

2018 - 2020

WASHINGTON STATE
DEPARTMENT OF HEALTH
CONSOLIDATED CONTRACT

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CONSOLIDATED CONTRACT
between
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
(Referred to as "DOH")
and
KTSAP PUBLIC HEALTH DISTRICT
(Referred to as "LHJ")
for

THE DELIVERY OF PUBLIC HEALTH SERVICES
FOR THE PERIOD OF

January 1, 2018 through December 31, 2020

1. Purpose

This Contract is entered into in accordance with RCW 43.70.520, RCW 43.70.580, the general statutory powers of the Secretary of the Department of Health (DOH), including at RCW 43.70.040, the general statutory powers of local health jurisdictions (LHJs), including at RCW 70.05.060, RCW 70.08.020, and RCW 70.46.060, and the authority for joint or cooperative action provided for under chapter 39.34 RCW. The purpose of this Contract is to define the parties' joint and cooperative relationship. The contract and all statements of work adopted under its provisions are intended to implement applicable objectives under the Public Health Improvement Plan and to facilitate the delivery of public health services to the people in Washington State. This Contract is the result of cooperative planning efforts between the LHJ and DOH.

2. Statements of Work

The individual program activities, requirements, and outcomes/deliverables to be achieved by the parties under this Contract are described in Exhibit A, Statements of Work. Each statement of work shall comply with the performance-based criteria under RCW 43.70.580(2)(b).

The LHJ shall furnish the necessary personnel, equipment, material and/or services and otherwise do all things necessary for or incidental to the performance of the work as set forth in Exhibit A, Statements of Work.

3. Exhibits

This Contract incorporates by reference the following Exhibits:

- Exhibit A - Statements of Work
- Exhibit B - Allocations
- Exhibit C - Schedule of Federal Awards

4. Definitions

As used throughout this Contract and unless amended for a particular Statement of Work, the following terms shall have the meanings set forth below:

"Budget, Accounting, and Reporting System (BARS)": The system designed by the State Auditor's office for collecting, consolidating, and reporting financial budgeting and accounting information from all local governmental units.

"Client": An agency, firm, organization, individual or other entity applying for or receiving services provided by the LHJ under this Contract.

"Catalog of Federal Domestic Assistance (CFDA)": The unique identifying code assigned to a federal assistance program which identifies the awarding agency.

"Confidential Information": Information protected from disclosure under federal or state law.

“Contract Coordinator”: Each party’s designated contact for all notices required or permitted under this Contract.

“Contracting Officer”: The DOH Contracts and Procurement Office Director and his/her delegates within that office authorized to execute this agreement on behalf of DOH.

“Contractor”: An entity that provides goods or services to DOH and others. A contractor normally operates its business in a competitive environment, provides its goods and/or services to many different purchasers during normal business hours, and is not subject to the compliance requirements of the federal program.

“Equipment”: When used in this Contract is defined as an article of non-expendable, tangible property other than land, buildings, or fixtures which is used in operations and having a useful life of more than one year and an acquisition cost of \$5,000 or more or as otherwise provided in the Exhibit A, Statements of Work.

“Federal Assistance”: Assistance provided by a federal agency in the form of grants, contracts, loans, loan guarantees, property, cooperative agreements, interest subsidies, insurance, or direct appropriations, but does not include direct federal cash assistance to individuals.

“Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act)”: A federal act to make information available online so the public can see how federal funds are spent.

“Fixed Assets”: Fixed assets are property and/or equipment obtained through donation, gift, purchase, capital lease, or construction with a service life of more than one year.

“Program Contact”: Each party’s designated contact for those purposes identified in the Exhibit A, Statements of Work.

“Subcontractor”: Any individual or group contracted with the LHJ to perform all or part of the services included in this Contract. This term will also apply to situations where an LHJ’s subcontractor contracts with another individual or group to perform all or part of the services included in its agreement with the LHJ.

“Subrecipient” or “Subgrantee”: A non-federal entity that receives a subaward of federal grant money or goods directly or indirectly from DOH and makes decisions regarding who can receive what federal assistance; has its performance measured against the objectives contained in the DOH agreement with the federal government; makes decisions on how to operate the program to accomplish the program goals; has the obligation to comply with federal subrecipient requirements; and/or use federal funds to carry out a program for the public purpose specified in the authorizing statute.

5. Funding and Billing

- A. DOH shall pay the LHJ for services as set forth in the Exhibit A, Statements of Work, not to exceed funding amounts as detailed in the Contract Allocations, Exhibit B, for those services provided herein.

The LHJ will advise the Program Contact identified in the applicable Statement of Work in writing 90 calendar days prior to the end of the funded period, or as soon as practicable thereafter, if the LHJ anticipates not using all Contract funding.

- B. If the Exhibit A, Statement of Work, is supported by federal funds that require compliance with FFATA (the Transparency Act), the corresponding checkbox on the statement of work will be checked.

- C. Total consideration for this Contract is **\$1,353,058**, or as amended.

The LHJ will submit accurate and timely billings which, for clarity and consistency, will be prepared using the form provided and following the instructions located on the DOH website, www.doh.wa.gov. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget.

D. The LHJ will submit a BARS A financial report by April 15 for the prior calendar year.

6. Contract Management

Unless otherwise specified in the Contract, the following individuals are the contacts (“Contract Coordinators”) for all notices required or permitted under this Contract:

LHJ Contract Coordinator:		DOH Contract Coordinator:	
Name: Lacey Rhoades		Name: Brenda Henrikson	
Title: Management Analyst		Title: Contracts Specialist	
Mailing Address:		Mailing Address:	
345 - 6 th Street, Suite 300, Bremerton, WA 98337		PO Box 47905, Olympia, WA 98504-7905	
Physical Address:		Physical Address:	
Same as above		101 Israel Rd. SE, Tumwater WA 98501-5570	
Phone: 360-728-2262	Fax: 360-813-1379	Phone: 360-236-3933	Fax: 360-236-2401
Email Address:		Email Address:	
lacey.rhoades@kitsappublichealth.org		brenda.henrikson@doh.wa.gov	

A party may change its Contract Coordinator or its Program Contact by providing written notice to the other party. DOH Program Contacts can be found in the Exhibit A, Statements of Work, and on the DOH website at www.doh.wa.gov.

7. Access to Records

To the extent authorized by applicable federal and state law, the parties shall provide access to records relevant to this Contract to each other, the Joint Legislative Audit and Review Committee, the State Auditor, and authorized federal officials, at no additional cost. Inspections shall occur at reasonable times and upon reasonable notice.

8. All Writings Contained Herein

This Contract contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto. The individuals signing this Contract certify by their signatures that they are authorized to sign this Contract on behalf of their respective entity.

9. Assignment

Except for subcontracting as authorized in this Contract, the LHJ shall not assign or delegate, in whole or in part, this Contract or any of its rights, duties, obligations, or responsibilities, without the prior written consent of DOH’s Contracting Officer, which consent shall not be unreasonably withheld.

10. Assurances

The parties agree that all activity pursuant to this Contract shall be in accordance with all applicable current federal, state and local laws, rules, and regulations.

The LHJ acknowledges its agreement to comply with federal certifications and assurances by signing and returning the following:

1. Standard Federal Certifications and Assurances
2. Federal Assurances for Non-Construction Programs

11. Confidential Information

The parties agree to comply with all state and federal statutes and regulations relating to Confidential Information. DOH and LHJ will limit access to the Confidential Information to the fewest number of people necessary to complete the work. Everyone having access to Confidential Information covered by this Contract must agree to protect the confidentiality of the information.

Either party to this Contract may designate certain Confidential Information as "Confidential Information/Notice Requested." The designation shall be made by clearly stamping, watermarking, or otherwise marking each page of the Confidential Information. If a third party requestor seeks information that has been marked "Confidential Information/Notice Requested," notice shall be given to the marking party prior to release of the information. Such notice shall be provided to the program contact no less than five (5) business days prior to the date of disclosure, to allow the party objecting to disclosure to seek a protective order from the proper tribunal.

DOH and LHJ agree to establish, document and maintain security practices and safeguards consistent with state and federal laws, regulations, standards, and guidelines to prevent unauthorized access, use, or disclosure of Confidential Information in any form. In accordance with federal and state contracting requirements, DOH may monitor, audit, or investigate LHJ management of Confidential Information relating to this Contract. Working together, the LHJ and DOH may use any and all tools available to track Contract related Confidential Information.

If one of the parties becomes aware of an actual or suspected breach of confidentiality, that party will promptly notify the Contract Coordinator for the other party of the facts. The parties will work within their respective organizations to take any steps necessary to determine the scope of the breach and to restore reasonable security to the Confidential Information. Both parties agree to mitigate any known harmful effects of a breach in confidentiality, including notifying affected individuals to the extent required by law. The parties will also reasonably cooperate with law enforcement as appropriate.

12. Ethics

Both parties and their officers shall comply with all ethics laws applicable to their activities under this Contract, including Chapters 42.23 and 42.52 RCW. If a violation occurs and is not cured within a reasonable time after notice, the other party shall have the right to terminate this Contract. This section is expressly subject to the Disputes section of this Contract.

13. Debarment Certification

The LHJ, by signing this Contract, certifies that the LHJ is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Contract by any federal department or agency. The LHJ also agrees to include the above requirement in all subcontracts into which it enters. The LHJ will notify DOH of any such events that may occur during the term of the Contract.

14. Disputes

Except as otherwise provided in this contract, when a dispute arises between the parties and it cannot be resolved by direct negotiation, the parties agree to participate in good faith in non-binding mediation. The mediator shall be chosen by agreement of the parties. If the parties cannot agree on a mediator, the parties shall use a mediation service located in Washington State that selects a qualified mediator for the parties. Each party shall bear its own costs for mediation and each party shall contribute equally to the mediator's fee, if any. The parties agree that mediation shall precede any action in a judicial tribunal.

Nothing in this contract shall be construed to limit the parties' choice of a mutually acceptable alternate dispute resolution method in addition to the dispute resolution procedure outlined above.

15. Equipment Purchases

Equipment purchased by the LHJ for use by the LHJ or its subcontractors during the term of this Contract using federal funds, in whole or in part, shall be the property of the LHJ. The use, management and disposal of the equipment must comply with federal requirements. These requirements are found in the Office of Management and Budget's (OMB's)

Uniform Guidance, Title 2 Code of Federal Regulations Part 200 (2 CFR 200) - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, or are included in the federal funding agency's regulations.

16. Governing Law and Venue

The laws of the state of Washington govern this Contract. In the event of a lawsuit by the LHJ against DOH arising under this Contract, venue shall be proper only in Thurston County, Washington. In the event of a lawsuit by DOH against the LHJ arising under this Contract, venue shall be proper only in the county in which the LHJ is located or in either of the two nearest judicial districts within the meaning of RCW 36.01.050.

17. Independent Capacity

The employees or agents of each party who are engaged in the performance of this Contract shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of the other party.

18. Insurance

The LHJ certifies that it is self-insured, is a member of a risk pool, or maintains insurance coverage as required by this Contract. Each party shall pay for losses for which it is found liable. The LHJ agrees to require all subcontractors to maintain insurance in types and with limits as may be determined by the LHJ and/or its risk manager, unless the LHJ and DOH agree otherwise.

19. Licensing, Accreditation and Registration

The LHJ shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements and standards, necessary for the performance of this Contract.

20. Maintenance of Records

Each party to this Contract shall maintain books, records, documents and other evidence that sufficiently and properly reflect all direct and indirect costs expended by it. All books, records, documents, and other material relevant to this Contract will be retained for six (6) years after expiration. If any litigation, claim or audit is started before the expiration of the six-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

Each party will use reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties. Both parties agree to continue protecting records until such time as the information is destroyed in accordance with applicable state and federal records retention laws.

21. Modifications and Waivers

This Contract, or any term or condition, may be modified only by a written amendment signed by the DOH Contracting Officer and the authorized representative for the LHJ. Either party may propose an amendment.

Failure or delay on the part of either party to exercise any right, power, privilege or remedy provided under this Contract shall not constitute a waiver. No provision of this Contract may be waived by either party except in a writing signed by the DOH Contracting Officer or the authorized representative of the LHJ.

22. No Third-Party Rights Created

This Contract, or any program hereunder, is entered into solely for the benefit of the two parties thereto and shall not be construed as giving rise to any right, remedy or expectancy of any kind or nature on the part of any third party.

23. Nondiscrimination

During the performance of this Contract, the LHJ and DOH shall comply with all federal and state nondiscrimination laws, regulations and policies. In the event of the LHJ's noncompliance or refusal to comply with any nondiscrimination law, regulation or policy, this Contract may be rescinded, canceled or terminated in whole or in part, and the LHJ may be declared

ineligible for further contracts with DOH. The LHJ shall, however, be given a reasonable time in which to cure this noncompliance. Any dispute may be resolved in accordance with the "Disputes" procedure set forth herein.

24. Order of Precedence

In the event of an inconsistency in the terms of this Contract, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable state and federal statutes, and local laws, rules and regulations.
- Terms and conditions of this Contract.
- Statements of Work.
- Any other provisions of this Contract, including other materials incorporated by reference.

25. Ownership of Material/Rights in Data

Records and other documents relevant to this Contract, in any medium, furnished by one party to this Contract to the other party, will remain the property of the furnishing party, unless otherwise agreed. Data which is delivered under the Contract shall be transferred to DOH with a nonexclusive, royalty-free, perpetual, irrevocable license to publish, translate, reproduce, modify, deliver, perform, dispose of, and to authorize others to do so; provided that such license shall be limited to the extent which the LHJ has a right to grant such a license. The LHJ shall exert all reasonable effort to advise DOH, at the time of delivery of data furnished under this Contract, of all known or potential invasions of privacy contained therein and of any portion of such document which was not produced in the performance of this Contract. DOH shall receive prompt written notice of each notice or claim or copyright infringement received by the LHJ with respect to any data delivered under this Contract. DOH shall have the right to modify or remove any restrictive markings placed upon the data by the LHJ, provided that if DOH modifies or removes such markings without the LHJ's approval, it assumes all liability for doing so.

26. Publications

Any program reports, articles, and publications that result from information gathered through use of state and federal funds must acknowledge receiving support from DOH and/or the appropriate federal agencies. Correspondingly, such documents resulting from information gathered through use of local funds must acknowledge receipt of such local support.

27. Responsibility for Actions

Each party to this Contract shall be solely responsible for the acts and omissions of its own officers, employees, and agents in the performance of this Contract. Neither party to this Contract will be responsible for the acts and omissions of entities or individuals not party to this Contract. DOH and the LHJ shall cooperate in the defense of tort lawsuits, when possible.

28. Loss or Reduction of Funding

In the event funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this contract and prior to normal completion, DOH may elect to suspend or terminate the contract, in whole or in part, under the "Termination for Convenience" clause with a ten (10) business day notice to LHJ, to the extent possible, subject to renegotiation at DOH's discretion under those new funding limitations and conditions.

29. Severability

If any term or condition of this Contract is held invalid, such invalidity shall not affect the validity of the other terms or conditions of this Contract, provided, however, that the remaining terms and conditions can still fairly be given effect.

30. Subcontracts

The LHJ may subcontract any or all of the services or other obligations specified in this Contract. The LHJ will require the subcontractor to comply with all the applicable terms and conditions of this Contract, including all terms, conditions, certifications and assurances. The LHJ agrees it is responsible for assuring adequate performance on the part of the subcontractor.

The parties agree that all subcontractors must be responsible for any liabilities created by their actions or omissions. In the event DOH, LHJ, and subcontractor are found by a jury or trier of fact to be jointly and severally liable for personal injury damages arising from any act or omission, then each entity shall be responsible for its proportionate share.

31. Subrecipient

For those activities designated as “subrecipient” on Exhibit A, Statements of Work, the LHJ must comply with applicable federal requirements, including but not limited to OMB’s Uniform Guidance at 2 CFR 200, Subparts D (Administrative Requirements), E (Cost Principles) and F (Audit Requirements), and program specific federal regulations. If the LHJ expends \$500,000 or more in federal awards from all sources, it is responsible for obtaining appropriate audits. If the LHJ expends \$750,000 or more in federal grants or awards from all sources, it is responsible for obtaining the required single audit.

32. Survivability

The terms and conditions contained in this Contract, which by their sense and context are intended to survive the expiration of the Contract, shall survive. Surviving terms include, but are not limited to: Access to Records, Confidential Information, Disputes, Responsibility for Actions, Maintenance of Records, Ownership of Material/Rights in Data, Subcontracts, Termination for Convenience, Termination for Default, and Termination Procedure.

33. Term

This Contract will be in effect following execution by the parties from January 1, 2018 through December 31, 2020, unless terminated earlier as provided herein.

34. Termination for Convenience

Except as otherwise provided in this Contract, either party may terminate or suspend this Contract, or any program hereunder, for convenience by providing at least thirty (30) days’ advance written notice to the other party.

If DOH elects to suspend the Contract, in whole or in part, LHJ shall stop work as of the effective date of DOH’s written notice of suspension. During suspension, each Party will reasonably notify the other of any conditions that may affect resumption of performance. Upon DOH’s written notice to resume performance, LHJ shall resume work unless the LHJ provides notice to DOH that services cannot be resumed. If LHJ cannot resume performance, the Contract or affected Exhibit A, Statement of Work, will be deemed terminated upon the date the LHJ received notice to suspend performance.

35. Termination for Default

(a) In the event of a default by either party under this Contract, the nondefaulting party may give written notice to the defaulting party that it intends to terminate this Contract, or any program hereunder, if the default is not cured within thirty (30) days of the date of the notice, or such longer period of time as may be reasonable under the circumstances. If the default is not cured within that time, the nondefaulting party may then notify the defaulting party in writing that this Contract is terminated. In the event of such termination, the nondefaulting party shall have all rights and remedies available to it under general law.

(b) A disputed termination for default is expressly subject to the Disputes section of this Contract.

36. Termination Procedure

Upon termination DOH may require the LHJ to deliver to DOH any non-LHJ-owned equipment, data, or other property specifically produced or acquired for the performance of such part of this Contract as has been terminated.

DOH shall pay to the LHJ the agreed upon price, if separately stated, for completed work and services accepted by DOH. In addition DOH shall pay the amount determined by DOH’s Contracting Officer for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services which are accepted by DOH, and (d) the protection and preservation of the property. Disagreement by the LHJ with the determination of DOH’s Contracting Officer that relates to the obligations or amounts due to the LHJ shall be considered a dispute within the meaning of the “Disputes” clause of this Contract.

DOH may withhold from any amounts due the LHJ for such completed work or services such sum as DOH's Contracting Officer reasonably determines to be necessary to protect DOH against potential loss or liability. The rights and remedies of DOH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

After receipt of a written notice of termination, the LHJ shall:

- Stop work under the Contract on the date and to the extent specified in the notice;
- Place no further orders or subcontracts for materials, services, or facilities, except as necessary to complete such portion of the work not terminated;
- Assign to DOH, to the extent reasonably directed by DOH's Contracting Officer and to the extent that the LHJ has the legal right to do so, all of the right, title, and interest of the LHJ under the orders and subcontracts in which case DOH has the right, at its reasonable discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- Settle all outstanding liabilities and all claims arising out of orders or subcontracts, with the approval or ratification of DOH's Contracting Officer to the extent he/she may reasonably require, which approval or ratification shall be final for all the purposes of this clause;
- Transfer title to DOH and deliver, as reasonably directed by DOH's Contracting Officer, any property which, if the Contract had been completed, would have been required to be furnished to DOH;
- Complete performance of such part of the work not terminated by DOH's Contracting Officer; and,
- Take such action as may be necessary, or as DOH's Contracting Officer may reasonably direct, for the protection and preservation of the property related to this Contract which is in the possession of the LHJ, or its subcontractors, and in which DOH has or may acquire an interest.

IN WITNESS WHEREOF, the parties have executed this Contract.

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Signature

Signature

Title: Administrator

Title: Contracts Specialist

Print Name:

Print Name:

Keith Grellner

Brenda Henriksen

Date:

1/3/2018

Date:

1/8/18

RECEIVED

JAN 08 2018

DOH Contracts Office

Standard Federal Certifications and Assurances

Following are the Assurances, Certifications, and Special Conditions that apply to all federally-funded (in whole or in part) agreements administered by the Washington State Department of Health.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

Have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- B. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- C. Have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the contractor not be able to provide this certification, an explanation as to why should be placed after the assurances page in the contract.

The contractor agrees by signing this contract that it will include, without modification, the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the contracting organization) certifies that the contractor will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing an ongoing drug-free awareness program to inform employees about:
 - 1) The Dangers of drug abuse in the workplace;
 - 2) The contractor's policy of maintaining a drug-free workplace;
 - 3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph 1) above;

- D. Notifying the employee in the statement required by paragraph 1), above, that, as a condition of employment under the contract, the employee will:
 - 1) Abide by the terms of the statement; and
 - 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- E. Notifying the agency in writing within ten calendar days after receiving notice under paragraph D. 2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- F. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph D. 2) with respect to any employee who is so convicted:
 - 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

For purposes of paragraph (E) regarding agency notification of criminal drug convictions, DOH has designated the following central point for receipt of such notices:

Compliance and Internal Control Officer
Office of Grants Management
WA State Department of Health
PO Box 47905
Olympia, WA 98504-7905

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (nonappropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the contracting organization) certifies, to the best of his or her knowledge and belief, that:

- A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying

Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- C. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the contracting organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the contracting organization will comply with the Public Health Service terms and conditions of award if a contract is awarded.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the contracting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The contracting organization agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - INSTRUCTIONS FOR CERTIFICATION

By signing and submitting this proposal, the prospective contractor is providing the certification set out below.

- A. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

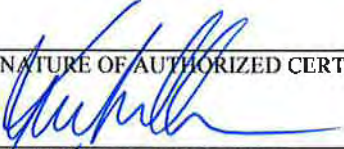
- B. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
- C. The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- D. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
- E. The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DOH.
- F. The prospective contractor further agrees by submitting this contract that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction, provided by HHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- G. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- H. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- I. Except for transactions authorized under paragraph 6. of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DOH may terminate this transaction for cause or default.

7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

- A. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
 - 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1. B. of this certification; and
 - 4) Have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.

B. Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this contract.

AUTHORIZED SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE ADMINISTRATOR
PLEASE PRINT OR TYPE NAME: KEITH J. GREENWALD	
ORGANIZATION NAME: (if applicable) KITSAW PUBLIC HEALTH DISTRICT	DATE 1/3/2018

RECEIVED

JAN 08 2018

DOH Contracts Office

Federal Assurances – Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.


Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the contractor, I certify that the contractor:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§ 17401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§ 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Uniform Guidance at 2 CFR 200, Subpart F.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

AUTHORIZED SIGNATURE REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE ADMINISTRATOR
PLEASE PRINT OR TYPE NAME KEITH J. GREENLER	
ORGANIZATION NAME (if applicable) KITSAP PUBLIC HEALTH DISTRICT	DATE 1/3/2018

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DOH Contracts Office

**KITSAP PUBLIC HEALTH DISTRICT
2018-2020 CONSOLIDATED CONTRACT #CLH18248
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: Original **Revision # (for this SOW)**

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

Period of Performance: January 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: 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 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211285	01/01/18	09/30/18	0	90,782	90,782
FFY19 CSS USDA FINI PROG MGNT	10.331	333.10.33	76211295	10/01/18	09/30/19	0	89,063	89,063
TOTALS						0	179,845	179,845

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*</p> <p>LHJ will be reimbursed for allowable costs incurred based on approved federal budget and match</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p>documented. LHJ must provide match up front to pull down federal funding.</p> <p>*See special billing requirements section.</p>
1.1	<p>Report data to be collected:</p> <ol style="list-style-type: none"> Required data elements established by DOH, University of Washington’s Center for Public Health Nutrition (CPHN) and Westat, the national FINI evaluator. Status update on project deliverables. <p>If available, any success stories when appropriate.</p>		<p>Use forms provided by DOH and CPHN to summarize the work aforementioned in the FINI Project Narrative for monthly, quarterly, and annual reporting.</p>	<p>Reports due for the period January 1, 2018–March 31, 2020:</p> <p>Quarterly Data due Q1 (January 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020</p> <p>Annual Data Due (April 1 – March 31) May 1, 2018 May 1, 2019 March 31, 2020</p> <p>Quarterly Data Due Q2 (April 1- June 30) August 1, 2018 August 1, 2019</p> <p>Quarterly Data Due Q3 (July 1 – September 30) November 1, 2018 November 1, 2019</p> <p>Quarterly Data Due Q4 (October 1 – December 31) February 1, 2018 February 1, 2019 February 1, 2020</p>	<p>See payment information as referenced in task number 1.0</p>
1.2	<p>Submit Timely Monthly Invoice Vouchers</p>		<p>Prepare and submit invoicing which includes:</p> <ul style="list-style-type: none"> FINI A19-1A Invoice Voucher 	<p>Monthly: Invoices due no later than 30 days after the end of the preceding month. For example, October A19 invoice submitted</p>	<p>See payment information as referenced in task number 1.0</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"> • 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>no later than November 30 and so on.</p> <p>Quarterly invoicing is allowable if approved by DOH contract manager.</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>

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

DOH Program Contact
 Jamie Wells, FINI Contract Manager
 Department of Health
 PO Box 47886, Olympia WA 98504-7886
Jamie.Wells@doh.wa.gov
 360-236-3668

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

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

Period of Performance: January 1, 2018 through December 31, 2018

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input type="checkbox"/> Federal <Select One>	<input 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 checked="" type="checkbox"/> Other		

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.

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			
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	01/01/18	06/30/18	0	225,000	225,000
FFY17 ADAP Rebate Local 17-19	N/A	334.04.98	12618570	07/01/18	12/31/18	0	225,000	225,000
TOTALS						0	450,000	450,000

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)																																		
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.	<table border="1"> <thead> <tr> <th colspan="3" style="text-align: center;">Budget</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Salaries</td> <td style="text-align: right;">\$198,414</td> </tr> <tr> <td>B</td> <td>Benefits</td> <td style="text-align: right;">\$92,268</td> </tr> <tr> <td>C</td> <td>Service Contracts</td> <td style="text-align: right;">-</td> </tr> <tr> <td>E</td> <td>Supplies/Goods</td> <td></td> </tr> <tr> <td>G</td> <td>Travel</td> <td style="text-align: right;">\$2,576</td> </tr> <tr> <td>J</td> <td>Equipment</td> <td style="text-align: right;">-</td> </tr> <tr> <td>N</td> <td>Sub-Contracts</td> <td style="text-align: right;">-</td> </tr> <tr> <td>O</td> <td>Other</td> <td></td> </tr> <tr> <td>IDC</td> <td style="text-align: center;">%</td> <td style="text-align: right;">\$122,142</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal</td> <td style="text-align: right;">\$415,400</td> </tr> </tbody> </table>	Budget			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
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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. 	<p>\$415,400 – Rebates \$207,700 for 01/01/18-06/30/18 and \$207,700 for 07/01/18-12/31/18</p>																																	
Targeted population:	Persons living with HIV																																	
Deliverables/Measures:	<table style="width: 100%;"> <tr> <td style="width: 50%;">Number of PLWH to be served:</td> <td style="width: 50%;">Kitsap</td> <td style="width: 10%; text-align: right;">175</td> </tr> <tr> <td></td> <td>Mason</td> <td style="text-align: right;">30</td> </tr> <tr> <td></td> <td>Clallam</td> <td style="text-align: right;">40</td> </tr> <tr> <td></td> <td>Jefferson</td> <td style="text-align: right;">17</td> </tr> <tr> <td></td> <td>Total</td> <td style="text-align: right;">262</td> </tr> </table>	Number of PLWH to be served:	Kitsap	175		Mason	30		Clallam	40		Jefferson	17		Total	262																		
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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.

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.

Targeted population:

Persons living with HIV

Deliverables/Measures:

Number of PLWH to be served: 100

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

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

- 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: 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).

- Strategies:**
- 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/Meal disbursement must be used as payer of last resort.

Budget		
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

\$19,800 – Rebates
 \$9,900 for 01/01/18-06/30/18 and
 \$9,900 for 07/01/18-12/31/18

Targeted population: Persons living with HIV

Deliverables/Measures: Number of PLWH to be served: 200

- 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: 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	%	
Subtotal		\$9,300

- Strategies:**
- 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.

\$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.

***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

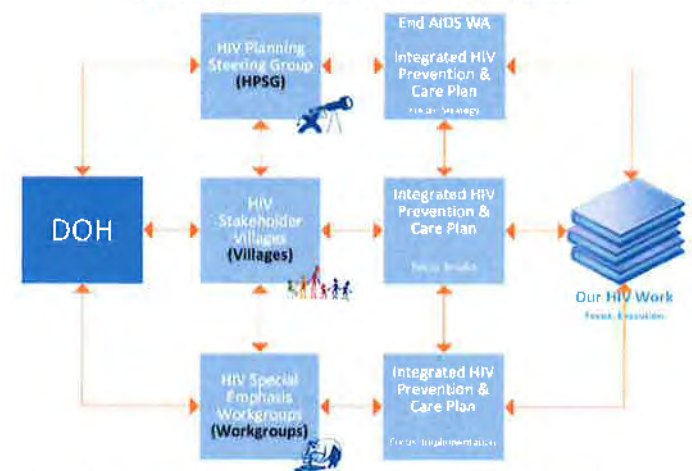
HIV Stakeholder Villages (Villages) have no formal membership and serve the dual purpose of educating a broad range of stakeholders on the current and proposed HIV interventions and strategies receiving input from stakeholders to enhance HIV service delivery. Village meet in person or via web interface 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.

Washington State HIV Planning System



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 LHI 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 LHI meets confidentiality requirements. To meet the requirements the LHI 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 LHI’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 LHI ‘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 LHI, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an “employee of a LHI, 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) LHI 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

Michael Barnes
DOH, Infectious Disease Prevention
PO Box 47841, Olympia, WA 98504-7841
360-236-3579/Fax: 360-664-2216
Michae.Barnes@doh.wa.gov

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

DOH Program Name or Title: Infectious Disease Prevention Section (IDPS) -
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Period of Performance: January 1, 2018 through December 31, 2018

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

Statement of Work Purpose: The purpose of this statement of work is to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

Revision Purpose: *N/A*

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
STATE HIV PREVENTION	N/A	334.04.91	12401100	01/01/18	06/30/18	0	20,000	20,000
STATE HIV PREVENTION	N/A	334.04.91	12401100	07/01/18	12/31/18	0	20,000	20,000
TOTALS						0	40,000	40,000

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: SSP-1 Syringe Service Programs (SSP): People Who Use Drugs (PWUD)		Budget	
Service Definition:	To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will provide clean works / harm reduction supplies with syringes to prevent transmission of disease. SSP will provide referrals to address social determinants of health.	A	Salaries \$23,540
		B	Benefits \$6,271
		C	Service Contracts
		E	Supplies/Goods
		G	Travel
		J	Equipment
		N	Sub-Contracts
		O	Other
		IDC	% \$10,189
		Total: \$40,000	
Strategies:	<ul style="list-style-type: none"> • Provide fixed site and/or outreach to engage communities that use drugs. • Distribution of syringes will be on participant needs and/or one for one based on program policy • SSPs will provide referrals to address social determinants of health and provide follow-up within program capacity. • SSP programs will distribute needles, cottons, cookers, and wound care items while providing risk reduction counseling around human immunodeficiency virus (HIV) and hepatitis C virus (HCV) transmission. • When possible, SSPs will refer and provide testing for participants based on the programs supports. 		
Targeted Population:	People who use drugs		
Deliverables/ Measures:	a. Number of PWUD served		3,500 duplicated
	b. Number of Syringes Distributed		1,000,000
	c. Number of Referrals to address social determinants of health		250
	d. Number of Clean Works/Harm Reduction supplies distributed		250,000
	e. Number of Participants referred to testing/care: HIV/HCV/STD		100
	f. Number of Condoms Distributed		5,000
Reporting:	By the 15th of the month, enter previous month's deliverable data into Statewide HIV Activity Reporting and Evaluation (SHARE) system.		

***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

Fiscal Guidance

- ii) **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.
- iii) 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.
- iv) **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.

DOH Program Contact, SSP
 Tim Candela
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Tim.Candela@doh.wa.gov

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

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

DOH Program Name or Title: Marijuana Prevention & Education Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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


Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2018

Statement of Work Purpose: The purpose of this statement of work is to fund the activities of a regional Youth Marijuana Prevention and Education Programs

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			
SFY18 MARIJUANA TOBACCO EDU	N/A	334.04.93	77420880	01/01/18	06/30/18	0	98,755	98,755
TOTALS						0	98,755	98,755

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ is required to complete the following tasks and deliverables and adhere to all requirements contained in the attached Youth Marijuana Prevention and Education Guide.					
 YMPEPRegGuide.pdf					
1. Groundwork – Build program and regional capacity to plan, coordinate, implement and evaluate regional Youth Marijuana Prevention and Education Program (YMPEP) activities:					
A.	Hire YMPEP Regional Coordinator.		Report progress and submit invoices monthly	06/30/18	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Create and maintain Regional Network and partnerships with people throughout the region.		Report progress and submit invoices monthly	06/30/18	
C.	Provide needed education and skill enhancement opportunities for Regional Network.		Report progress and submit invoices monthly	06/30/18	
D.	Identify organizational structure of the Regional Network		Report progress and submit invoices monthly	06/30/18	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
E.	Form a subcommittee of the Regional Network; refer to them as the Planning Team		Report progress and submit invoices monthly	06/30/18	
2. Assessment – Conduct ongoing needs assessment data within the region to support planning activities					
A.	Form or identify an Epidemiological Workgroup		Report progress and submit invoices monthly	06/30/18	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Conduct/update a needs assessment to assess regional needs, assets, gaps, and readiness.		Report progress and submit invoices monthly	06/30/18	
C.	Determine which of the most pressing needs prevention efforts can influence.		Report progress and submit invoices monthly	06/30/18	
3. Capacity – Recruit and convene a regional network and raise awareness of its mission and purpose					
A.	Host regular meetings with Regional Network. (Planning team meets monthly during Strategic Planning Process; Full network meets quarterly at a minimum.)		Report progress and submit invoices monthly	06/30/18	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Use knowledge about the community’s level of readiness to publicize the issue and encourage participation on Regional Network		Report progress and submit invoices monthly	06/30/18	
C.	Expand the Regional Network to include sectors within the region and other members interested in preventing substance use disorder.		Report progress and submit invoices monthly	06/30/18	
D.	Develop a plan for attending health equity trainings, recruiting and developing partnerships with a diverse representation of the community, etc.		Report progress and submit invoices monthly	06/30/18	
4. Planning – Coordinate development of a mission, logic model and strategic and sustainability plans for the region.					
A.	Convene the planning team.		Report progress and submit invoices monthly.	06/30/18	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Train the planning team.		Report progress and submit invoices monthly	06/30/18	
C.	Analyze risk and protective factors and local conditions		Report progress and submit invoices monthly	06/30/18	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
D.	Choose the factors on which the region will concentrate		Choose the factors on which the region will concentrate	06/30/18	
E.	Establish Mission of YMPEP region		Report progress and submit invoices monthly	06/30/18	
F.	Develop logic model to guide effort		Report progress and submit invoices monthly	06/30/18	
G.	Create regional strategic plan to include policies, programs and practices. Include a minimum of 70 percent of time to Primary activities and up to 30 percent of time to implement approved Innovative activities		Report progress and submit invoices monthly	06/30/18	
H.	Choose policy, systems, and environmental (PSE) activities to address the risk and protective factors the Regional Network prioritized.		Report progress and submit invoices monthly.	06/30/18	
I.	Present the plan to the communities it will serve throughout the region and gather support		Report progress and submit invoices monthly	06/30/18	
J.	Create Sustainability Plan		Report progress and submit invoices monthly	06/30/18	
5. Implementation – Coordinate implementation of the strategic plan					
A.	Hire staff, subcontract and/or recruit volunteers to implement Regional Strategic Plan.		Report progress and submit invoices monthly.	06/30/18	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
B.	Follow the Regional Strategic Plan throughout the implementation process		Report progress and submit invoices monthly	06/30/18	
C.	Continue to track and monitor resources annually. Update and revise resource assessment as needed.		Report progress and submit invoices monthly	06/30/18	
D.	Meet regularly with Regional Network.		Report progress and submit invoices monthly	06/30/18	
E.	Keep regional partners informed using a newsletter, listserv, monthly meetings		Report progress and submit invoices monthly	06/30/18	
F.	Write grant applications (as appropriate) to increase funding opportunities and ensure sustainability of YMPEP region		Report progress and submit invoices monthly	06/30/18	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6. Evaluation – Plan and participate in state and regional evaluation efforts					
A.	Create Regional Evaluation Plan		Report progress and submit invoices monthly	06/30/18	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.
7. Work Plan – LHJ must prepare and submit a work plan and budget for the remainder of the biennium					
A.	Prepare and submit a work plan and budget for January 2018-June 2019		Completed work plan and budget	06/30/18	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 invoice voucher forms are due the 30th of the month following the month in which costs were incurred.

***For Information Only:**

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

Program Specific Requirements/Narrative

Local Health Jurisdiction (LHJ) will:

1. Fulfill program administration roles and responsibilities:
 - a) Ensure at least 1.0 FTE (divided among no more than three (3) people) is dedicated to coordination of regional network activities.
 - b) Participate in required conference calls, trainings, webinars, and in-person meetings for YMPEP contractors hosted by DOH.
 - c) Submit accurate and complete progress reports, budgets, and A19 invoices, using the required guidance, reporting tool or system, and deadlines (see Section IV below) provided by DOH.
 - d) Act as the fiduciary agent if subcontracting. Notify the DOH when entering into a subcontract. DOH does not need to approve subcontractors. Subcontractor performance is the responsibility of each LHJ.
 - e) Meet requirements outlined in the YMPEP Regional Implementation guide provided by MPEP, which include (but not limited to) conducting a regional assessment of needs, coordinating and maintaining a regional network, preparing, annually updating and managing the implementation of the region’s strategic plan.
2. Meet evaluation requirements:
 - a) Perform annual close out procedures if directed by the DOH.
 - b) Participate in performance measure data collection activities in collaboration with DOH.
 - c) Participate in project evaluation activities developed and coordinated by DOH.

3. Written Policies and Procedures/Documents

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

DOH will support LHJ by providing:

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for 5-year regional strategic plan, annual work plan, needs assessment, project deliverables with reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
 - a) Updating regional needs assessment by providing a template and supporting materials.
 - b) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
 - c) Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
 - d) Providing relevant resources and training.
 - e) Meeting performance measure, evaluation, and data collection requirements.
 - f) Developing 5-year regional strategic plans, annual work plans and logic models.
 - g) Interpreting DOH guidelines, requirements, and expectations and seeking approval from DOH staff, as needed, on grant-related activities and products.

Program Administration

1. The LHJ shall perform the requirements and activities defined in this agreement and the YMPEP Regional Implementation Guide. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each LHJ's Monthly Progress Report, and Monthly Expenditure Worksheet and A19 invoice. DOH staff will also monitor and evaluate regional program performance during on-site visits (minimum 1 per year).
2. The LHJ shall ensure the DOH has the most current contact information of the local program administrator that is responsible for the performance of this statement of work.
3. The LHJ shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with YMPEP funds. Failure of the LHJ to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this statement of work.
4. DOH reserves the right to determine the amount of any reduction, based on LHJ's performance, and to unilaterally amend the contract to effect any reduction. Any reduction shall be based on a review of the LHJ's expenditure patterns and actual performance.

Subcontractor Requirements: None

Required Reports

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

Report	Date Due
1. Expenditure Worksheet and A19	The 30th of the month following the month in which costs were incurred, except during closeout at the end of each state fiscal year (see below).
2. Final Expenditure Report and Request for Reimbursement (FY Closeout)	The year-end/final Expenditure Worksheet and A19 are due as follows: FY18: August 30, 2018 (See Special Instructions below) FY19: August 30, 2019 (See Special Instructions below)
4. Contractor Monthly Progress Report	The 15 th of the month following the month in which activities were performed, including the final monthly progress report.

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

1. Payment

- a) All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Billings for services on a monthly fraction of the budget will not be accepted or approved. 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.
- b) DOH shall pay the LHJ all allowable costs incurred as evidenced by a proper invoice (A19) submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
- c) DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: Year 3: July 1, 2017 to June 30, 2018 and Year 4: July 1, 2018- June 30, 2019.
- d) The LHJ’s proposed regional budget, using the Budget Workbook template provided by DOH, is incorporated herein.
- e) Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the A19 submitted to DOH Grants Management. Approval shall be granted given that the LHJ has submitted its Monthly Progress Report, and Monthly Expenditure Worksheet and A19 to MPEP within 30 days following the month in which costs were incurred.
- f) If DOH does not receive the Monthly Expenditure Worksheet and A19 by the 30th of the month, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
- g) Back-up documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
- h) Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

2. Evaluation of LHJ’s Performance

LHJ’s performance will be evaluated on the following:

- a) Annual submittal and MPEP approval of an up-to-date Regional Needs Assessment.
- b) Submittal and MPEP approval of 5-year Regional Strategic Plan by March 2017 for July 2018 – June 30, 2023.
- c) Timely completion, submission and MPEP approval of proposed Annual Budget Tracking Tool (Budget Line Items, Summary Budget Projections, Budget Narrative) and work plans on the YMPEP SharePoint.
- d) Submission of Electronic A19 Invoice and Financial Back-up Document to DOH Grants Management and the YMPEP SharePoint by the due dates listed above.
- e) Submission of 24 monthly Progress Reports by the due dates listed above on the YMPEP SharePoint.

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

- a) Recipients may not use funds for research.
- b) Recipients may not use funds for clinical care.
- c) Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

- d) Recipients may not generally use funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget and approved by DOH Contract Manager.
- e) Recipients may not use funding for construction.
- f) The contractor must comply with DOH MPEP guidance on food, incentives and use of DOH logo outlined in the YMPEP Regional Implementation Guide, and should not exceed federal per diem rates.
- g) Reimbursement of pre-award costs is not allowed.

DOH - Primary Point of Contact:

Cristal Connelly, YMPEP Contract Manager

Office Phone: 360-236- 3757

Email Address: cristal.connelly@doh.wa.gov

Mailing Address: PO Box 47855, Olympia, WA 98504-7855

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

DOH Program Name or Title: Maternal & Child Health Block Grant-
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through September 30, 2018

Statement of Work Purpose: The purpose of this statement of work is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

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 MCHBG LHJ CONTRACTS	93.994	333.93.99	78120281	01/01/18	09/30/18	0	119,891	119,891
TOTALS						0	119,891	119,891

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration					
1a	Participate in calls, at a minimum of every quarter, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and LHJ		Designated LHJ staff will participate in contract management calls.	September 30, 2018	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Report actual expenditures for October 1, 2017 through March 31, 2018		Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 26, 2018	
1c	Develop 2018-2019 MCHBG Budget Workbook for October 1, 2018 through September 30, 2019 using DOH provided template.		Submit MCHBG Budget Workbook to DOH contract manager	September 5, 2018	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					See Program Specific Requirements and Special Billing Requirements.
MCHBG Assessment and Evaluation					
2a	Participate in project evaluation activities developed and coordinated by DOH, as requested.		Documentation using report template provided by DOH	September 30, 2018	Reimbursement for actual costs, not to exceed total funding consideration. See Program Specific Requirements and Special Billing Requirements.
2b	Report program level strategy measure data (CSHCN, UDS, ACEs).		Documentation using report template provided by DOH	January 15, 2018 April 15, 2018 July 15, 2018	
MCHBG Implementation					
3a	Develop 2018-2019 MCHBG Action Plan for October 1, 2018 through September 30, 2019 using DOH-provided template.		Submit MCHBG Action Plan to DOH contract manager	Draft August 17, 2018 Final September 5, 2018	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period. See Program Specific Requirements and Special Billing Requirements.
3b	Report activities and outcomes of 2017-2018 MCHBG Action Plan using DOH- provided template.		Submit Action Plan monthly reports to DOH contract manager	Monthly, on or before the 15 th of the following month	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Children with Special Health Care Needs (CSHCN)					
4a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CSHCN Program as referenced in CSHCN Program Manual. Ensure client data is collected on all children served by CSHCN contractors, including neurodevelopmental centers, regional maxillofacial coordinators, and the DOH Newborn Screening Program.		Submit CHIF data into Secure File Transport (SFT) website: https://sft.wa.gov	January 15, 2018 April 15, 2018 July 15, 2018	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
4b	Administer requested DOH Diagnostic and Treatment funds for infants and children per CSHCN Program Manual when funds are used.		Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CSHCN Program as needed.	30 days after forms are completed.	
4c	Participate in the CSHCN Regional System and quarterly meetings as described in the CSHCN Program Manual.		Submit Action Plan monthly reports including number of regional meetings attended to the DOH contract manager.	Monthly, on or before the 15 th of the following month	See Program Specific Requirements and Special Billing Requirements.

***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

Children with Special Health Care Needs Manual - <http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-209-CSHCN-Manual.pdf>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

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

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant).[Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1)(D)].

Monitoring Visits (frequency, type)

Telephone calls with contract manager at least one every quarter, and annual site visit.

Special Billing Requirements

Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted monthly by the 30th of each month following the month in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

DOH Program Contact

Kara Seaman

Community Consultant

Office of Family and Community Health Improvement

Washington State Department of Health

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Mailing Address: PO Box 47848, Olympia, WA 98504

Telephone: 360-236-3963/ Fax: 360-236-3646

Email: kara.seaman@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: Original **Revision # (for this SOW)**

Period of Performance: January 1, 2017 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 1: This statement of work (SOW) carries forward incomplete tasks and unspent funds from the 2015-2017 consolidated contract SOW. Total spending between the two SOWs may not exceed the total award amount of \$80,000.

NOTE 2: Dates that precede January 1, 2018 are for reference only.

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			
PS SSI 1-5 PIC TASK 4	66.123	333.66.12	261K1208	01/01/18	03/31/19	0	78,805	78,805
TOTALS						0	78,805	78,805

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	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).		Effectiveness Consultation (if necessary)	March 31, 2019	
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.					
1.1	Project Factsheet Create a project factsheet (using included template) and submit it in MS Word with the first quarterly progress report.		Project Fact Sheet	July 15, 2017	Reimbursement up to \$8,325 based on actual costs.
1.2	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: <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. • Description of any problem or circumstances affecting the completion 		Bi-monthly (every two months) invoice and project summaries. 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. <u>Annual Performance Periods:</u> First Period: January – February Second Period: March –April (FEATS) Third Period: May – June 30	Due annually: June 15 August 15 October 1 (FEATS) December 15 March 15 (FEATS)	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>date, scope of work, or costs.</p> <ul style="list-style-type: none"> Evidence that all the reporting requirements have been satisfactorily completed (see below). 		<p>Fourth Period: July – August</p> <p>Fifth Period: September – October (FEATS)</p> <p>Sixth Period: November - December</p>		
1.2.1	<p>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.</p>		Semi-annual FEATS reports	<p>April 1 October 1</p> <p>And upon project completion.</p>	
1.2.2	<p>Puget Sound Partnership Required NTA Reporting NTA owners are required to report on the following:</p> <ul style="list-style-type: none"> Implementation status of their actions on a semiannual basis Financial status of their actions on an annual basis 		<p>1. Implementation Status</p> <p>2. Financial Status</p>	<p>1: March 31-April 28, 2017 November 1-30, 2017 May 1-31, 2018 Upon project/NTA completion or November 2018</p> <p>2.: June 30-August 15, 2017 June 29-August 13, 2018 Upon contract/NTA completion or August 2019</p>	
1.2.3	<p>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 Enerococci, and other biological and habitat data) then STORET reporting will be required. Data for an entire calendar year (January 1 –</p>		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
	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.				
1.2.4	<p>Women/Minority-Owned Business (MBE/WBE) Reports</p> <p>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	October 15, annually And upon project completion.	
1.3	<p>Final Project Report</p> <p>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</p> <p>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.</p>					
2.1	HEC include pharmaceuticals and personal care products, hormones or endocrine disrupting compounds, flame retardants, and agrichemicals present in surface water and groundwater. Human emerging contaminants data allows KPHD to prioritize shoreline hot spots - focusing on hot spots with evidence of human contamination first.		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 \$500 each) will be collected.	Ongoing. Report progress in summaries and FEATS per Task 1.	Reimbursement up to \$50,000 based on actual costs.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	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.		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>TASK 3. POLLUTION IDENTIFICATION AND CORRECTION (PIC) INCENTIVE VOUCHER PROGRAM 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>					
3.1	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.		Septic tank pumping/ inspections/riser installation vouchers distributed (72 x \$250 per shoreline owner)	Ongoing. Report progress in summaries and FEATS per Task 1.	Reimbursement up to \$18,015 based on actual costs.
<p>TASK 4. BROADER IMPACTS AND COMMUNICATION DOH will work with KPHD to determine targeted audience and ensure purpose of communication is clear.</p>					
4.1	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.		a) Submit high-quality project photos or video clips of the project (process, progress, etc.). b) Meet with Puget Sound Institute/Encyclopedia for Puget Sound staff at project initiation.	a) With final report b) Project initiation	Reimbursement up to \$705 based on actual costs.

***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
Contracts UW COW Accredited lab for Bacteriodes	\$50,000
Subawards Name and amount each	0
Other Describe: Septic Pump Vouchers	\$18,015
Total Direct Charges	\$75,666
Indirect Charges (federally approved rate)	\$3,139
TOTAL	\$78,805

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 Instructions

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 and megan.schell@doh.wa.gov on the following dates: March 1, 2018, September 1, 2018, March 1, 2019, and upon contract completion. Minority and Women-Owned business Reporting is due to kristy.warner@doh.wa.gov and cc: tracy.farrell@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/cybersecuritygrantconditionforotherr ecipients.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. 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@ecy.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

Tracy Farrell, Office of Environmental Health, 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 Drinking Water Group A Program - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

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

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

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

Revision Purpose: N/A

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			
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18	12/31/20	0	14,750	14,750
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18	12/31/20	0	2,000	2,000
TOTALS						0	16,750	16,750

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using</p>		<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. Completed Small Water System checklist. Updated Water Facilities Inventory (WFI). 	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p> <p>Payment is authorized upon receipt and acceptance of the Final Sanitary Survey</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	the tablet and GPS for a five-year period.		4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office. The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.		Report within the 30 day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training. See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

***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 References (RCWs, WACs, etc)

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of \$14,750 for Task 1, and \$2,000 for Task 2, Task 3 and Task 4 combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

- No more than 3 surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than 28 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.

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

Task 2

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

Task 3

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

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

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

Program Manual, Handbook, Policy References

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf>

DOH Program Contact

Denise Miles
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Denise.Miles@doh.wa.gov
(360) 236-3028

DOH Fiscal Contact

Karena McGovern
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.McGovern@doh.wa.gov
(360) 236-3094

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

DOH Program Name or Title: Office of Drinking Water Group B Program -
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2018

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

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			
GFS - Group B (FO-SW)	N/A	334.04.90	24230103	01/01/18	06/30/18	0	10,000	10,000
TOTALS						0	10,000	10,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Memorandum of Agreement Number	Payment Information and/or Amount
1	Implement a Group B water system program through a local ordinance.		An executed memorandum of agreement (MOA) identifying responsibilities of a full Group B program through a local ordinance.	Reference DOH MOA #N20493	Lump sum payment (See Special Billing Requirements)

***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 Billing Requirements

The LHJ shall submit a \$10,000 invoice before May 15, 2018.

DOH Program Contact

Bonnie Waybright, P.E.
Southwest Regional Manager
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Bonnie.Waybright@doh.wa.gov
(360) 236-3025

DOH Fiscal Contact

Karena McGovern
DOH Office of Drinking Water
243 Israel Rd SE
Tumwater, WA 98501
Karena.Mcgovern@doh.wa.gov
(360) 236-3094

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

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

Period of Performance: January 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: 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			
FFY17 EPR PHEP BP1 LHJ FUNDING	93.069	333.93.06	18101380	01/01/18	06/30/18	0	119,217	119,217
FFY17 EPR HPP BP1 HEALTHCARE SYSTEM PREP	93.889	333.93.88	18101400	01/01/18	06/30/18	0	13,943	13,943
TOTALS						0	133,160	133,160

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 assistance to LHJs, as needed, on utilizing</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
	WASECURES. LHJs may choose to utilize other notification systems in addition to WASECURES to alert staff during incidents.				
6	<p>Use established procedures for your LHJ to request assistance from the local Emergency Operations Center (EOC), neighboring LHJs, and DOH during disasters</p> <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.) 		<p>Submit year end progress report.</p> <p>Submit AARs and IAPs that includes documentation of the elements listed.</p>	June 30, 2018	
7	<p>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.</p> <p>7.1) Create and maintain templates for news releases for categories of public health hazards.</p>		<p>Submit year end progress report.</p> <p>Submit AARs and messaging used to inform the public during drills, exercise or incident response. Include a summary of how communication tools were used.</p> <p>Submit sample templates.</p>	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	<p>Use established procedures to gain and maintain situational awareness during an incident.</p> <p>Use forms and procedures for collecting key data elements during disasters including:</p> <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) • Number of disease cases • Number of fatalities attributed to an incident 		<p>Submit year end progress report.</p> <p>Submit an AAR which includes how these plans and forms were used to maintain situational awareness during all drills, exercises and real world incidents</p> <p>Submit completed situation reports and a summary of how it was disseminated.</p> <p>Data collection form templates</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
	<ul style="list-style-type: none"> 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>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	<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	<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	<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	
13	<p>Implement the Continuity of Operations Plan (COOP) plan for the local health jurisdiction. Demonstrate the following:</p> <ul style="list-style-type: none"> Identification of essential services to sustain LHJ mission and operations 		<p>Submit year end progress report.</p> <p>The most current COOP.</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
	<ul style="list-style-type: none"> • 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 		Exercises or AARs documenting COOP implementation and demonstrating the elements listed.		
14	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	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	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	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	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	
19	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	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Additional Activities:					
20	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	
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	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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 (EIs). (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 • 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 		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
	(EEl) with DOH and local healthcare, emergency management, and public health agencies <ul style="list-style-type: none"> • 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	

***For Information Only:**

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

Special Requirements

Federal Funding Accountability and Transparency Act (FFATA)

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

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

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

DOH Program Contact:

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

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

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2018

Statement of Work Purpose: The purpose of this statement of work is to define required immunization tasks, deliverables, and funding for the period January 1, 2018 through June 30, 2018.

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			
FFY17 VFC Ops	93.268	333.93.26	74310271	01/01/18	06/30/18	0	7,054	7,054
FFY17 317 Ops	93.268	333.93.26	74310270	01/01/18	06/30/18	0	4,837	4,837
FFY17 AFIX	93.268	333.93.26	74310272	01/01/18	06/30/18	0	14,258	14,258
TOTALS						0	26,149	26,149

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Perform accountability 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. Accountability requirements include, but are not limited to: provider education, provider site visits and required corrective action, quality assurance activities, VFC screening, satisfaction survey, outside provider agreements, new provider enrollment visits, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.					
1	Facilitate annual renewal of the provider agreement for receipt of state supplied vaccine for all healthcare providers receiving state-supplied childhood vaccines		Provider Agreements for Receipt of State Supplied Vaccine received online via the Washington Immunization Information System.	Annually, per Annual VFC Provider Agreement Update Schedule	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY17 AFIX 74310272

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					*See Restrictions on Funds below
2	Enroll new providers. Conduct an enrollment site visit to all new providers, and gather information needed to complete Program enrollment		Provider Agreement for Receipt of State Supplied Vaccine 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. Funds available for this task*: FFY17 AFIX 74310272 *See Restrictions on Funds below
3	Use and facilitate provider use of the Washington Immunization Information System to place and approve provider vaccine orders. Monitor provider orders for appropriateness (including: accuracy of shipping information, order frequency, timing, quantity and type) and approve vaccine order online after assuring the appropriateness of the order.		Electronic submission of provider vaccine orders via the Washington Immunization Information System	Based on provider order schedules	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY17 VFC Ops 74310271 FFY17 317 Ops 74310270 *See Restrictions on Funds below
4	Monitor and assure electronic or paper submission of vaccine accountability reports for compliance with Provider Agreement related to vaccine management (ordering, inventory management, reconciliation, compliance with storage and handling, and reporting of all vaccine incidents and returns).		a) Monthly Vaccine Accountability Report (DOH 348-006) b) Report of Vaccine Storage Incidents (DOH 348-154) complete with reason and corrective action as needed.	a) By the 25th of each month b) Within seven (7) days of the incident	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			c) Report all cases (or suspected cases) of vaccine fraud or abuse.	c) Within seven (7) days of the incident	FFY17 AFIX 74310272 *See Restrictions on Funds below
5	Provide communication, technical assistance, consultation, and education to providers about vaccine quality assurance, accountability, program participation and vaccine management.		Summary of LHJ Technical Assistance Form (DOH 348-257)	June 30, 2018	Reimbursement for actual costs incurred, not to exceed total funding consideration amount. Funds available for this task*: FFY17 VFC Ops 74310271 FFY17 317 Ops 74310270 *See Restrictions on Funds below
6	<p>Conduct a total of eight (8) VFC Compliance Site Visits at the assigned provider site(s) within your jurisdiction. DOH will assign provider site(s) via the VFC Site Visit Selection Tool.</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>Conduct VFC 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 site visit or verification by email, fax, or mail that follow-up actions were completed. Documentation for each VFC Site Visit follow-up action must be uploaded into PEAR and/or properly notated in the Reviewer Notes section of PEAR.</p>		<p>a) Enter responses from the VFC Compliance Site Visit Reviewer Guide into the VFC 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) Attach copy of signed Acknowledgement of Receipt form to the Site Visit in PEAR.</p>	<p>a) At the time of the VFC Compliance Site Visit or within five (5) business days of the site visit.</p> <p>b) Within five (5) days of the site visit</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY17 AFIX 74310272</p> <p>*See Restrictions on Funds below</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>All assigned VFC Compliance Site Visits including follow-up actions must be completed by May 15, 2018 for the January – June contract period.</p>		<p>c) Attach a copy of any documents and/or emails submitted by the provider to resolve follow-up actions to the site visit in PEAR.</p>	<p>c) Within five (5) days of receiving the document(s) and/or email.</p>	
7	<p>NOTE: During this period of performance, no new AFIX visits shall be conducted. This task will focus on follow-up of AFIX visits that were conducted during the previous contract year.</p> <p>Conduct AFIX follow-up visits with all provider sites that received an AFIX visit between April 1, 2017 and December 31, 2017. Follow-up visits can be conducted in-person, by telephone, or by webinar. All AFIX follow-up visits 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>		<p>Enter the following data in the Exchange tab of the AFIX Online Tool for follow-up visits:</p> <ul style="list-style-type: none"> • Clinic progress on implementing quality improvement strategies. • Follow-up coverage assessment results (from CoCASA reports). 	<p>Within five (5) days of visit.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY17 AFIX 74310272</p> <p>*See Restrictions on Funds below</p>
8	<p>a) In coordination with hospitals, health care providers, and health plans (if applicable), conduct activities to prevent perinatal hepatitis B infection in accordance with the Perinatal Hepatitis B Prevention Program Guidelines, including the following:</p> <ol style="list-style-type: none"> 1) identification of HBsAg-positive pregnant women, and pregnant women with unknown HBsAg status 2) reporting of HBsAg-positive women and their infants 3) Case management for infants born to HBsAg-positive women to ensure administration of HBIG and hepatitis B vaccine within 12 hours of birth, the completion of the 3-dose hepatitis B vaccine series, and post-vaccination serologic testing. <p>b) Provide technical assistance to birthing hospitals to encourage administration of the hepatitis B birth dose to all newborns within 12 hours of birth, in accordance with ACIP recommendations.</p>		<p>a) Enter information for each case identified into the Perinatal Hepatitis B module of the WA Immunization Information System</p> <p>b) Annual Perinatal Hepatitis B Outreach Summary (DOH 348-268)</p>	<p>a) By the last day of each month</p> <p>b) June 15, 2018</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p> <p>Funds available for this task*:</p> <p>FFY17 317 Ops 74310270</p> <p>*See Restrictions on Funds below</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	c). Report all perinatal hepatitis B investigations, including HBsAg-positive infants, in the Perinatal Hepatitis B Module of the Washington State Immunization Information System.				

***For Information Only:**

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

Program Specific Requirements/Narrative

This section is for program specific information not included elsewhere.

- 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

Office of Immunization and Child Profile References and Resources for vaccine management, VFC compliance site visits, AFIX visits, and Perinatal Hepatitis B activities can be found at this [link](#) to our website.

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 oipecontracts@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 expenses with 317 and VFC FA Operations Funds (dated September 16, 2016) document is posted on the DOH Consolidated Contract website at this [link](#). In addition to the funding listed in the Payment Information and/or Amount column for each task, FFY18 317 Ops funding may be used for any activity in this statement of work conducted between January 1, 2018 and June 30, 2018, per funding availability and period of performance.

These federal funds may not be used for expenses related to travel or attendance at any CDC-sponsored conference, training, or event without prior written approval from the DOH Office of Immunization and Child Profile.

DOH Program

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

DOH Program Name or Title: OSS LMP Implementation - Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2019

Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP)

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			
Small Onsite Management (ALEA)	N/A	334.04.93	26705100	01/01/18	06/30/19	0	30,000	30,000
Wastewater Management - GFS	N/A	334.04.93	26701100	07/01/18	06/30/19	0	30,000	30,000
TOTALS						0	60,000	60,000

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Local Management Plan Implementation <ul style="list-style-type: none"> Enforcement for system deficiencies found during Maintenance and Monitoring (M&M) inspections M&M program administration Onsite Sewage System (OSS) complaint response M&M data reports about deficiencies 		Electronic copy of progress report and mapping data to include: <ul style="list-style-type: none"> Number of systems with known system type. Number of septic systems with current inspections. Number of septic failures. 	Report Due Date: July 15, 2018 January 15, 2019 June 30, 2019 Task is ongoing throughout the project period.	\$60,000

***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

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

These funds can NOT be used for local match to federal grants.

Special References (RCWs, WACs, etc)

WAC 246-272A and RCW 70.118A

State funds from the Aquatic Lands Enhancement 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.

Definitions

Failure: A condition of an on-site sewage system or component that threatens the public health by inadequately treating sewage or by creating a potential for direct or indirect contact between sewage and the public. Examples of failure include: (a) Sewage on the surface of the ground; (b) Sewage backing up into a structure caused by slow soil absorption of septic tank effluent; (c) Sewage leaking from a sewage tank or collection system; (d) Cesspools or seepage pits where evidence of ground water or surface water quality degradation exists; (e) Inadequately treated effluent contaminating ground water or surface water; or (f) Noncompliance with standards stipulated on the permit.

Maintenance and Monitoring: The actions necessary to keep the on-site sewage system components functioning as designed. Periodic or continuous checking of an on-site sewage system, which is performed by observations and measurements, to determine if the system is functioning as intended and if system maintenance is needed. Monitoring also includes maintaining accurate records that document monitoring activities.

Special Billing Requirements

Billing Information

1. Billings are submitted on an A19-1A form, which is provided by DOH.
2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.

Special Instructions

Semiannual progress reports, including marine recovery area (MRA) mapping data, are due to DOH via email to christie.durkin@doh.wa.gov and randal.freeby@doh.wa.gov.
Progress Report Due Dates: July 15, 2018, January 15, 2019, and June 30, 2019

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

DOH Program Contact: Christie Durkin, Office of Environmental Health and Safety, PO Box 47824, Olympia WA 98504-7824; 360-236-3396; christie.durkin@doh.wa.gov

DOH Fiscal Contact: Kristy Warner, Environmental Public Health, PO Box 47820, Olympia WA 98504-7820, 360-236-3742, kristy.warner@doh.wa.gov

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

DOH Program Name or Title: P-TCPI Regional Care Coordination Project-
Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH18248

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

Funding Source <input type="checkbox"/> Federal <Select One> <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: January 1, 2018 through June 30, 2018

Statement of Work Purpose: The purpose of this statement of work is to enhance and mobilize the Medical Home Neighborhood model of care for the whole child and family in pediatric practice transformation, a statewide network of Regional Care Facilitators (RCF), one in each of the nine Accountable Communities of Health (ACHs), will be created to join the Pediatric-Transforming Clinical Practice Initiative (P-TCPI) regional teams to emphasize physical and behavioral health integration and care coordination for children within participating practices, the ACH regional partners, and the state. Each RCF will have state, regional, and Practice Facilitator interface roles to facilitate the Medical Home Neighborhood concept and have a lasting impact on the system of pediatric services for children on Medicaid in Washington to improve children's health.

Revision Purpose: NA

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
SFY17 MANAGED CARE ORG	N/A	334.04.98	78301680	01/01/18	06/30/18	0	39,214	39,214
TOTALS						0	39,214	39,214

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Staffing Support a system of care coordination that strengthens linkages to primary care providers and improves health outcomes for children.</p> <p>1a: Designate staff to serve as the Regional Care Facilitator (RCF) for the Olympic Region.</p> <p>1b: In conjunction with DOH, participate in orientation and project start-up activities.</p> <p>1c: In conjunction with DOH, participate in project evaluation activities.</p>		<p>Narrative Report using the templates provided by DOH, that includes:</p> <ul style="list-style-type: none"> Staffing plan and implementation Description of evaluation activities Completed travel log for all travel billed (Template to be provided by DOH). 	Quarterly by the 15 th of January, March, June	Reimbursement for actual staff time and travel related to TCPI activities.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p><u>Regional Pediatric-Transforming Clinical Practice Initiative (P-TCPI) Accountable Communities of Health (ACH) Teams</u> Bring the needs and strengths of the TCPI practices and communities to the attention of the ACH.</p> <p>2a: The Regional Care Facilitators (RCF) will participate on the regional P-TCPI Practice Transformation Team in their ACH region. RCF will participate in person and virtual meetings and workgroups.</p> <p>2b: Identify and contribute to the practice coaching curriculum being used by P-TCPI Practice Facilitators</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of meetings RCF participated in. • Description of outcomes of the meetings as they relate to children’s health. • Identify progress and/or challenges completing this activity • Description of identified topics added to curriculum. 	<p>Quarterly by the 15th of January, March, June</p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>
3	<p><u>Promoting Medical Homes</u> Be an advocate for the Medical Home Neighborhood model of care for children in this region and in the Medicaid Demonstration proposals that may be developed.</p> <p>3a: Identify common strategies and track resources within the region to enhance the Medical Home Neighborhood model of care for the whole child and family</p> <p>3b: Participate on the P-TCPI Medical Home Neighborhood Team monthly virtual meetings</p> <p>3c: Attend and participate in quarterly DOH Children with Special Health Care Needs (CSHCN) Communication Network meetings in January, April, and July.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of methodology to track regional resources. • List of meetings attended and description of participation 	<p>Quarterly by the 15th of January, March, June</p>	<p>Reimbursement for actual costs, not to exceed total funding consideration.</p>
4	<p><u>Create a Network of Coordinators</u> Develop relationships with local care coordinators who serve children to stay abreast of issues and resources to bridge gaps and minimize duplication of effort across the region to assure that families can easily get connected to services and supports in the community.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of methodology to track identified coordinators and organizations. • Description of meeting/ event should include: 	<p>Quarterly by the 15th of January, March, June</p>	<p>Reimbursement for actual costs, 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>4a: Create and track a network of coordinators in this region to support regional pediatric care coordination.</p> <p>4b: Establish a forum for regular networking with care coordinators in this region to facilitate an integrated care coordination approach that builds relationships and bridges between care coordinators from all sectors of the community, including primary care and behavioral health, to increase shared learning and knowledge of resources.</p> <ul style="list-style-type: none"> • Host at least one (1) regional meeting/event with this network of coordinators in the first quarter. • Serve as the CSHCN Regional Representative for this region and host quarterly CSHCN Regional meetings or include this meeting/event within the forum described above. <p>4c: Create a regular mechanism for sharing information directly to care coordinators in network that will be consistent with proposed Medicaid Demonstration Projects for children, including Community Care Coordination Pathways</p>		<p>Attendees, date, location, agenda topics, copies of meeting evaluations (to be provided by DOH) and a summary of outcomes, challenges and successes</p> <ul style="list-style-type: none"> • Description of information sharing methodology 		
5	<p><u>Regional Asset Mapping</u> Participate in Regional Asset Mapping (and/or a Regional Health Needs Inventory) to look at community resources as a whole.</p> <p>5a: Plan and conduct assessment/mapping of care coordination resources available in the region to determine capacity and gaps.</p> <p>5b: Identify regional and community partners and others in the region who are doing a piece of care coordination to promote better collaboration, prevent duplication and confusion for families, and identify resources for children and families</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> • Description of progress, challenges and successes in Regional Asset Mapping process. 	<p>Quarterly by the 15th of January, March, June</p>	<p>Reimbursement for actual costs, 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>5c: Coordinate with the UW Medical Home Partnerships Project staff and other Medical Home Neighborhood Team partners to build on promising practices and tools where communities have already identified their local resources for specific topics and worked together to develop new needed resources</p> <p>5d: Identify which organizations are already involved with their ACH.</p>				
6	<p><u>Promote and Support Systems Integration</u> Enhance and coordinate behavioral health integration efforts by other TCPI teams</p> <p>6a: Promote family participation and representation into regional and Medicaid Demonstration activities</p> <p>6b: Promote the WithinReach Shared Resource and cshcn.org for families and providers</p> <p>6c: Include Early Learning Regional Coalitions to explore the integration of health, early learning, and early intervention services.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> Description of progress, challenges and successes with systems integration activities 	Quarterly by the 15 th of January, March, June	Reimbursement for actual costs, not to exceed total funding consideration.
7	<p><u>Collaborate with Medicaid Managed Care Organizations (MCOs)</u></p> <p>Develop relationships with representatives from the Medicaid Managed Care plans in this region around care coordination; include MCO reps in regional networking meetings and planning activities.</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> Description of progress, challenges and successes with collaboration with the MCOs 	Quarterly by the 15 th of January, March, June	Reimbursement for actual costs, not to exceed total funding consideration.
8	<p><u>Partner with the P-TCPI Regional Practice Facilitator</u> Establish a partnership with the Practice Facilitator to uncover the front-line concerns, successes, and perspectives of both primary care providers and behavioral health professionals within the TCPI practices and identify local resources to build the Medical Home Neighborhood</p>		<p>Narrative Report using the template provided by DOH, that includes:</p> <ul style="list-style-type: none"> Description of progress, challenges and successes with collaboration with the Practice Facilitator and their role with primary care and behavioral health practices 	Quarterly by the 15 th of January, March, June	Reimbursement for actual costs, not to exceed total funding consideration.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>8a: Work with the Practice Facilitator to increase awareness of resources and opportunities with the Medical Home Neighborhood model to provide content for technical assistance (TA) to participating practices in the ACH region</p> <p>8b: Share information about family organizations and family engagement with Practice Facilitators and other care coordinators</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

Staffing Requirements

Designate staff to serve as the Regional Care Facilitator. Compensation will include funding for staff, benefits, regional and statewide travel (miles, lodging, per diem), allowable start up technology, and allowable indirect.

Special Instructions

This statement of work funds activities through December 31, 2017. Task and deliverable due dates beyond December 31, 2017 are for reference only and will be included in a new statement of work under the new consolidated contract term beginning January 1, 2018.

DOH Program Contact

Allison Templeton, Health Services Consultant
 Department of Health
 Healthy Starts & Transitions
 PO Box 47880, Olympia, WA 98504-7880
Allison.Templeton@doh.wa.gov
 PHONE: 360-236-3526 /FAX: 360-586-7868

DOH Fiscal Contact

Chi Sharma
Chi.Sharma@doh.wa.gov
 PHONE: 360-236-3789

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

DOH Program Name or Title: Recreational Shellfish Activities -
Effective January 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 type="checkbox"/> Federal <Select One>	<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 funds for shellfish harvesting safety.

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			
Rec. Shellfish/Biotoxin	N/A	334.04.93	26402600	01/01/18	06/30/19	0	22,500	22,500
TOTALS						0	22,500	22,500

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Biotoxin Monitoring</p> <ul style="list-style-type: none"> Collect samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected. Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed. This may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. 		Submit report on DOH approved format of activities for the year, including the number and names of beaches posted for classification.	Email Report to DOH by: February 15, 2019 (See Special Instructions below.)	\$21,450
2	<p>Outreach</p> <ul style="list-style-type: none"> Staff educational booths at local events. Distribute safe shellfish harvesting information. 		Submit report including the number of events staffed, and amount of educational materials distributed.	Email Report to DOH by: February 15, 2019	\$750

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				(See Special Instructions below.)	
3	Other Maintain a 24-hour toll free recreational shellfish hotline		Report the number of phone calls received.	Email Report to DOH by: February 15, 2019 (See Special Instructions below.)	\$300

***For Information Only:**

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

Program Specific Requirements/Narrative

Program Manual, Handbook, Policy References

Department of Health's Biotxin Monitoring Plan

Special References (RCWs, WACs, etc)

Chapter 246-280 WAC

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

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

Special Instructions

Report for work done the previous year must be submitted via email to Liz Maier by February 15, 2019.

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

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

DOH Fiscal Contact: Kristy Warner, Environmental Public Health, PO Box 47820, Olympia WA 98504-7820; 360-236-3742; kristy.warner@doh.wa.gov

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

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

Period of Performance: January 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: 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 CSS IAR SNAP ED PROG MGNT	10.561	333.10.56	76211981	01/01/18	09/30/18	0	34,583	34,583
FFY17 CSS IAR SNAP ED PROG MGNT CF	10.561	333.10.56	76211971	01/01/18	09/30/18	0	6,917	6,917
TOTALS						0	41,500	41,500

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.). 	<p><u>For the Period:</u> 01/01/18-09/30/20</p> <p>Due: per the approved work plan and no later than 09/30/20.</p>	<p>Reimbursement upon receipt and approval of deliverables for the funding period will not exceed \$41,500.</p> <p>Kitsap Public Health District will be paid the allowable costs incurred based on their approved budget and program allowability. See special billing requirements section.</p>

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
					<p>**NOTE: The SNAP-Ed program will deny payment for any costs not submitted by the due date and without prior DOH approval in writing.</p>
2.0	<p>Quarterly Progress Reports The following data is to be collected and submitted within DOH provided form /system:</p> <ol style="list-style-type: none"> 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 		<p>Submit Quarterly Progress Report for all SNAP-Ed projects within the DOH approved form/system.</p>	<p>Quarterly Progress Reports due:</p> <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. 	<p>See payment information as referenced in task number 1.0.</p>
2.1	<p>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:</p> <ul style="list-style-type: none"> • Unduplicated number of clients served per project. • # unduplicated clients served per project based on the following: <ul style="list-style-type: none"> ○ Race/ethnicity ○ Gender ○ Age 		<p>Submit EARS data for all project(s).</p> <p>LHJs are required to collect and submit EARS data electronically or within a template provided by DOH.</p> <p>This must be done in real time. Real time = As you provide services and no later than one week after data is collected.</p>	<p>Data should be collected in real time and submitted to the state office by the following dates:</p> <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. 	<p>See payment information as referenced in task number 1.0.</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"> • % 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>				
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. 	<p>1. Due: Submit within Quarterly reporting listed above in task 2.0.</p> <p>2. Due: quarterly</p> <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. <p>3. Due: Within 30 days after completed. Submit all pretests surveys/data when they are completed for a specific project.</p> <p>4. Due: Within 30 days after completed. Submit all posttest surveys/data when they are completed for a specific project.</p> <p>5. Due: Submit within Quarterly reporting listed above in task 2.0 along with photo releases.</p>	See payment information as referenced in task number 1.0.
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 	Due: 12/31/18	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"> • Who attended • Date completed 		
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>		Fiscal and Data reporting training completed.	<p>Due: New staff trained within 30 days of starting SNAP-Ed activities and again at least once every five years. 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>	See payment information as referenced in task number 1.0.
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>		SNAP-Ed inventory list.	<p>Due: Yearly, at the time of a fiscal monitoring and/or site visit.</p>	See payment information as referenced in task number 1.0.
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>	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>

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://snapcd.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

DOH Program Contact

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DOH Program Contact

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 360-236-3704

**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: 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 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, 2018

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: *N/A*

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)		Current Consideration	Change Increase (+)	Total Consideration
				Start Date	End Date			
Youth Tobacco Vapor Products	N/A	334.04.93	77410880	01/01/18	06/30/18	0	16,489	16,489
FFY17 PHBG Tobacco PPHF	93.758	333.93.75	77410272	01/01/18	06/30/18	0	20,000	20,000
TOTALS						0	36,489	36,489

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Eliminate Exposure to Secondhand Smoke and Electronic Cigarette/Vape Emissions 1. Plan and implement activities within LHJ's respective Accountable Community of Health (ACH) region addressing local vaping in public places policies. 2. 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	Reimbursement for actual expenditures, not to exceed total funding consideration.
2	Reduce Tobacco-Related Disparities In collaboration with priority population partners, educate stakeholders, community leaders, and policymakers about tobacco-related disparities, evidence-based and promising interventions needed to address health equity, and local		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018	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
	level policies and programs that can be designed to eliminate disparities				
3	<p>Promote and Support Tobacco Cessation Among Youth and Young Adults 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.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018	Reimbursement for actual expenditures, not to exceed total funding consideration.
4	<p>Prevent Initiation Among Youth and Young Adults Educate and inform policymakers, 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	Reimbursement for actual expenditures, not to exceed total funding consideration.
5	<p>Policymaker Outreach and Education Educate policymakers 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.	June 30, 2018	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.</p>		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018	Reimbursement for actual expenditures, not to exceed total funding consideration.
7	<p>Administration and Management:</p> <ol style="list-style-type: none"> 1. Meetings and Conference Calls: 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. 2. Reporting: 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. 3. Budget: Submit an annual budget to DOH to reflect planned activities, using a template provided by DOH. 4. Billing: Submit A19 invoice voucher form monthly 5. Assessment and Evaluation: Participate in project evaluation activities developed and coordinated by DOH as requested 		Monthly reports must be submitted to DOH on the 15 th of every month.	June 30, 2018	Reimbursement for actual expenditures, not to exceed total funding consideration. A19 forms due the 30th of the month following the month in which costs were incurred.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	<p>Planning and Coordination 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.</p>		<p>Monthly reports must be submitted to DOH on the 15th of every month.</p>	<p>June 30, 2018</p>	<p>Reimbursement for actual expenditures, not to exceed total funding consideration.</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.

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

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Youth Tobacco and Vapor Product Prevention Consultant
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Tobacco and Vapor Product Prevention and Control Program
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OHC Contracts Coordinator
Prevention and Community Health
Washington State Department of Health
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Kitsap Public Health District

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

Contract Number:
Date:

CLH18248
October 16, 2017

Indirect Rate as of January 2018: 37.79% for 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 Mgmt	NGA Not Received	N/A	10.331	333.10.33	10/01/18	09/30/19	10/01/18	09/30/19	\$89,063	\$89,063	\$179,845
FFY18 CSS USDA FINI Prog Mgmt	NGA Not Received	N/A	10.331	333.10.33	01/01/18	09/30/18	10/01/17	09/30/18	\$90,782	\$90,782	
FFY18 CSS IAR SNAP ED Program Mgmt	NGA Not Received	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583	\$34,583	\$41,500
FFY17 CSS IAR SNAP ED Program Mgmt 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 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	\$78,805	\$78,805
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	\$119,217	\$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
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	\$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
FFY17 PHBG Tobacco PPHF	NGA Not Received	N/A	93.758	333.93.75	01/01/18	06/30/18	07/01/17	09/30/18	\$20,000	\$20,000	\$20,000
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	\$13,943	\$13,943
FFY18 MCHBG LIJ Contracts	NGA Not Received	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
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 Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$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	06/30/19	\$20,000	\$20,000	
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	\$98,755
Rec Shellfish/Biotxin		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		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$16,489	\$16,489	\$16,489

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

**Contract Number: CLH18248
Date: October 16, 2017**

Indirect Rate as of January 2018: 37.79% for 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			
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	\$450,000
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	\$225,000	
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	\$39,214	\$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
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									\$1,353,058	\$1,353,058	
Total consideration:										\$1,353,058	
GRAND TOTAL											\$1,353,058
										Total Fed	\$599,350
										Total State	\$753,708

*Catalog of Federal Domestic Assistance

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

Exhibit C Schedule of Federal Awards

AFRS Through Blm 2013 Fiscal Month 19
 KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00
 CONTRACT CLH16248-Kitsap Public Health District
 CONTRACT PERIOD 1/1/2016-12/31/2020

Date: October 16, 2017

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	NGA Not Received	NGA Not Received	10/01/18	09/30/19	\$89,063	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	NGA Not Received	NGA Not Received
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	NGA Not Received	NGA Not Received	01/01/18	09/30/18	\$90,762	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	NGA Not Received	NGA Not Received
FFY18 CSS IAR SNAP-ED PROGRAM MGMT	333.10.56	NGA Not Received	NGA Not Received	01/01/18	09/30/18	\$34,583	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 MGMT 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	\$5,000,000	01/01/18	03/31/19	\$78,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.08	07/18/17	\$11,082,782	01/01/18	06/30/18	\$119,217	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP021899-01	HPP AND PHEP COOPERATIVE AGREEMENT
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 AFIX	333.93.26	03/03/17	\$1,672,269	01/01/18	06/30/18	\$14,268	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
FFY17 PHBG TOBACCO PPHF	333.93.75	NGA Not Received	NGA Not Received	01/01/18	06/30/18	\$20,000	93.755	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	NGA Not Received	NGA Not Received
FFY17 EPR HPP BP1 HEALTHCARE SYS PREP	333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$13,943	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP621869-01	HPP AND PHEP COOPERATIVE AGREEMENT
FFY18 MCHBG LHJ CONTRACTS	333.93.99	NGA Not Received	NGA Not Received	01/01/18	09/30/18	\$119,891	93.964	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	NGA Not Received	NGA Not Received
TOTAL						\$589,350					