confidentiality provisions of this agreement

Pursuant to RCW 70.02.220(7), DOH requires the last name, first name, middle name, address, telephone, full date of birth, and such other medical case management data variables as are set forth herein, in order to protect the public health and to ensure ongoing quality management. DOH will use data obtained to further the ongoing reduction of HIV transmission rates and ensure HIV-positive individuals are engaged in healthcare.

- c. The LHJ shall have a valid data share agreement with DOH.

5. HIV and STD Testing Services

- a. HIV testing services must follow DOH and CDC guidance for HIV testing.
- b. Persons found to be sero-positive must be provided with partner services (PS) that follow current CDC guidelines for HIV PS and DOH HIV Partner Services Standards. LHJs must refer newly identified HIV infected persons to the local health jurisdiction for PS.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.

- e. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV testing must obtain all necessary and required Washington State certification.
- f. LHJ will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.
- g. LHJ must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- h. LHJ will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.

6. Reporting Requirements

- a. The LHJ shall provide the following reports by electronic mail (preferred), U. S. mail, or fax no later than the close of business on the dates indicated. LHJ shall submit reports to:

Abby Gilliland, Washington State Department of Health
PO Box 47841, Olympia, WA 98504-7841
Phone: (360) 236-3351/Fax: (360) 664-2216
Email: Abby.gilliland@doh.wa.gov

Receipt of timely program reports by DOH is imperative. Failure to comply with reporting requirements may result in the withholding of funds.

- b. LHJ may contact Abby Gilliland at abby.gilliland@doh.wa.gov for electronic forms or with reporting questions.
- c. Narrative Reports

Reporting Time Period	Report due date
January 1, 2018 – March 31, 2018	April 15, 2018
April 1, 2018 – June 30, 2018	July 15, 2018
July 1, 2018 – September 30, 2018	October 15, 2018
October 1, 2018 – December 31, 2018	December 31, 2018

- d. Reports shall include the following components:
 - i) Narrative –LHJ shall describe
 - (1) Changes to service delivery plan
 - (2) New access points for HIV Community Services funded direct services
 - (3) Participation in the Washington HIV planning process
 - (4) Program accomplishments, for example:
 - (a) Outreach
 - (b) Linkage to care
 - (c) Success in reaching underserved populations
 - (d) Success in meeting or exceeding planned outcome targets
 - (e) Effective strategies used to recruit, train, or use workers
 - (f) Enhanced linkages with HIV/AIDS prevention and counseling/testing programs

- (g) Coordinating services with other health-care delivery systems
- (h) Evaluating the impact of HCS funds and making needed improvements.
- (i) Documenting clients served and outcomes achieved

(5) Challenges and lessons learned, for example:

- (a) Tools and protocols
- (b) Health disparities

(6) Technical Assistance needed

NOTE: DOH will run routine CAREWare data summaries in lieu of LHJ submitting quarterly demographic data. Aggregate population-based PAHR data must be submitted quarterly.

ii) **Fiscal** – Using a DOH-approved Fiscal Reporting Form; LHJ shall indicate funds expended to date.

iii) **Quality Management/Improvement Reporting** – LHJ must develop Quality Management/Improvement Programs to measure, monitor, and improve the quality of their services. The LHJ must complete and submit quarterly:

- (1) Quality Management/Improvement Plan Template or Quality Management Plan Update (PLWH and PAHR)
- (2) Statewide Case Management Performance Data (PLWH)

Templates are available from DOH.

e. **Additional Reporting Requirements:**

Within thirty (30) days of written notification, the LHJ shall comply with any additional reporting requirements mandated by state directive during the contract period.

7. Training Requirements

- a. LHJ shall ensure that all staff participating in direct client care receives a minimum of twenty (20) hours of applicable training annually. Recommended trainings include Culturally and Linguistically Appropriate Services (CLAS) Standards, ethics and boundaries, cultural humility, harm reduction, motivational interviewing, trauma informed practice, and safe de-escalation.
- b. LHJ shall remain current on best practices around case management, HIV related benefits and systems, resources outside of HIV Community Services, as well as maintaining awareness of advancements with HIV medications, prevention, treatment and practice.
- c. LHJ shall ensure new direct client care staff participate in the DOH New Case Management training(s) within six (6) months of hire or at first offering following staff initial start date.
- d. LHJ shall participate in any fiscal training put on by DOH related to the execution of this contract.
- e. LHJ shall participate in any Quality trainings put on by DOH related to the execution of this contract.
- f. LHJ shall participate in the DOH Community Programs Annual Update.
- g. LHJ shall participate in all DOH required trainings related to responsible and quality service delivery of HIV Case Management and related support services, including services for PAHR.

8. Participation in Washington State’s HIV Planning Process

The vision of the HIV Planning System is to end the HIV epidemic in Washington State. Collectively we will accomplish this by preventing new HIV infections and by keeping people with HIV healthy. The planning system looks at how HIV impacts populations across the state, the factors influencing people’s HIV risk and the structures that impact successful HIV efforts. The components of the planning system recommend the most successful HIV prevention, care and treatment strategies. Stakeholder Villages and Special Emphasis Workgroups are designed specifically to amplify the voices of individuals and communities experiencing HIV related disparities.

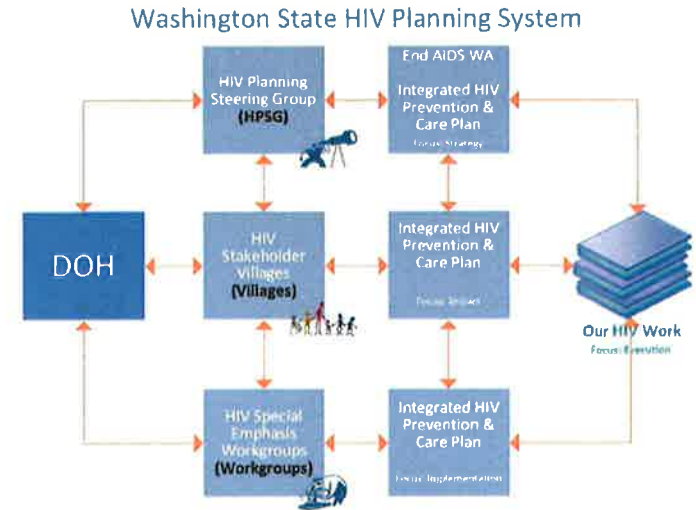
a. Planning System components

HIV Stakeholder Villages (Villages) have no formal membership and serve the dual purpose of educating a broad range of stakeholders on the current and proposed HIV interventions and strategies receiving input from stakeholders to enhance HIV service delivery. Village meet in person or via web interface in town hall style meetings held within various communities in Washington State in coordination with local service delivery providers.

HIV Special Emphasis Workgroups (SEW) are informal, ad-hoc, and advisory bodies that are convened by DOH to identify specific and effective implementation strategies that add operational value to prevention, care and treatment continuum activities.

The HIV Planning Steering Group is a 21 member, formal, standing, advisory committee.

- b. Contracted Agencies have unique connections to communities and connecting communities to the planning system is integral to a successful HIV service delivery system. DOH is responsible for implementation of the HIV Planning System. Contracted Agencies are responsible to work directly with DOH to implement and recruit participants for Villages and SEW that in their service provision area or target population.



9. Participation in End AIDS Washington Initiative

The End AIDS Washington Initiative is a collaboration of community-based organizations, government agencies and education and research institutions working together to reduce the rate of new HIV infections in Washington by 50% by 2020. The End AIDS Washington initiative and the forthcoming implementation plan are not owned by any one government agency or CBO. End AIDS Washington is a community-owned effort, and will only be successful if all stakeholders—communities, government, the health care system, and people most affected by HIV—are fully engaged in its implementation efforts and empowered to make decisions and set priorities.

10. Participation in End AIDS Washington Statewide Media Campaign

- i) The End AIDS Washington Statewide Media Campaign effort aims to promote the priorities laid out in the EAW Initiative around the state through various ways. Funded agencies will ensure the participation of at least one staff member funded through PAHR Services in End AIDS Washington Campaign related activities including, but not limited to, the End AIDS Washington Champions program. Funded agencies will, whenever possible, utilize End AIDS Washington messaging and branding on educational and outreach materials.

11. Contract Management

b. Fiscal Guidance

- i) **Funding** – Funds provided in the Budget are for services provided during the period January 1, 2018 –December 31, 2018. The LHJ shall submit all claims for payment for costs due and payable under this statement of work by January 31, 2019. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The LHJ agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ 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.

Month of A19-1A Invoice	A19-1A Invoice Due Date
January 1-31, 2018	February 25, 2018
February 1-29, 2018	March 25, 2018
March 1-31, 2018	April 25, 2018
April 1-30, 2018	May 25, 2018
May 1-31, 2018	June 25, 2018
June 1-30, 2018	July 25, 2018
July 1-31, 2018	August 25, 2018
August 1-31, 2018	September 25, 2018
September 1-30, 2018	October 25, 2018
October 1-31, 2018	November 25, 2018
November 1-30, 2018	December 25, 2018
December 1-31, 2018	January 31, 2019

The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19-1A invoice voucher payment 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.
- v) **Payer of Last Resort** – No funds shall be used to provide items or services for which payment has been made or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, the Early Intervention Program (EIP) and/or State or local entitlement programs, prepaid health plans or private insurance. Therefore, LHJ providing case management services shall expeditiously enroll eligible clients in Medicaid. LHJ will not use funds to pay for any Medicaid-covered services for Medicaid enrollees.
- vi) **Cost of Services** – The LHJ will not charge more for HIV services than allowed by Sec. 2617 (c) of Ryan White legislation (Public Law 101-381; 42 USC 300ff-27).
- vii) **Emergency Financial Assistance** –The LHJ shall not use contract funds to provide a parallel medication service to EIP. LHJ’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. LHJ shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – LHJ shall not expend contract funds to support needle exchange programs.
- x) **Supervision**, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

c. Contract Modifications

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

d. Subcontracting

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

e. Written Agreements

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

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

Technical assistance is available through DOH.

12. Material Review and Website Disclaimer Notice

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

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

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

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

13. Youth and Peer Outreach Workers

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

14. Confidentiality Requirements

The LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Please see below to identify the category your agency best fits. Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: Agencies 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. During site visits or audits, DOH may request proof that the LHJ meets confidentiality requirements. To meet the requirements the LHJ must have the following in place:

- a. Clearly written agency policies regarding confidentiality and security of records.
- b. Appropriate physical and electronic security measures to prevent unauthorized disclosures.
- c. Signed statements of confidentiality and security for all staff members who have access to sensitive information, either through access to files or through direct contact with clients.
- d. Signed confidentiality statements on file at the LHJ's office and updated yearly.
- e. Appropriate confidentiality training provided to employees with records of attendance.

Category Two: Agencies that have access to HIV/STD (Sexually Transmitted Disease) information (through contact with clients or target populations), but do not maintain client records.

If your agency fits this definition, you are required to have the following in place:

- (1) Signed confidentiality statements from each employee
- (2) Signed confidentiality statements are on file at the LHJ 's office and updated yearly
- (3) Appropriate confidentiality training provided to employees with records of attendance

Technical assistance is available through DOH.

15. Whistleblower

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

16. Allowable Costs

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

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

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

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

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

DOH Program Contact, PLWH

Karen Robinson
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-3437/Fax: 360-664-2216
Karen.Robinson@doh.wa.gov

DOH Program Contact, PAHR

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Michae.Barnes@doh.wa.gov

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

DOH Program Name or Title: NEP-PIC NTA 0237 - Effective January 1, 2018

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

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

Period of Performance: January 1, 2018 through March 31, 2019

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 additional resources for investigating and eliminating sources of bacterial pollution in shellfish growing areas in Kitsap County.

NOTE: Dates that precede January 1, 2018 are for reference only.

Revision Purpose: The purpose of this revision is to reduce funding by \$50,000 and remove a task for work completed by others.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Decrease (-)	Total Consideration
				Start Date	End Date			
PS SSI 1-5 PIC TASK 4	66.123	333.66.12	261K1208	01/01/18	03/31/19	78,805	-50,000	28,805
TOTALS						78,805	-50,000	28,805

GOALS & MEASURABLE OBJECTIVES

This simply summarizes key deliverables and measures called out in the tasks below. This table is a component of the FEATS report.

Description (e.g., "shellfish beds reopened")	Units (e.g. "acres")	Targets ("number")
Prioritize DOH closed parcels and prevent new closures due to shoreline hot spots	DOH Closed parcels	15
Number of septic tank pump out vouchers provided	#Vouchers	72
Number of priority shoreline and stream "hot spots" sources identified using HEC or bacteriodes.	#Pollution sources	
Number of onsite sewage system (OSS) failures identified in priority hot spots	OSS failures	
Number of OSS failures corrected in priority hot spots	OSS corrected	
Number of livestock waste problems and violations identified and corrected in priority hot spots	#Problems or Violations Corrected	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>TASK 0. PROJECT DEVELOPMENT This task must be completed before initiating any other work under this subaward. Work completed prior to the completion of Task 0 will be ineligible for reimbursement under this subaward.</p>					
0.1	<p>Project Spatial Data and Climate Change Assessment In the tasks below Subrecipients will create a detailed project outline and timeline to describe project expectations and outcomes. The detailed project plan will also identify how the objectives of the project will be evaluated, including quantifiable performance measures and targets. DOH will review project to see if actions may have climate change intersections. If there are strong climate change interconnections, DOH will work with the subrecipient on how the project may be developed to be climate resilient. DOH will work with the subrecipient on the plan and establish mutual expectations.</p> <p>Subrecipients should provide relevant spatial data for their project and this should be identified in the detailed project plan. Subrecipients should consult with technical staff and spatial analysts where appropriate to determine the spatial data, associated metadata, and data storage location that are relevant for the project. All subrecipients should submit project coordinates (latitude, longitude) in decimal degrees.</p>		Project Spatial Data and Climate Assessment	July 15, 2017	Reimbursement up to \$1,760 based on actual costs.
0.2	<p>Quality Assurance Project Plan (QAPP) Development Subrecipient will submit a Quality Assurance Project Plan (QAPP) or QAPP waiver using Environmental Protection Agency's (EPA's) National Estuary Program (NEP) guidance for QAPPs. If a QAPP is required, subrecipients will work with the Washington State Department of Ecology's QA Officer to develop and approve the QAPP. Work related to collecting environmental data may not begin until the QAPP or waivers are completed and</p>		QAPP or QAPP waiver	Draft QAPP due within 30 days of subaward	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	approved. See EPA Programmatic Condition #5 in this agreement for more information.				
0.3	<p>Effectiveness Consultation (if necessary) Consult via telephone call with Puget Sound Partnership (PSP) effectiveness team regarding data LHM is gathering (30 mins). PSP effectiveness team will provide an analysis approach for the Near-Term Actions (NTAs), about a paragraph per project. PSP effectiveness team will provide an analysis of effectiveness of NTAs. Results will be presented to Strategic Initiative Advisory Team (SIAT).</p>		Effectiveness Consultation (if necessary)	March 31, 2019	
<p>TASK 1. Project Management and Reporting This task describes the data collection and reporting requirements associated with this subaward. Maintenance of project records, submittal of payment vouchers, fiscal forms, and progress reports; compliance with applicable procurement, contracting and interlocal agreement requirements; application for, receipt of, and compliance with all required permits, licenses, easements, or property rights necessary for the project and submittal of required performance items. Carry out project in accordance with any completion dates outlined in the agreement. Refer to and comply with all underlying federal terms and conditions.</p>					
1.1	<p>Project Factsheet Create a project factsheet (using included template) and submit it in MS Word with the first quarterly progress report.</p>		Project Fact Sheet	July 15, 2017	Reimbursement up to \$8,325 based on actual costs.
1.2	<p>Bi-monthly (ConCon invoices are due every 60 days) Invoicing and Progress Summary The subrecipient will email bi-monthly progress summary and invoicing related to project tasks and deliverables to the contract manager. The summary period is synced to inform the Grant Program's EPA reporting schedule; therefore it is critical that the Project Sponsor submit these summaries to the Grant Program according to the following schedule. Progress Summaries shall include, at a minimum:</p> <ul style="list-style-type: none"> • A description of the work completed in the last performance period, including total spending by the project sponsor and any partners and any completed deliverables. • The status and completion date for the project activities and near-term deliverables. 		<p>Bi-monthly (every two months) invoice and project summaries.</p> <p>FEATS will serve as project summary for performance periods that fall on or near FEATS due dates. See FEATS schedule in Task 1.2.1.</p> <p><u>Annual Performance Periods:</u></p> <p>First Period: January – February</p> <p>Second Period: March –April (FEATS)</p> <p>Third Period:</p>	<p>Due annually:</p> <p>June 15 August 15 October 1 (FEATS) December 15 March 15 (FEATS)</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"> Description of any problem or circumstances affecting the completion date, scope of work, or costs. Evidence that all the reporting requirements have been satisfactorily completed (see below). 		May – June 30 Fourth Period: July – August Fifth Period: September – October (FEATS) Sixth Period: November - December		
1.2.1	Financial and Ecosystem Accounting Tracking System (FEATS) Complete semi-annual FEATS progress reports, as well as a final FEATS report. The final FEATS report, reflecting the final project billing, will be provided during project closeout, after the end of the grant, and will describe the entire project, highlighting project outcomes and discussing lessons learned. See EPA Programmatic Condition #1.		Semi-annual FEATS reports	April 1 October 1 And upon project completion.	
1.2.2	Puget Sound Partnership Required NTA Reporting NTA owners are required to report on the following: <ul style="list-style-type: none"> Implementation status of their actions on a semiannual basis Financial status of their actions on an annual basis 		1. Implementation Status 2. Financial Status	1: March 31-April 28, 2017 November 1-30, 2017 May 1-31, 2018 Upon project/NTA completion or November 2018 2.: June 30-August 15, 2017 June 29-August 13, 2018 Upon contract/NTA completion or August 2019	
1.2.3	STorage and RETrieval and Water Quality eXchange (STORET) Data Reporting STORET refers to an electronic data system for water quality monitoring data developed by EPA. If subrecipients collect any physical, chemical or environmental data (e.g. dissolved oxygen, water temperature, salinity, turbidity, pH, phosphorous, total nitrogen, E. coli or E. coli, and other biological and habitat		STORET (if required)	Per FEATS schedule Task 1.2.1	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>data) then STORET reporting will be required. Data for an entire calendar year (January 1 – December 31) should be submitted annually. To assist in tracking in STORET, name your project as follows: NEP_2016_(insert organization name); the unique project ID needs to be 35 characters or less. Include the STORET ID in the quarterly progress reports.</p>				
1.2.4	<p>Women/Minority-Owned Business (MBE/WBE) Reports MBE/WBE reporting is required annually. This federal reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the “Other” category that exceed the threshold amount of \$150,000., including amendments and/or modifications.</p>		MBE/WBE Reporting	<p>October 15, annually And upon project completion.</p>	
1.3	<p>Final Project Report A final report will be written by the project owners that describes the methods, results, lessons learned and recommendations for future work. The final report will evaluate the success of achieving the performance measures identified in the detailed project plan. Included with the final project report will be an updated Project Factsheet (see 1.1).</p>		Final Report and updated Fact Sheet	And upon project completion.	
<p>TASK 2- LAB ANALYSIS <i>The Kitsap Public Health District (KPHD) pollution identification and correction (PIC) program works to identify and correct sources of bacterial pollution which can impact shellfish resources in Kitsap County. This project is designed to improve Kitsap County's PIC process by fully utilizing techniques and procedures the county has been developing with its partner, the University of Washington's (UW) Center for Urban Waters, to analyze shoreline discharges and streams for human emerging contaminants (HEC). The PIC work, including sample collection, shoreline surveys, and investigative surveys, will be separately paid for by Clean Water Kitsap.</i></p>					
2.1	<p><i>HEC include pharmaceuticals and personal care products, hormones or endocrine disrupting compounds, flame retardants, and agriculturals present in surface water and groundwater. Human emerging contaminants data allows KPHD to prioritize shoreline hot</i></p>		<p><i>a) The UW Center for Urban Waters will perform HEC analysis of samples from confirmed E. coli shoreline "hot spots". A maximum of 100 samples (estimated sample cost</i></p>	<p><i>Ongoing. Report progress in summaries and FEATS per Task 1.</i></p>	<p><i>Reimbursement up to \$50,000 based on actual costs.</i></p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>spots—focusing on hot-spots with evidence of human contamination first.</p> <p>KPHD will also utilize new bacteriodes techniques developed by the United States Environmental Protection Agency (USEPA) to assist in source identification of human, avian, ruminant and dog bacteriodes.</p>		<p>\$500 each) will be collected.</p> <p>b) A laboratory approved by the USEPA and using USEPA methods will perform bacteriodes analysis of samples collected from confirmed E. coli shoreline and stream “hot-spots”. A maximum of 100 samples (estimated sample cost \$500 each) will be collected.</p>		
<p>TASK-3 2. POLLUTION IDENTIFICATION AND CORRECTION (PIC) INCENTIVE VOUCHER PROGRAM</p>					
<p>Provide septic tank pumping/inspections/riser installation vouchers to property owners with gravity flow drain fields within 200 feet of the marine shoreline or shoreline drainage that have no record of pumping or inspection in the past six years, and have not received incentives in the past.</p>					
<p>3-1 2.1</p>	<p>Properties with gravity flow drain fields within 200 feet of the marine shoreline or shoreline drainage, that have no record of pumping or inspection in the past six years and that have not received incentives in the past will be targeted for offer of a voucher.</p>		<p>Septic tank pumping/ inspections/riser installation vouchers distributed</p> <p>(72 x \$250 per shoreline owner)</p>	<p>Ongoing. Report progress in summaries and FEATS per Task 1.</p>	<p>Reimbursement up to \$18,015 based on actual costs.</p>
<p>TASK-4 3. BROADER IMPACTS AND COMMUNICATION</p>					
<p>DOH will work with KPHD to determine targeted audience and ensure purpose of communication is clear.</p>					
<p>4-1 3.1</p>	<p>The subrecipient will submit high-quality project photos or video clips of the project (process, progress, etc.). Ensure anyone in the photo or video has signed a release in case photos or videos are used for future publications.</p>		<p>a) Submit high-quality project photos or video clips of the project (process, progress, etc.).</p> <p>b) Meet with Puget Sound Institute/Encyclopedia for Puget Sound staff at project initiation.</p>	<p>a) With final report</p> <p>b) Project initiation</p>	<p>Reimbursement up to \$705 based on actual costs.</p>

***For Information Only:**

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

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

BUDGET	
Category	Amount
Personnel/Salaries	\$5,250
Fringe Benefits	\$2,401
Travel	0
Equipment (federal definition)	0
Supplies	0
<i>Contracts</i>	
— UW COW	\$50,000
Accredited lab for Bacteriodes	
Subawards	0
Name and amount each	
Other	\$18,015
Describe: Septic Pump Vouchers	
Total Direct Charges	\$75,666 \$25,666
Indirect Charges (federally approved rate)	\$3,139
TOTAL	\$78,805 \$28,805

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References

Shoreline Monitoring Plan, Kitsap Public Health District Pollution Identification and Correction Program, December 2015.

Special References

WAC 246-272A, RCW 70.118A, Puget Sound Action Agenda, Interim PIC Program Protocols

Federal funds from the Environmental Protection Agency (EPA) National Estuary Program (NEP) Account must be used to implement elements and activities of the local on-site sewage management plans that do not conflict with and are consistent with the goals, strategies, objectives, and actions of the Puget Sound Action Agenda.

Monitoring Visits (frequency, type)

The DOH program contact may conduct at least one monitoring visit during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may at least one fiscal monitoring visit during the life of this project.

Special Billing Requirements

The subrecipient will email monthly invoices and progress summary related to project tasks and deliverables to the contract manager. DOH will assess progress and expenditures quarterly and may withdraw funds if they are not being spent in a timely manner or if invoices are not received monthly and accurate.

Special Instructions

Progress reports are due to DOH via email to tracy.farrell@doh.wa.gov, kirsten.weinmeister@doh.wa.gov and megan.schell@doh.wa.gov on the following dates: March 1, 2018, September 1, 2018, March 1, 2019, with final reporting due by April 30, 2019- upon contract completion. Minority and Women-Owned business Reporting is due to kristy.warner@doh.wa.gov and cc: tracy.farrell@doh.wa.gov, kirsten.weinmeister@doh.wa.gov and megan.schell@doh.wa.gov on the following dates: October 15 annually, and upon contract completion.

All environmental data must be entered by the LHJ into EPA's Storage and Retrieval data system (STORET) at <http://www.epa.gov/STORET>. The semi-annual report format and data reporting requirements will be provided by DOH and may be modified throughout the contract period via email announcement.

Program Specific Requirements/Narrative

The following provisions are the pass-thru requirements of all U.S. EPA - DOH subawards funded under cooperative agreement PC01J18001-0.

Administrative Conditions

1. General Terms and Conditions - Effective March 29, 2016

The subrecipient agrees to comply with the current EPA general terms and conditions available at: <https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-march-29-2016-or-later>. These terms and conditions are in addition to the assurances and certifications made as part of the award and terms, conditions or restrictions cited below.

The EPA repository for the general terms and conditions by year can be found at: <https://www.epa.gov/grants/grant-terms-and-conditions#general>

2. General Terms and Conditions - Consultant Cap - Additional Information

In addition to the General Terms and Conditions #6 "Consultant Cap", as of January 1, 2016, the limit is \$614.48 per day \$76.81 per hour.

NOTE: For future years' limits, the subrecipient may find the annual salary for Level IV of the Executive Schedule on the following Internet site: <http://www.opm.gov/oca>. Select "Salary and Wages", and select "Rates of Pay for the Executive Schedule". The annual salary is divided by 2087 hours to determine the maximum hourly rate, which is then multiplied by 8 to determine the maximum daily rate.

3. General Terms and Conditions – Cybersecurity

The subrecipient agrees to comply with the current EPA general terms and conditions "Cybersecurity".

The terms and conditions can be found on the EPA Grants Terms and Conditions Website.

For STATE: <https://www.epa.gov/grants/state-grant-cybersecurity-condition>

For TRIBE: <https://www.epa.gov/grants/tribal-grant-cybersecurity-condition>

For Other Recipients: <http://www2.epa.gov/sites/production/files/2015-07/documents/cybersecuritygrantconditionforotherecipients.pdf>.

4. General Terms and Conditions - Indirect Costs for States and Tribal

The cost principles of 2 CFR 200 Subpart E are applicable, as appropriate, to this subaward.

In addition to the General Terms and Conditions "Indirect Cost Rate Agreements", if the subrecipient does not have a previously established indirect cost rate, it agrees to prepare and submit its indirect cost rate proposal in accordance with 2 CFR 200 Appendix VII.

For State Agencies

The subrecipient must send its proposal to its cognizant federal agency within six (6) months after the close of the governmental unit's fiscal year. If EPA is the cognizant federal agency, the state subrecipient must send its indirect cost rate proposal within six (6) months after the close of the governmental unit's fiscal year to:

Regular Mail

Financial Analysis and Rate Negotiation Service Center Office of Acquisition Management

U.S. Environmental Protection Agency

1200 Pennsylvania Avenue, NW, MC 3802R

Washington, DC 20460

Mail Courier (e.g. FedEx, UPS, etc.)

Financial Analysis and Rate Negotiation Service Center Office of Acquisition Management
US Environmental Protection Agency
1300 Pennsylvania Avenue, NW, 6th floor
Bid and Proposal Room Number 61107
Washington, DC 20004

For Indian Tribe

If the subrecipient does not have a previously established indirect cost rate, the subrecipient must submit their indirect cost rate proposals to:

National Business Center
Indirect Cost Services
U.S. Department of the Interior
2180 Harvard Street, Suite 430
Sacramento, CA 95815-3317

The subrecipient agrees to comply with the audit requirements in accordance with 2 CFR 200 Subpart F.

5. Utilization of Small, Minority and Women's Business Enterprises (MBE/WBE)

General Compliance, 40 CFR, Part 33

The subrecipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR, Part 33.

MBE/WBE Reporting, 40 CFR, Part 33, Subpart E

MBE/WBE reporting is required in annual reports. Reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the subrecipient or procurement under subawards or loans in the "Other" category that exceed the threshold amount of \$150,000., including amendments and/or modifications.

Based on EPA's review of the planned budget, this award meets the conditions above and is subject to the Disadvantaged Business Enterprise (DBE) Program reporting requirements. However, if subrecipient believes this award does not meet these conditions, the subrecipient must provide a justification and budget detail within 21 days of the award date clearly demonstrating that, based on the planned budget, this award is not subject to the DBE reporting requirements to the Region 10 DBE Coordinator.

The subrecipient agrees to complete and submit a "MBE/WBE Utilization Under Federal Grants, Cooperative Agreements and Interagency Agreements" report (EPA Form 5700-52A) on an annual basis. All procurement actions are reportable, not just that portion which exceeds \$150,000.

When completing the annual report, subrecipients are instructed to check the box titled "annual" in section 1B of the form. For the final report, subrecipients are instructed to check the box indicated for the "last report" of the project in section 1B of the form. Annual reports are due by October 30th of each year. Final reports are due by October 30th or 90 days after the end of the project period, whichever comes first.

The reporting requirement is based on total procurements. Subrecipients with expended and/or budgeted funds for procurement are required to report annually whether the planned procurements take place during the reporting period or not. If no budgeted procurements take place during the reporting period, the subrecipient should check the box in section 5B when completing the form.

The current EPA Form 5700-52A can be found at the EPA Office of Small Business Program's Home Page at <http://www.epa.gov/osbp/dbereporting.htm>.

This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR, Part 33, Section 33.502; however, the other requirements outlined in 40 CFR Part 33 remain in effect, including the Good Faith Effort requirements as described in 40 CFR Part 33 Subpart C, and Fair Share Objectives negotiation as described in 40 CFR Part 33 Subpart D and explained below.

Six Good Faith Efforts, 40 CFR, Part 33, Subpart C

Pursuant to 40 CFR, Section 33.301, the subrecipient agrees to make the following good faith efforts whenever procuring construction, equipment, services and supplies under an EPA financial assistance agreement, and to require that sub-subrecipients, loan subrecipients, and prime contractors also comply. Records documenting compliance with the six good faith efforts shall be retained:

- (a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government subrecipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
- (b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
- (c) Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and local Government subrecipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.
- (d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
- (e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.
- (f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

Contract Administration Provisions, 40 CFR, Section 33.302

The subrecipient agrees to comply with the contract administration provisions of 40 CFR, Section 33.302.

Bidders List, 40 CFR, Section 33.501(b) and (c)

Subrecipients of a Continuing Environmental Program Grant or other annual reporting grant, agree to create and maintain a bidders list. Subrecipients of an EPA financial assistance agreement to capitalize a revolving loan fund also agree to require entities receiving identified loans to create and maintain a bidders list if the subrecipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Please see 40 CFR, Section 33.501 (b) and (c) for specific requirements and exemptions.

Fair Share Objectives, 40 CFR, Part 33, Subpart D

(1) **For Grant Awards \$250,000 or Less**

This assistance agreement is a Technical Assistance Grant (TAG); or the award amount is \$250,000 or less; or the total dollar amount of all of the subrecipient's financial assistance agreements from EPA in the current Federal fiscal year is \$250,000 or less. Therefore, the subrecipient of this assistance agreement is exempt from the fair share objective requirements of 40 CFR, Part 33, Subpart D, and is not required to negotiate fair share objectives/goals for the utilization of MBE/WBEs in its procurements.

(2) **For Subrecipients Accepting Goals**

A subrecipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR, Section 33.411 some subrecipients may be exempt from the fair share objectives requirements as described in 40 CFR, Part 33, Subpart D. Subrecipients should work with their DBE coordinator, if they think their organization may qualify for an exemption.

Accepting the Fair Share Objectives/Goals of Another Subrecipient

The dollar amount of this assistance agreement, or the total dollar amount of all of the subrecipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000, or more. The subrecipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA. The Region 10 fair share objectives/goals can be found: <http://www.epa.gov/osbp/pdfs/r10fairsharegoals.pdf>.

By signing this financial assistance agreement, the subrecipient is accepting the fair share objectives/goals and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market.

Negotiating Fair Share Objectives/Goals, 40 CFR, Section 33.404

The subrecipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the subrecipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the subrecipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means **that the subrecipient is not accepting the fair share objectives/goals of another subrecipient.** The subrecipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator within 120 days of its acceptance of the financial assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120 day time frame, the subrecipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

(3) For Subrecipients with Established Goals

The subrecipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR, Section 33.411 some subrecipients may be exempt from the fair share objectives requirements described in 40 CFR, Part 33, Subpart D. Subrecipients should work with their DBE coordinator, if they think their organization may qualify for an exemption.

Current Fair Share Objective/Goal

The dollar amount of this assistance agreement or the total dollar amount of all of the subrecipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000, or more. The Region 10 fair share objectives/goals can be found: <http://www.epa.gov/osbp/pdfs/r10fairsharegoals.pdf>.

Negotiating Fair Share Objectives/Goals

In accordance with 40 CFR, Part 33, Subpart D, established goals/objectives remain in effect for three fiscal years unless there are significant changes to the data supporting the fair share objectives. The subrecipient is required to follow requirements as outlined in 40 CFR Part 33, Subpart D when renegotiating the fair share objectives/goals.

(4) For DWSRF, CWSRF and BROWNFIELDS RLF Subrecipients ONLY

Objective/Goals of Loan Subrecipients

As a subrecipient of an EPA financial assistance agreement to capitalize revolving loan funds, the subrecipient agrees to either apply its own fair share objectives negotiated with EPA to identified loans using a substantially similar relevant geographic market, or negotiate separate fair share objectives with its identified loan subrecipients. These separate objectives/goals must be based on demonstrable evidence of the availability of MBEs and WBEs in accordance with 40 CFR, Part 33, Subpart D.

The subrecipient agrees that if procurements will occur over more than one year, the subrecipient may choose to apply the fair share objective in place either for the year in which the identified loan is awarded or for the year in which the procurement action occurs. The subrecipient must specify this choice in the financial assistance agreement, or incorporate it by reference therein.

(5) R10 DBE Coordinator and Where to Send Report

Andrea Bennett at (206) 553-1789 or [email: Bennett.Andrea@epa.gov](mailto:Bennett.Andrea@epa.gov). The coordinator can answer any MBE/WBE reporting questions you may have. MBE/WBE reports should be sent to the EPA Region 10, Grants and Interagency Agreements Unit, 1200 Sixth Avenue, Suite 900, OMP-173, Seattle, WA 98101 or FAX to (206) 553-4957.

Programmatic Conditions

1. Semi-Annual Performance Reports

The subrecipient shall submit performance reports every six (6) months during the life of the project. Reports are due 30 calendar days after the end of each reporting period. Reports shall be submitted to the DOH Contract Manager and may be provided electronically.

In accordance with 2 CFR 200.328, as appropriate, the subrecipient agrees to submit performance reports that include brief information on each of the following areas:

- (a) A comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period;

- (b) The reasons why established goals were not met, if appropriate;
- (c) Additional pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

In addition to the semi-annual performance reports, the subrecipient shall immediately notify the DOH Contract Manager of developments that have a significant impact on the award-supported activities. As appropriate, the subrecipient agrees to inform the DOH Contract Manager as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

The subrecipient will submit performance reports through EPA's Puget Sound Financial and Ecosystem Accounting Tracking System (FEATS). Reports are due at least 30 calendar days after the end of each reporting period. Earlier, but not later due dates may be mutually agreed upon by the Contract Manager and subrecipient in the award document. The reporting periods shall end March 31st and September 30th of each calendar year. Reports shall be submitted to the DOH Contract Manager on the FEATS form provided by the Contract Manager and shall be submitted by electronic mail. The subrecipient agrees to submit performance reports that include brief information on each of the following areas:

- (a) A comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period;
- (b) The reasons for slippages if established outputs/outcomes were not met;
- (c) Additional pertinent information, including when appropriate, analysis and information of cost overruns or high unit costs.

2. Final Performance Report

The subrecipient shall submit a final performance report through FEATS, which is due 90 calendar days after the expiration or termination of the award. The report shall be submitted to the DOH Contract Manager and must be provided electronically. The report shall generally contain the same information as in the periodic reports, but should cover the entire project period. After completion of the project, the DOH Contract Manager may waive the requirement for a final performance report if the DOH Contract Manager deems such a report is inappropriate or unnecessary.

3. Program Income - Addition

If program income is generated, the subrecipient is required to account for program income related to this project. Program income earned during the project period shall be retained by the subrecipient and shall be added to funds committed to the project by EPA and the subrecipient, and shall be used to further eligible project objectives.

4. Recognition of EPA Funding

Reports, documents, signage, videos, or other media, developed as part of projects funded by this assistance agreement shall contain the following statement:

"This project has been funded wholly or in part by the United States Environmental Protection Agency under assistance agreement (number) to (subrecipient). The contents of this document do not necessarily reflect the views and policies of the Environmental Protection Agency, nor does mention of trade names or commercial products constitute endorsement or recommendation for use."

5. Quality Assurance Requirements (2 CFR 1500.11) (if applicable)

Acceptable Quality Assurance documentation must be submitted within 30 days of the acceptance of this agreement or another date as negotiated with the DOH Contract Manager and NEP Quality Assurance Coordinator. No work involving direct measurements or data generation, environmental modeling, compilation of data from literature or electronic media, and data supporting the design, construction, and operation of environmental technology shall be initiated under this project until the EPA Project Officer, in concert with the EPA Quality Assurance Manager, has approved the quality assurance document.

Instructions to Submit Quality Assurance Documents for Review

Please refer to The Department of Ecology's website at: <http://www.ecy.wa.gov/programs/eap/qa/docs/NEPQAPP/index.html> for guidance and templates. Submit the Acceptable Quality Assurance documentation to Tom Gries at tgr1461@ecy.wa.gov (NEP Quality Assurance Coordinator) for review with a cc: to megan.schell@doh.wa.gov and tracy.farrell@doh.wa.gov (DOH NEP Contract Managers).

Additional information on these requirements can be found at the EPA Office of Grants and Debarment website: <http://www.epa.gov/ogd/grants/assurance.htm>.

6. Peer Review

The results of this project may affect management decisions relating to Puget Sound. Prior to finalizing any significant technical products the Principal Investigator (PI) of this project must solicit advice, review and feedback from a technical review or advisory group consisting of relevant subject matter specialists. A record of comments and a brief description of how respective comments are addressed by the PI will be provided to the Project Monitor prior to releasing any final reports or products resulting from the funded study.

7. Competency of Organizations Generating and/or Using Environmental Measurement Data

In accordance with Agency Policy Directive Number FEM-2012-02, Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements, subrecipient shall maintain competency for the duration of the project period of this agreement and this will be documented during the annual reporting process. A copy of the Policy is available online at http://www.epa.gov/fem/lab_comp.htm or a copy may also be requested by contacting the DOH Contract Manager for this award.

Federal Assistance Agreement Funds Up To \$200,000

Subrecipient agrees that if the total federal funding obligated on this award exceeds \$200,000 (resulting from subsequent amendments to this agreement) and will involve the use or generation of environmental data it will (unless it has otherwise done so) demonstrate competency prior to carrying out any activities involving the generation or use of environmental data under this agreement.

Federal Assistance Agreement Funds Exceed or Expect to Exceed \$200,000

Subrecipient agrees, by entering into this agreement, that it has demonstrated competency prior to award, or alternatively, where a pre-award demonstration of competency is not practicable. Subrecipient agrees to submit documentation and demonstrate competency prior to carrying out any activities under the award involving the generation or use of environmental data.

Shellfish Strategic Initiative Quality Assurance Coordinator Contact: Tom Gries at tgr1461@ecv.wa.gov

8. STORET Requirement

Subrecipients are required to institute standardized reporting requirements into their work plans and include such costs in their budgets. All water quality data generated in accordance with an EPA approved Quality Assurance Project Plan as a result of this assistance agreement, either directly or by subaward, will be required to be transmitted into the Agency's Storage and Retrieval (STORET) data warehouse using either WQX or WQX web. Water quality data appropriate for STORET include physical, chemical, and biological sample results for water, sediment and fish tissue. The data include toxicity data, microbiological data, and the metrics and indices generated from biological and habitat data. The Water Quality Exchange (WQX) is the water data schema associated with the EPA, State and Tribal Exchange Network. Using the WQX schema partners map their database structure to the WQX/STORET structure. WQX web is a web based tool to convert data into the STORET format for smaller data generators that are not direct partners on the Exchange Network. More information about WQX, WQX web, and the STORET warehouse, including tutorials, can be found at <http://www.epa.gov/storet/wqx/>

If activities submitted as match for this federal assistance agreement involve the generation of water quality data, the resulting information must be publicly accessible (in STORET or some other database). Subrecipients are encouraged to develop a cross walk between any non-STORET database utilized for the storage of water quality data associated with match activities and EPA's Water Quality Exchange (WQX).

9. Riparian Buffers

Riparian buffer restoration projects in agricultural areas shall be consistent with the interim riparian buffer recommendations provided to EPA and the Natural Resource Conservation Service by National Marine Fisheries Service letters of January 30, 2013 (stamp received date - February 4, 2013) and April 9, 2013 (stamp received date - April 16, 2013), or the October 28, 2013 guidance. Grantees shall confirm in writing projects' consistency with the recommendations referenced above. When developing project proposals, grantees also should consider the extent to which proposals include appropriate riparian buffers or otherwise address pollution sources on other water courses on the properties in the project area to support water quality and salmon recovery. Deviations can only be obtained through an exception approved by EPA. In order for EPA to evaluate a request for an exception, the grantee must submit the scientific rationale demonstrating adequacy of buffers for supporting water quality and salmon recovery. The request must summarize tribal input on the scientific rationale or other relevant issues. The scientific rationale could be developed from sources such as site-specific assessment data, salmon recovery plans, Total Maximum Daily Loads (TMDLs) and the state nonpoint plan. EPA will confer with the National Oceanic and Atmospheric Administration (NOAA) and the Washington Department of Ecology and provide the opportunity for affected tribes to consult with EPA before making a final decision on a deviation request.

10. International Travel (Including Canada)

All International Travel must be approved by the Office of International and Tribal Affairs (OITA) BEFORE travel occurs. Even a brief trip to a foreign country, for example to attend a conference, requires OITA approval. Please contact your DOH Contract Manager as soon as possible if travel is planned out of the country, including Canada and/or Mexico, so that they can obtain appropriate approvals from EPA Headquarters. If you have questions, please contact your DOH Contract Manager listed in this award document.

11. Geospatial Data Standards

All geospatial data created must be consistent with Federal Geographic Data Committee (FGDC) endorsed standards. Information on these standards may be found at www.fgdc.gov

12. ULO Stretch Goal

Subrecipients should manage their programs and subaward funding in ways that reduce the length of time that federal funds obligated and committed to subaward projects are “unspent” federal funds, not yet drawn down through disbursements.

EPA encourages the reduction of these unliquidated obligations (ULOs) by applying the following programmatic term and condition to these assistance agreements Assistance agreement subrecipients are to apply these “stretch” goals throughout the life of the assistance agreement and to confer with your DOH Contract Manager whenever instances arise that make attainment of these stretch goals unlikely.

A stretch goal for utilization of funds is established. All funds should be spent by 2 years.

Stretch Goal

Funds Awarded in FY 2016
(October, 1, 2016-September 30, 2017)
Should all Be Drawn Down by March 2019

DOH Program Contact

Kirsten Weinmeister, Office of Environmental Health and Safety, PO Box 47824, Olympia, WA 98504-7824; 360.236.3307; Kirsten.weinmeister@doh.wa.gov
Tracy Farrell, Office of Environmental *Health and Safety*, PO Box 47824, Olympia WA 98504-7824; 360.236.3337; tracy.farrell@doh.wa.gov

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

DOH Program Name or Title: Office of Emergency Preparedness & Response - Effective January 1, 2018

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 type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2018 through June 30, 2018

Statement of Work Purpose: The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2017 grant period.

Revision Purpose: The purpose of this revision is to add unspent funds from the prior contract period July-December 2017, remove PHEP Task #8 and add HPP Task #9.

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			
FFY17 EPR PHEP BP1 LHJ FUNDING	93.069	333.93.06	18101380	01/01/18	06/30/18	119,217	44,006	163,223
FFY17 EPR HPP BP1 HEALTHCARE SYSTEM PREP	93.889	333.93.88	18101400	01/01/18	06/30/18	13943	4,477	18,420
TOTALS						133,160	48,483	181,643

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) as necessary to advance LHJ preparedness or complete the deliverables in this statement of work.		Submit year end progress report.	June 30, 2018	Reimbursement for actual costs not to exceed total funding consideration amount.
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements (e.g. performance measures, gap analysis, mid-year and end-of-year reporting templates, etc.)		Submit completed templates to DOH	June 30, 2018	
3	Use established procedures to activate a comprehensive emergency response plan within the jurisdiction. Test the following: <ul style="list-style-type: none"> How the command structure is utilized to manage emergency response 		Submit year end progress report. Submit the most recent Public Health Emergency Response Plan	June 30, 2018	

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 relationship between the LHJ and the county Emergency Operations Center (EOC) during a response. • An EOC location from which public health will coordinate the Emergency Support Function #8 (ESF#8) response. • The process for notifying and mobilizing staff during an incident. <p>3.1) Provide training for appropriate staff who serve in the EOC and the ESF#8 role on the Incident Command System, ESF#8 response plans and policies.</p> <p>3.2) Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by local emergency management in the county.</p>		<p>Submit documentation of the use of the Public Health Emergency Response Plan during an incident and/or exercise. Documents should include an Incident Action Plan (IAP), After Action Report (AAR), Situation Reports (SitRep), Corrective Action Plans (CAP).</p> <p>Submit agenda and sign in sheets of trainings, including attendee signatures and contact information, conducted on Public Health Emergency Response Plan</p> <p>Agenda and sign in sheets of trainings conducted, with attendee signatures and contact information, or registrations if training is not conducted by the LHJ</p>		
4	<p>Use established decision making protocol to support the Local Health Officer (LHO) and the Public Health Administrator in making policy level decisions during an emergency.</p> <p>4.1 Document that Public Health, Medical, and Mortuary Response is identified in the Public Health Emergency Plan and is integrated with the City and County Emergency Plans.</p>		<p>Submit year end progress report.</p> <p>Submit documented use of decision making protocol used during an emergency to DOH</p> <p>Public Health, Medical, and Mortuary Response documentation showing inclusion in city and county plans.</p>	June 30, 2018	
5	<p>Maintain Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES) program as the primary emergency notification system within the LHJ and include all critical LHJ positions as registered users.</p> <p>5.1) Conduct a notification drill using WASECURES.</p> <p>Notes: Registered users must log in quarterly at a minimum. DOH will provide on-site technical</p>		<p>Submit year end progress report.</p> <p>A list of registered users to include their title and role in the emergency response plan.</p> <p>Results of notification drill.</p>	June 30, 2018	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	assistance to LHJs, as needed, on utilizing WASECURES. LHJs may choose to utilize other notification systems in addition to WASECURES to alert staff during incidents.				
6	Use established procedures for your LHJ to request assistance from the local Emergency Operations Center (EOC), neighboring LHJs, and DOH during disasters <ul style="list-style-type: none"> Identify how resources are coordinated with the local EOC. Identify how to coordinate the logistical issues to receive resources from DOH and other partners. (If LHJs rely on local Emergency Management (EM) or other partners to coordinate logistical issues for receiving resources, and the local EM plan documents this fact, that documentation will suffice.) 		Submit year end progress report. Submit AARs and IAPs that includes documentation of the elements listed.	June 30, 2018	
7	Use established procedures and plans to inform the public of threats to health and safety by various means. Include a list of the various mechanisms used by your LHJ for releasing information to the public during drills, exercises or incident response. 7.1) Create and maintain templates for news releases for categories of public health hazards.		Submit year end progress report. Submit AARs and messaging used to inform the public during drills, exercise or incident response. Include a summary of how communication tools were used. Submit sample templates.	June 30, 2018	
8	Participate in an evaluation of response capabilities based on a standard evaluation tool created by DOH.		Submit year end progress report.	June 30, 2018	
9 8	Use established procedures to gain and maintain situational awareness during an incident. Use forms and procedures for collecting key data elements during disasters including: <ul style="list-style-type: none"> The functionality of critical public health operations 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) 		Submit year end progress report. Submit an AAR which includes how these plans and forms were used to maintain situational awareness during all drills, exercises and real world incidents Submit completed situation reports and a summary of how it was disseminated.	June 30, 2018	

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"> • Number of disease cases • Number of fatalities attributed to an incident • If key elements are collected by others, such as local EM or Health Care Coalition (HCC), describe how the LHJ gains access to that information. <p>9.1) Utilize an ESF#8 situation report form based on an established planning cycle to include, at a minimum, the data elements listed above.</p> <p>9.2) Disseminate situation reports to ESF#8 response partners</p> <p>9.3) Train staff on all procedures established to maintain situational awareness during an incident.</p>		<p>Data collection form templates</p> <p>Submit ESF#8 situation report used during drills, exercises or real world incidents.</p> <p>Submit agenda and sign in sheets, including attendee signatures and contact information, for trainings conducted on situational awareness.</p>		
10 9	<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 mutual aid resources • The process for gaining and maintaining situational awareness • Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report • EOC or ICS activation • The COOP plan for the LHJ 		<p>Submit year end progress report.</p> <p>Submit up to date procedure to request, receive and dispense medical countermeasures to DOH.</p>	June 30, 2018	
11 10	<p>For Non-CRI Counties: Update or develop procedures to request, receive and dispense medical countermeasures.</p>		<p>Submit year end progress report.</p> <p>Submit up to date procedure to request, receive and dispense medical countermeasures.</p>	June 30, 2018	
12 11	<p>Use established procedures and plans to manage spontaneous health and medical volunteers during disaster response, including roles non-vetted volunteers can perform.</p>		<p>Submit year end progress report.</p> <p>Documentation of how health and medical volunteers are managed during drills, exercises or real world incidents.</p>	June 30, 2018	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
13 12	Implement the Continuity of Operations Plan (COOP) plan for the local health jurisdiction. Demonstrate the following: <ul style="list-style-type: none"> • Identification of essential services to sustain LHJ mission and operations • Implementation of the Line of succession and written delegation of authority for select critical positions in the LHJ, including LHO • Reassigning staff (scalable workforce reduction) and temporarily discontinuing select LHJ functions to sustain critical services 		Submit year end progress report. The most current COOP. Exercises or AARs documenting COOP implementation and demonstrating the elements listed.	June 30, 2018	
14 13	Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities). Plans must meet requirements defined in WAC 246.100.045.		Submit year end progress report. Submit updated isolation/quarantine logistical support plans.	June 30, 2018	
15 14	Develop or contribute to an incident action plan that addresses public health and medical operational objectives. Incident Action Plans (IAP) developed for real world incidents, planned events, and during exercises may satisfy this activity.		Submit year end progress report. Submit IAP developed, or contributed to, for a drill, exercise or real world incident.	June 30, 2018	
16 15	Develop or maintain agreements with facilities within the region that could serve as medical needs shelter or Alternate Care Facility (ACF).		Submit year end progress report. Submit a list of facilities and copies of current agreements.	June 30, 2018	
17 16	Develop agreements for logistical support services for ACFs or Federal Medical Station (FMS) operations including at a minimum: <ul style="list-style-type: none"> • Site security • Biohazard/Waste disposal • Potable Water • Ice • Food Service • Laundry • Sanitation/Janitorial Service • Mortuary Services 		Submit year end progress report. Submit completed agreements for ACF or FMS support services and/or a list of vendors available to provide support services.	June 30, 2018	
18 17	Participate in the regional HCC and attend coalition meetings as necessary		Submit year end progress report. A summary of participation in coalition activities.	June 30, 2018	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
19 18	Provide notification to the DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving utilization of ERPs and structures.		Submit year end progress report. Documentation that notification to DOH was provided; or statement that no incident response occurred.	June 30, 2018	
Additional Activities:					
20 19	Maintain county and regional public health emergency answering service and duty officer program. <ul style="list-style-type: none"> Costs will be pro-rated and shared equally with Kitsap Public Health District Emergency Preparedness, Community Health and Environmental Health Programs. 		Submit year end progress report.	June 30, 2018	
FFY17 EPR HPP BP1 Healthcare System Prep					
1	Provide or arrange training for Clallam and Jefferson partners on forms and procedures for collecting healthcare essential elements of information (EEI). Key elements to collect include, at a minimum: <ul style="list-style-type: none"> The functionality of all critical healthcare facilities in the region. The functionality of critical infrastructure serving healthcare facilities (roads, water, sewer, power, communications). The immediate and long-term needs of critical healthcare facilities. Patient volume and patient flow challenges Hospital and skilled nursing facility bed capacity Supply chain limitations Healthcare Staffing limitations Mitigation strategies in place and under discussion within healthcare facilities 		Submit year end progress report. Submit training materials, sign-in rosters with agency and contact information, etc.	June 30, 2018	
2	Develop procedures describing how Clallam and Jefferson Counties will provide healthcare essential elements of information to DOH during incident response (e.g. via County EOCs).		Submit year end progress report. Submit essential elements of information procedures to DOH	June 30, 2018	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Develop procedures describing how critical healthcare facilities in Clallam and Jefferson Counties would request assistance during disasters.		Submit year end progress report. Submit procedures for requesting assistance during a disaster to DOH.	June 30, 2018	
4	Obtain de-identified EMPOWER data from Health and Human Services (HHS) for Clallam and Jefferson Counties every six (6) months. Share this data with Clallam and Jefferson emergency management, LHJ, and other partners.		Submit year end progress report. Submit Clallam and Jefferson EMPOWER data and documentation of sharing with listed entities	June 30, 2018	
5	Design and conduct two (2) communications drills, with Clallam and Jefferson partners that demonstrate sharing of healthcare essential elements of information (EEIs). (See Task #1 for full EEI requirements)		Submit year end progress report. Submit results from communications drill.	June 30, 2018	
6	Coordinate with Northwest Healthcare Response Network (NWHRN) Multiregional Staff to design and conduct a functional exercise(s) with Clallam and Jefferson hospitals, emergency management, LHJs, EMS, and other healthcare organizations. Use the Coalition Surge Test tool to design the exercise.		Submit year end progress report. Submit after exercise designed and after action reports.	June 30, 2018	
7	Review existing Clallam, Jefferson, and former Region 2 healthcare response plan(s) to determine if they address the functions listed below. Edit plans as necessary based on input from Clallam and Jefferson partners, including healthcare, public health, and emergency management agencies. Include the following in the response plans: <ul style="list-style-type: none"> • Concept of operations for healthcare information management, resource support, and incident action planning • Contact information for healthcare, emergency management, and public health agencies • Location from which healthcare response activities will be coordinated • Processes for alert and notification of healthcare, emergency management, and public health agencies during incidents 		Submit year end progress report. Submit updated healthcare response plans.	June 30, 2018	

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"> A summary of the resources and responsibilities of healthcare, emergency management, and public health agencies Thresholds for activating coordinated healthcare emergency response Protocols for collecting and sharing healthcare essential elements of information (EIs) with DOH and local healthcare, emergency management, and public health agencies Communication platforms through which information will be shared among all healthcare, emergency management, and public health agencies during incidents 				
8	Participate in NWHRN led multi-regional and statewide projects (e.g. patient movement, response planning, supply chain). Update any local plans based on the outcomes (e.g. Region 2 surge plan)		Submit year end progress report. Submit updated local plans.	June 30, 2018	
9	<i>Facilitate and/or participate in planning and support of the merger of the Region 2 Coalition into a Western Washington Healthcare Coalition led by the NWHRN to begin July 1, 2018.</i>		<i>Submit year end progress report. Minutes of meetings attended.</i>	<i>June 30, 2018</i>	

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

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 LHI must have a Data Universal Numbering System (DUNS®) number.

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

DOH Program Contact:

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P O Box 47960, Olympia, WA 98504-7960
jennifer.albertson@doh.wa.gov

PHEP/HPP Deliverable Submission email address: concondeliverables@doh.wa.gov

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

DOH Program Name or Title: Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2018

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, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to define required Vaccines for Children (VFC) activities for regional representatives and identify funding for the period July 1, 2018 through June 30, 2019.

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			
FFY18 AFIX	93.268	333.93.26	74310282	07/01/18	06/30/19	0	27,563	27,563
TOTALS						0	27,563	27,563

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform as the regional representative for Region Two (Clallam County, Jefferson County, Kitsap County) conducting activities in accordance with state and federal requirements for the Vaccines for Children (VFC) Program as outlined in the Centers for Disease Control and Prevention (CDC) VFC Operations Guide and as directed by the state administrators of the VFC program.					
1	Enroll new health care providers into the Washington Childhood Vaccine Program. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment		Provider Enrollment Agreement with original signature – DOH 348-002 (NOTE: A photocopy will not be accepted.)	Within ten (10) days after the date of the provider enrollment visit	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
2	Process disenrollment paperwork and facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Washington State Childhood Program.		Submit a completed Provider Disenrollment form DOH 348-423 for providers who merge or dis-enroll from the Washington State Childhood Vaccine Program.	Within ten (10) days of provider disenrollment	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>Conduct Unannounced Vaccine Storage and Handling visits at 5% of enrolled health care provider sites within the assigned region using the DOH Provider Selection Protocol.</p> <p>Complete Unannounced Vaccine Storage and Handling visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each follow-up action must be appropriately entered into PEAR.</p>		<p>a) Enter responses from the Storage and Handling Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each unannounced storage and handling visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form to the visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions including date and action taken in PEAR.</p>	<p>a) Online at the time of the visit or within five (5) business days of the site visit if online access was not possible.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	
4	<p>Conduct Compliance Site Visits at every enrolled health care provider site within the assigned region who has not received a Compliance Site Visit within the past 24 months</p> <p>Site visits should address all requirements outlined in the Provider Agreement, the CDC Vaccines for Children Operations Guide, and messages from the Childhood Vaccine Program.</p> <p>Complete Compliance Site Visit follow-up to assure providers resolve all follow-up actions identified during the initial visit. Follow-up actions may include another physical visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each Site Visit follow-up action must be appropriately entered into PEAR.</p>		<p>a) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>b) Upload the signed Acknowledgement of Receipt form and Chart Review Worksheet to the site visit in PEAR.</p> <p>c) Enter resolved site visit follow-up actions including date and action taken in PEAR.</p>	<p>a) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible.</p> <p>b) Within five (5) business days of the site visit.</p> <p>c) Within five (5) business days of receiving the document(s) follow-up action was completed.</p>	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>Conduct AFIX (Assessment, Feedback, Incentive, and Exchange) visits at 25% of enrolled health care providers within the assigned region. Visits can be conducted in-person or by webinar.</p> <p>Conduct AFIX follow-up actions with all provider sites receiving an AFIX visit. Follow-up actions can be conducted in-person, by telephone, or by webinar. All AFIX follow-up must be completed six (6) months after the feedback visit.</p> <p>Continue following up with provider sites until they fully implement their selected quality improvement activities.</p>		Enter all visit details into the AFIX Online Tool for each visit conducted.	Within five (5) business days of visit.	

***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

- All LHJ staff who conducts VFC Compliance Site Visits and AFIX visits must participate in an annual VFC and AFIX training, conducted by DOH Office of Immunization and Child Profile (OICP) staff or their designee.
- All new LHJ site visit reviewers are required to have at least one (1) observational visit conducted by DOH OICP staff or their designee. DOH OICP staff (or designee) will periodically conduct observational VFC/AFIX site visits with all other LHJ reviewers who conduct VFC Compliance Site Visits.
- LHJ staff who conducts VFC Compliance Site Visits must participate in at least one (1) joint (observational) VFC compliance visit with DOH staff every other year. The observational visit will occur during a regularly scheduled site visit conducted by the LHJ reviewer. DOH will determine the Observational visit.
- Tasks in this statement of work may not be subcontracted without prior written approval from DOH OICP.

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References

VFC Operations Guide - A copy will be provided by the Office of Immunization and Child Profile. (Note: All site visit reviewers are required to have access to the most current CDC VFC Operations Guide at every VFC compliance site visit).

Staffing Requirements

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

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

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

DOH Program Contact

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Deliverables may be sent electronically via email at oiqpcontracts@doh.wa.gov,
by fax to 360-236-3590, or by mail to PO Box 47843, Olympia WA 98504-7843

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

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

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 type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

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

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

Revision Purpose: The purpose of this revision is to adjust funding based on the first quarter expenditures and add additional funding to cover DSHS sponsored trainings and meetings.

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			
FFY18 CSS IAR SNAP ED PROG MGNT	10.561	333.10.56	76211981	01/01/18	09/30/18	34,583	26,548	61,131
FFY17 CSS IAR SNAP ED PROG MGNT CF	10.561	333.10.56	76211971	01/01/18	09/30/18	6,917	0	6,917
TOTALS						41,500	26,548	68,048

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.0	For SNAP-Ed, the LHJ will perform work as described in LHJ's approved FFY18 SNAP-Ed project description and work plans approved by Department of Health (DOH), Department of Social and Health Services (DSHS), and United States Department of Agriculture (USDA) that was submitted to them via DOH email.		<ul style="list-style-type: none"> Project qualified target audiences reached. Project activities completed (# direct education, PSE, etc.) noted in project plans and workbook. Required demographic data collected. Evaluation activities completed per the state evaluation team (pre and post surveys, PSE tracking, success stories etc.). 	For the Period: 01/01/18-09/30/20 Due: per the approved work plan and no later than 09/30/20.	Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$41,500 \$68,048 . Kitsap Public Health District will be paid the allowable costs incurred based on their approved budget and program allowability. See

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					special billing requirements section. **NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.
2.0	Quarterly Progress Reports The following data is to be collected and submitted within DOH provided form /system: 3. Project major achievements 4. Project major challenges 5. If projects are running on time with original timeline? If not, why, and how will LHJ correct the timeline? 6. Any policy, system, and environmental (PSE) progress 7. Any success stories to date		Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system.	Quarterly Progress Reports due: <ul style="list-style-type: none"> 2nd quarter report for the work completed during 01/01/18 to 03/31/18. Final Due: COB 04/06/18. 3rd quarter report for the work completed during 04/01/18 to 06/30/18. Final Due: COB 07/06/18. Final report for all work not already reported. Final Due: COB 09/21/18. 	See payment information as referenced in task number 1.0.
2.1	Education and Administrative Reporting System (EARS) Data and Reports The following EARS data is required for each project and in order to count clients toward unduplicated direct reach. Required entry for the PEARS Database includes but is not limited to: <ul style="list-style-type: none"> Unduplicated number of clients served per project. # unduplicated clients served per project based on the following: 		Submit EARS data for all project(s). LHJs are required to collect and submit EARS data electronically or within a template provided by DOH. This must be done in real time. Real time = As you provide	Data should be collected in real time and submitted to the state office by the following dates: <ul style="list-style-type: none"> EARS data collected 01/01/18 to 09/13/18. Due: In real time and no later than one week after services are provided. 	See payment information as referenced in task number 1.0.

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"> ○ Race/ethnicity ○ Gender ○ Age ● % SNAP eligible per site ● Setting type – school, church, etc. ● Top Key Messages delivered per project <p>LHJs are required to submit data electronically or within the template provided by DOH.</p>		services and no later than one week after data is collected.		
2.2	<p>Evaluation Data and Reports The following evaluation activities* and information is required for all projects based on your approved project/plan</p> <ul style="list-style-type: none"> ● Formative ● Process ● PSE ● Outcome ● Qualitative <p>*Please Note: the deliverables may change based on state evaluation team requirements.</p>		<ol style="list-style-type: none"> 1. Collect and report any formative and process data completed based on approved project plan. 2. Submit PSE progress and outcomes based on approved project plan. 3. Conduct and submit/mail pretest surveys for each project class series. 4. Conduct and submit/mail posttest surveys for each project class series. 5. Capture and submit qualitative (success stories, pictures) information per your approved work plan. 	<ol style="list-style-type: none"> 1. Due: Submit within Quarterly reporting listed above in task 2.0. 2. Due: quarterly <ul style="list-style-type: none"> ● 2nd quarter due by 04/06/18 ● 3rd quarter due by 07/06/18 ● Final report for all other work due 09/21/18. 3. Due: Within 30 days after completed. Submit all pretests surveys/data when they are completed for a specific project. 4. Due: Within 30 days after completed. Submit all posttest surveys/data when they are completed for a specific project. 5. Due: Submit within Quarterly reporting listed above in task 2.0 along with photo releases. 	See payment information as referenced in task number 1.0.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.0	<p>Civil Rights Training All staff must be trained each fiscal year in civil rights.</p>		<p>Submit documentation showing Civil Rights training was completed for all SNAP-Ed paid staff. Documentation must include:</p> <ul style="list-style-type: none"> • Training and source • Who attended • Date completed 	<p>Due: 12/31/18</p>	<p>See payment information as referenced in task number 1.0.</p>
3.1	<p>Other Agency Training The following trainings are required for <u>all agencies</u>:</p> <ul style="list-style-type: none"> • Fiscal – fiscal lead and coordinator • Data collection and reporting – coordinator and program staff who are reporting data <p>*It is required that all staff making any SNAP-Ed purchases or reporting data be trained.</p>		<p>Fiscal and Data reporting training completed.</p>	<p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years. If the data collection system changes in FFY18 every staff member entering data into the electronic system will be required to take training on the new system.</p>	<p>See payment information as referenced in task number 1.0.</p>
4.0	<p>SNAP-Ed Inventory List Keep an up-to-date inventory list that includes all non-capital equipment, purchased curriculum, and other SNAP-Ed paid items that are not disposable. This list should include items purchased in prior fiscal years and be updated yearly.</p>		<p>SNAP-Ed inventory list.</p>	<p>Due: Yearly, at the time of a fiscal monitoring and/or site visit.</p>	<p>See payment information as referenced in task number 1.0.</p>
5.0	<p>SNAP-Ed A19 Invoices Use the A19-1A specific to SNAP-Ed program. This document was sent to all LHJ's prior to October 2017.</p>		<p>Submit SNAP-Ed A19 invoices and detailed ledger supporting the costs to be reviewed by SNAP-Ed program before approval of payment. Documentation of all costs incurred shall be accompanied by an agency financial system report. If LHJ does not have a financial reporting system, LHJ must check with the DOH SNAP-Ed program for further guidance.</p>	<p>Due: Monthly - Submit invoices to DOH no later than 30 days after the end of the preceding month. (e.g. October A19 invoice submitted no later than November 30 and so on...)</p> <p>Final invoice is due 10/30/18</p>	<p>See payment information as referenced in task number 1.0.</p>

***For Information Only:**

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

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

Program Specific Requirements/Narrative

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.

Travel

The LHJ is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10.

<http://www.ofm.wa.gov/policy/10.htm>

Curriculum Requirements

Agencies are expected to communicate with, respond to, and comply with all state curriculum team requests, sites visits, approved curriculum list, and curriculum fidelity findings.

Program Manual, Handbook, Policy References:

Records - Record Retention and Management-State Agency and All Sub-grantees 7CFR 272.2

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

Staffing Requirements:

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

Annual Civil Rights Training Requirement (see FNS Instruction Number 113-1 Chapter XI) - <http://www.fns.usda.gov/sites/default/files/113-1.pdf> "Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. The local governmental agency, Indian Tribal Organization or non-Governmental Agency are responsible for training their subrecipients, including 'frontline staff.' 'Frontline staff' who interact with program applicants or participants, and those persons who supervise 'frontline staff' must be provided civil rights training on an annual basis."

Restrictions on Funds:

Amendments

Agencies must submit a request to DOH to amend a project plan and/or budget for prior approval whenever they wish to change the USDA-approved scope of activities and/or budget. All requests for amendments must be submitted no later than April 1, 2018.

***Please Note:**

- No changes may be incorporated into the project plan until an amendment request is approved by DOH and/or USDA.
- Any requests submitted after April 1, 2018 will NOT be approved.

Overtime

Overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed and preapproved by the state DOH SNAP-Ed program in advance and was approved in writing.

Budget Revisions

All changes to the budget must be pre-approved in writing by DOH SNAP-Ed.

Special Funding Requirements

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

Indirect Rate

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

Monitoring Visits (frequency, type):

Audits

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

Monitoring expectations

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

SNAP-Ed Assurances:

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

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

Special Billing Requirements:

1. All invoices, billing and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the FFY18 SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
 - c. Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher
 - d. A SNAP-Ed specific A19-1A must be submitted to the agency's designated DOH SNAP-Ed contract manager within 30 days of the last day of the month for which the work is being billed, OR
 - e. An agency may request pre-approval to bill every two months instead, in which case, that agency is required to adhere to the billing due dates listed in Task 5 (see above)
3. NOTE: In FFY18 the SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a LHJ is unable to submit the SNAP-Ed A-19-1A on the due date, the LHJ is required to submit a request for an exception to the DOH no later than seven days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
 - c. At the very least this means a copy of an agency's financial expanded/detailed general ledger level report.
 - d. Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.
5. PLEASE NOTE: If an agency is a new SNAP-Ed LHJ or has had a fiscal finding, or does not submit adequate and/or accurate backup documentation within the last year, all SNAP-Ed backup documentation must be submitted with each bill and this requirement will continue until further notice by DOH SNAP-Ed program.

BUDGET	
Source	Amount
USDA	\$41,500 \$68,048

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

DOH Program Name or Title: Tobacco & Vapor Product Prevention & Control Program - Effective January 1, 2018

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: January 1, 2018 through June 30, 2019

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

Revision Purpose: The purpose of this revision is to extend the period of performance from June 30, 2018 to June 30, 2019, update the statement of work through June 30, 2019; shift obligated balances (\$5,799 for Federal PHBG and \$4,655 for State Youth Tobacco and Vapor Product Prevention) from the 2015-2017 year to the 2018-2020 year; and add funding through June 30, 2019.

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	77410880	01/01/18	06/30/18	16,489	4,655	21,144
FFY17 PHBG Tobacco PPHF	93.758	333.93.75	77410272	01/01/18	06/30/18	20,000	5,799	25,799
FFY18 Tobacco Prevention	93.305	333.93.30	77410270	03/29/18	03/28/19	0	11,012	11,012
Youth Tobacco Vapor Products	N/A	334.04.93	77410880	07/01/18	06/30/19	0	25,544	25,544
SFY19 Marijauna Tobacco Edu	N/A	334.04.93	77420890	07/01/18	06/30/19	0	7501	7,501
TOTALS						36,489	54,511	91,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions</p> <ol style="list-style-type: none"> Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. Conduct outreach and provide technical assistance to local agencies and organizations that are interested in adopting voluntary smoke-free and vape-free campus and/or organizational policies. 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018 June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Reduce Tobacco-Related Disparities In collaboration with priority population partners, educate stakeholders, community leaders, and decision-makers about tobacco-related disparities, evidence-based and promising interventions needed to address health equity, and local level policies and programs that can be designed to eliminate disparities.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018 June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration
3	<p>Promote and Support Tobacco Cessation <i>Among Youth and Young Adults</i> <i>In collaboration with DOH, establish partnerships and educate licensed health care providers about current WA State health insurance regulations to improve the level of effective reimbursement for cessation services rendered and to promote the provision of comprehensive tobacco cessation services.</i></p> <ol style="list-style-type: none"> <i>1. Share information about cessation resources, including the WA State Quitline and smartphone application as alternative or complementary interventions, with payers and providers.</i> <i>2. In collaboration with the DOH Tobacco and Vapor Product Prevention and Control Program (TVPPCP), implement outreach and educational activities to increase the number of clinics and hospitals with tobacco dependence treatment embedded in the workflow/EHR, as well as the number of providers billing for cessation services and referring patients to the WA State Quitline and smartphone application.</i> <i>3. In collaboration with TVPPCP, incorporate 2018-2019 Centers for Disease Control and Prevention (CDC) TIPS campaign materials into agency social media content, and report communications and media efforts in a template provided by the TVPPCP as part of the monthly reporting requirement.</i> 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018 June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.
4	<p>Prevent Initiation Among Youth and Young Adults Educate and inform <i>policy makers</i>, decision-makers, and stakeholders about evidence-based policies, systems and environmental changes to prevent the initiation of tobacco and vapor product use among youth and young adults.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018 June 30, 2019	Reimbursement for actual expenditures, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>Policymaker Decision-Maker Outreach and Education Educate policymakers and decision-makers and stakeholders on the value of a comprehensive tobacco and vapor product prevention program and best practices.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	<p>June 30, 2018 June 30, 2019</p>	Reimbursement for actual expenditures, not to exceed total funding consideration.
6	<p>Health Communications Plan and implement targeted evidence-based health communication interventions, including social and earned media, to prevent youth initiation and support cessation. Plan and implement one or more of the following interventions to prevent youth initiation and support cessation, as resources permit:</p> <ul style="list-style-type: none"> a) Paid television, radio, out-of-home (e.g., billboards, transit), print, and digital advertising at the state and local levels. b) Media advocacy through public relations/ earned media efforts (e.g., press releases/ conferences, social media, and local events), which are often timed to coincide with holidays, heritage months, and health observances. c) Health promotion activities, such as working with health care professionals and other partners and promoting quit lines. 		Monthly reports must be submitted to DOH on the 15 th of every month.	<p>June 30, 2018 June 30, 2019</p>	Reimbursement for actual expenditures, not to exceed total funding consideration.
7	<p>Administration and Management</p> <p>1. Meetings and Conference Calls:</p> <ul style="list-style-type: none"> a. Participate in bi-monthly contract management conference calls/webinars with DOH. 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 contract management conference calls/webinars with TVPPCP every other month, beginning in July 2018. 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. b. Attend at least one full day in-person meeting with all regional and priority population contractors. 		Monthly reports must be submitted to DOH on the 15 th of every month.	<p>June 30, 2018 June 30, 2019</p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19 forms due 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>2. Reporting: <i>Submit monthly reports of work including a narrative on overall progress using a template provided by DOH. All documents related to task activities will be attached. Submit monthly reports of work including a narrative on overall progress using the reporting template located on SharePoint provided by TVPPCP. All documents related to task activities will be attached.</i></p> <p>3. Budget*: <i>Submit an annual budget to DOH to reflect planned activities, using a template provided by DOH. Submit an annual budget to TVPPCP to reflect planned activities, using a template provided by TVPPCP. Update as needed on SharePoint.</i></p> <p>4. Billing: <i>Submit A19 invoice voucher form monthly. Submit A19 invoice voucher form monthly. An updated budget workbook is due the 30th of the month following the month in which costs are incurred.</i></p> <p>5. Assessment and Evaluation: <i>Participate in project evaluation activities developed and coordinated by DOH as requested. Using a template provided by TVPPCP, complete project evaluation activity developed and coordinated by TVPPCP as requested.</i></p>		<p><i>*Annual budget due by July 30, 2018</i></p>		
8	<p>Planning and Coordination <i>Host and facilitate at least one (1) strategic planning meeting involving representatives from all counties within the respective ACH region. Include the feedback and/or participation of priority population contractors in strategic planning meetings. An outcome of strategic planning meetings will be to prioritize the needs of the region and the allocation of resources including a specified timeline. Using a template provided by DOH, develop an implementation plan based on strategic planning discussions.</i> <i>Revise and update 2017-2018 implementation plan using a template provided by TVPPCP, involving representatives from all counties within the respective ACH region. The 2018-2019 implementation plan will include the following strategies/activities:</i></p>		<p>Monthly reports must be submitted to DOH on the 15th of every month.</p>	<p>June 30, 2018 <i>June 30, 2019</i></p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p><i>a. Provide technical assistance (TA) to schools and colleges/universities to implement or strengthen tobacco-free and vape-free campus policies.</i></p> <p><i>b. Educate stakeholders and community leaders about the impact of flavors and menthol on tobacco-related disparities and youth initiation.</i></p> <p><i>c. Communicate with multi-unit trade organizations, landlords and the public on smoke-free and/or vape-free policies. Plan and implement one or more of the following interventions, as resources permit:</i></p> <ul style="list-style-type: none"> <i>i. Provide technical assistance to multi-unit housing trade organizations and landlords interested in adopting voluntary smoke-free and/or vape-free policies.</i> <i>ii. Respond to and provide referrals to residents of multi-unit housing concerned about the implementation or enforcement of smoke-free and/or vape-free policies.</i> <i>iii. Provide technical assistance to public housing authorities and residents in the implementation and enforcement of required smoke-free policies per Housing and Urban Development (HUD)'s Smoke-Free Public Housing Rule.</i> 				

***For Information Only:**

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Program Specific Requirements/Narrative

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

Program Manual, Handbook, Policy References

Tobacco and Vapor Product Prevention and Control Program (TVPPCP) Work Plan and Reporting Guidebook, Budget Workbook

Staffing Requirements

A minimum of 0.25 FTE must be committed to the implementation of the program. This may be split between up to two (2) staff persons.

Federal Funding Restrictions and Limitations:

- Awardees may not use federal funds for lobbying.
- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may not use funds to supplant existing state funding or to supplant funds from federal or state sources.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and sources.
- Awardees are the direct and primary recipients in a cooperative agreement program and 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.
- Awardees are generally not allowed to use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Awardees may not be reimbursed for pre-award costs.
- Awardees may only use funds for evidence-based tobacco control interventions, strategies, and activities.
- Awardees may not use funds to provide direct cessation services or other direct services other than those through evidence-based quit line services.
- Awardees may not use funds to purchase nicotine replacement therapy or other products used for cessation.
- Awardees may not use funds to purchase K-12 school curricula.

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 tobacco and vapor product use by youth.

Monitoring Visits

Monthly telephone calls with DOH contract manager.

Special Billing Requirements

DOH will reimburse for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.

Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19-1A invoice voucher form (A19) and required deliverables, to be submitted by the LHJ within 30 days following the month in which costs were incurred. The A19 must be provided to DOH by the 30th of each month in order to receive reimbursement for the previous month. If DOH does not receive the A19 form by the 30th of the month with the required deliverables, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal of both the A19 form and required deliverables.

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19 invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH.

Quarterly billing and submission of deliverables may be allowed upon written request from the LHJ and written approval from the DOH Contract Manager.

General Funds State unexpended in each fiscal year may not be carried forward into the new budget period.

Special Instructions

LHJ must:

- Conduct criminal background checks on all staff who have unsupervised contact with minors
- Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020

DOH Program Contact

Stacia Wasmundt, Contract Manager
Youth Tobacco and Vapor Product Prevention Consultant
Office of Healthy Communities
Tobacco and Vapor Product Prevention and Control Program
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47848, Olympia, WA 98504
Telephone: 360-236-2568 / Fax: 360-236-3646
Email: stacia.wasmundt@doh.wa.gov

DOH Fiscal Contact

~~Kimberly Ames Sharon Shields~~
~~OHC Contracts Coordinator Fiscal Consultant~~
Prevention and Community Health
Washington State Department of Health
Street Address: 310 Israel Rd SE, Tumwater, WA 98501
Mailing Address: PO Box 47855, Olympia, WA 98504
Telephone: ~~360-236-3631~~ 360-236-3609 / Fax: 360-664-2619
Email: ~~kimberly.ames@doh.wa.gov~~ ~~sharon.shields@doh.wa.gov~~

**EXHIBIT B-2
ALLOCATIONS
Contract Term: 2018-2020**

Contract Number:
Date:

**CLH18248
March 15, 2018**

Indirect Rate as of January 2018: 37.79% Admin & Fac.; 41.65% Community Hlth Pgms (inc. Admin) & 40.77% 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			
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	\$89,063	\$234,905
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	\$145,842	
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		
FFY18 CSS IAR SNAP ED Program Mgnt	NGA Not Received	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548	\$61,131	\$68,048
FFY18 CSS IAR SNAP ED Program Mgnt	NGA Not Received	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	NGA Not Received	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
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	\$5,800
PS SSI 1-5 PIC Task 4	01J18001	Amd 2	66.123	333.66.12	01/01/18	03/31/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A	66.123	333.66.12	01/01/18	03/31/19	07/01/17	06/30/19	\$78,805		
FFY18 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$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		
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
FFY18 AFIX	NGA Not Received	Amd 2	93.268	333.93.26	07/01/18	06/30/19	07/01/18	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 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	\$7,054
FFY18 Tobacco Prevention	NGA Not Received	Amd 2	93.305	333.93.30	03/29/18	03/28/19	03/29/18	03/28/19	\$11,012	\$11,012	\$11,012
FFY17 TCPI PTN Contracts	1L1331455	Amd 1	93.638	333.93.63	02/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY17 PHBG Tobacco PPHF	NB01OT00918	Amd 2	93.758	333.93.75	01/01/18	06/30/18	07/01/17	09/30/18	\$5,799	\$25,799	\$25,799
FFY17 PHBG Tobacco PPHF	NB01OT00918	N/A	93.758	333.93.75	01/01/18	06/30/18	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		
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	\$119,891

EXHIBIT B-2
ALLOCATIONS
Contract Term: 2018-2020

Contract Number: CLH18248
Date: March 15, 2018

Indirect Rate as of January 2018: 37.79% Admin & Fac.; 41.65% Community Hlth Pgms (inc. Admin) & 40.77% 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			
GFS-Group B (FO-E)		N/A	N/A	334.04.90	01/01/18	06/30/18	07/01/17	06/30/19	\$10,000	\$10,000	\$10,000
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	\$9,369
State HIV CS/End AIDS WA		Amd 2	N/A	334.04.91	03/01/18	06/30/18	07/01/17	05/30/19	\$3,123	\$3,123	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	05/30/19	\$20,000	\$20,000	\$40,000
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	05/30/19	\$20,000	\$20,000	
State PrEP HIV Prevention		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	\$4,586
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	05/30/18	\$3,000	\$3,000	\$3,000
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	\$106,256
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	\$98,755	
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	\$22,500
Small Onsite Management (ALEA)		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	\$30,000
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	\$30,000
Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$25,544	\$25,544	\$46,688
Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$4,655	\$21,144	
Youth Tobacco Vapor Products		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$16,489		
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	07/01/18	12/31/18	07/01/17	06/30/19	\$225,000	\$225,000	\$491,278
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		
FFY18 RW HIV Peer Nav Proj-Proviso		Amd 2	N/A	334.04.98	04/01/18	03/31/19	04/01/18	03/31/19	\$34,541	\$34,541	\$34,541
FFY18 RW HIV Provider Capacity-Proviso		Amd 2	N/A	334.04.98	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
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		
YR 20 SRF - Local Asst (15%)(FS) - SS		N/A	N/A	346.26.64	01/01/18	12/31/20	07/01/15	12/31/20	\$14,750	\$14,750	\$14,750

Kitsap Public Health District

**EXHIBIT B-2
ALLOCATIONS
Contract Term: 2018-2020**

**Contract Number: CLH18248
Date: March 15, 2018**

Indirect Rate as of January 2018: 37.79% Admin & Fac.; 41.65% Community Hlth Pgms (inc. Admin) & 40.77% 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			
Yr 20 SRF - Local Asst (15%) (FS) - TA		N/A	N/A	346.26.66	01/01/18	12/31/20	07/01/17	12/31/20	\$2,000	\$2,000	\$2,000
TOTAL									\$1,698,931	\$1,698,931	
Total consideration:											\$1,416,297
											\$282,634
GRAND TOTAL											\$1,698,931
											Total Fed \$816,732
											Total State \$882,199

*Catalog of Federal Domestic Assistance

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

Exhibit C-2 Schedule of Federal Awards

AMENDMENT #2

Date: March 15, 2018

KITSAP PUBLIC HEALTH DISTRICT-SWW0027359-00
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 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$89,063	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	\$145,842	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 IAR SNAP-ED PROGRAM MGNT	333.10.56	NGA Not Received	NGA Not Received	01/01/18	09/30/18	\$61,131	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	NGA Not Received	NGA Not Received
FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	NGA Not Received	NGA Not Received	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	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	03/31/19	\$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	10/31/18	\$5,800	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	NGA Not Received	NGA Not Received	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	NGA Not Received	NGA Not Received
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	HPP AND PHEP COOPERATIVE AGREEMENT
FFY18 AFIK	333.93.26	NGA Not Received	NGA Not Received	07/01/18	06/30/19	\$27,563	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
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 AFIK	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/18	\$14,258	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
FFY18 TOBACCO PREVENTION	333.93.30	NGA Not Received	NGA Not Received	03/29/18	03/28/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NGA Not Received	NGA Not Received
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	02/01/18	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
FFY17 PHBG TOBACCO PPHF	333.93.75	03/09/17	\$1,557,831	01/01/18	06/30/18	\$25,799	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

Exhibit C-2 Schedule of Federal Awards

AMENDMENT #2

Date: March 15, 2018

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

Chart of Accounts Program Title	BARS	DOH Federal Award Date	Total Amt Federal Award	Allocation Period		Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
				Start Date	End Date						
FFY18 MCHBG LHJ CONTRACTS	333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
TOTAL						\$816,732					