

**KITSAP PUBLIC HEALTH DISTRICT  
2018 – 2021 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH18248**

**AMENDMENT NUMBER: 18**

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

IT IS MUTUALLY AGREED: On February 29, 2020, Governor Jay Inslee issued Proclamation 20-05 declaring a State of Emergency due to the outbreak of COVID-19. In June 2020, DOH and LHJ agreed that to support the parties' ongoing response to the emergency, the parties would extend the end date of the Contract rather than beginning a new three-year contract. For ease of reference, the Contract as amended is attached and incorporated in this amendment showing the insertions, deletions, and revisions as follows: Section 1 Purpose and Section 2 Statements of Work. Remove reference to repealed RCW 43.70.520 and RCW 43.70.580. Section 33 Term. Extend the Contract term for a period of one year from December 31, 2020 through December 31, 2021. Heading on page one and footers are updated to reflect the extended contract term.

1. Exhibit A Statements of Work, attached and incorporated by this reference, are amended as follows:

- Adds Statements of Work for the following programs:
  - Supplemental Nutrition Assistance Program-Education - Effective October 1, 2020
- Amends Statements of Work for the following programs:
  - Commercial Tobacco Prevention Program - Effective July 1, 2020
  - Division of Emergency Preparedness & Response PHEP - Effective July 1, 2020
  - HIV Client Services-HOPWA CARES - Effective January 20, 2020
  - Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2020
  - LSPAN-Local Strategies for Physical Activity & Nutrition - Effective March 1, 2019
  - Maternal & Child Health Block Grant - Effective January 1, 2018
  - Office of Immunization & Child Profile-Perinatal Hepatitis B - Effective July 1, 2020
  - Office of Immunization & Child Profile-Regional Representatives - Effective July 1, 2020
- Deletes Statements of Work for the following programs:

2. Exhibit B-18 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-17 Allocations as follows:

- Increase of \$764,387 for a revised maximum consideration of \$15,205,667.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.
- Exhibit B Allocations are attached only for informational purposes.

3. Exhibit C-17 Schedule of Federal Awards, attached and incorporated by this reference, amends and replaces Exhibit C-16.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Keith Grellner  
Keith Grellner (Dec 4, 2020 09:33 PST)

Brenda Henrikson, Contracts Specialist  
Brenda Henrikson, Contracts Specialist (Dec 4, 2020 14:39 PST)

Date

Date

APPROVED AS TO FORM ONLY  
Assistant Attorney General

2018 - ~~2020~~ 2021

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~~ 2021**

**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](http://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:

| <b>LHJ Contract Coordinator:</b>                            |                          | <b>DOH Contract Coordinator:</b>          |                          |
|---|--------------------------|---|--------------------------|
| <b>Name:</b> April Fisk                                     |                          | <b>Name:</b> Brenda Henrikson             |                          |
| <b>Title:</b>   |                          | <b>Title:</b> Contracts Specialist        |                          |
| <b>Mailing Address:</b>                                     |                          | <b>Mailing Address:</b>                   |                          |
| 345 - 6 <sup>th</sup> Street, Suite 300, Bremerton WA 98337 |                          | PO Box 47905, Olympia WA 98504-7905       |                          |
| <b>Physical Address:</b>                                    |                          | <b>Physical Address:</b>                  |                          |
| Same as above   |                          | 101 Israel Rd. SE, Tumwater WA 98501-5570 |                          |
| <b>Phone:</b> 360-728-2235                                  | <b>Fax:</b> 360-813-1379 | <b>Phone:</b> 360-236-3933                | <b>Fax:</b> 360-236-2401 |
| <b>Email Address:</b>                                       |                          | <b>Email Address:</b>                     |                          |
| april.fisk@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](http://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~~ **2021**, 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: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name:  
\_\_\_\_\_

Print Name:  
\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 |
| PLEASE PRINT OR TYPE NAME:                  |       |
| ORGANIZATION NAME: (if applicable)          | DATE  |



## 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.**

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**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. §§7401 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 |
| PLEASE PRINT OR TYPE NAME                   |       |
| ORGANIZATION NAME (if applicable)           | DATE  |

**KITSAP PUBLIC HEALTH DISTRICT  
2018-2021 CONSOLIDATED CONTRACT #CLH18248  
EXHIBIT A - STATEMENTS OF WORK  
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**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

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

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

**Contract Number:** CLH18248

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

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

**Period of Performance:** July 1, 2020 through June 30, 2021

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

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

**Revision Purpose:** The purpose of this revision is to add \$12,241 in FFY20 Tobacco Vape Prev Comp 1 funding, extend the period of performance from December 31, 2020 to June 30, 2021, and extend funding periods and deliverable due date/time frame dates..

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |                     |                     |
| Youth Tobacco Vapor Products            | N/A    | 334.04.93         | 77410890          | 07/01/20                      | 06/30/21 | 38,402                | 0                   | 38,402              |
| FPH-Youth Tobacco Vapor Prevention      | N/A    | 334.04.93         | 77410621          | 07/01/20                      | 06/30/21 | 24,289                | 0                   | 24,289              |
| SFY21 Marijuana Education               | N/A    | 334.04.93         | 77420821          | 07/01/20                      | 06/30/21 | 5,766                 | 0                   | 5,766               |
| FFY20 Tobacco-Vape Prev Comp 1          | 93.387 | 333.93.38         | 77410220          | 07/01/20                      | 04/28/21 | 12,241                | 12,241              | 24,482              |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>80,698</b>         | <b>12,241</b>       | <b>92,939</b>       |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                       | Payment Information and/or Amount  |
|-------------|---|--------------------------------------|---|---|--|
| 1           | <p><b>Planning and Coordination</b></p> <p>1. Using a template provided by CTPP, build upon existing 2019-2020 implementation plan for 2020-2021 in collaboration with representatives from all counties within the respective Accountable Communities of Health (ACH) region.</p> <p>2. Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors.</p> |                                      | Monthly Progress Report (due the 15 <sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30 <sup>th</sup> of the month.) | 07/01/20- <del>12/31/20</del><br>06/30/21 | <p>Funding utilized: State and federal (YTVP, FPH, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures</p> |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                       | Payment Information and/or Amount  |
|-------------|--|--------------------------------------|---|---|--|
|             | 3. Participate in statewide commercial tobacco prevention coalition meetings as established.   |                                      |   |   | <p>must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p>   |
| 2           | <p><b>Reduce Tobacco-Related Disparities</b></p> <p>1. In collaboration with priority population contractors, engage and educate internal and external partners about:</p> <ol style="list-style-type: none"> <li>The value of local control in preventing initiation and continued use of tobacco and vapor products that lead to tobacco-related health issues and health disparities.</li> <li>The value of a comprehensive tobacco prevention program to prevent the initiation of tobacco and vapor product use among youth and young adults</li> <li>Focused policy options to address the impact of flavored (including menthol) tobacco and vapor product flavors on youth initiation and use of tobacco and vapor products.</li> </ol> <p>2. Disseminate prevention and Tobacco Use and Dependence Treatment (TUDT)-informing materials for disparately affected communities that address emerging tobacco/vapor products are culturally &amp; linguistically appropriate, trauma-informed, &amp; equity-based.</p> |                                      | Monthly Progress Report (due the 15 <sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30 <sup>th</sup> of the month.) | 07/01/20- <del>12/31/20</del><br>06/30/21 | <p>Funding utilized: State and federal (YTVP, FPH, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p> |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                       | Payment Information and/or Amount  |
|-------------|---|--------------------------------------|---|---|--|
|             | 3. Educate key stakeholders and decision-makers on: <ul style="list-style-type: none"> <li>a. The role of local control in preventing youth initiation and continued use of tobacco and vapor products that lead to tobacco-related health issues and health disparities;</li> <li>b. Evidence-based and promising policies and practices to decrease the appeal of tobacco and vapor products to youth and youth adults.</li> </ul>  |                                      |   |   |  |
| 3           | <p><b>Prevent Tobacco use Among Youth and Young Adults with Emphasis on Nicotine Consumed Through Electronic Cigarettes/Vapor Products</b></p> <ul style="list-style-type: none"> <li>1. Build upon existing Tobacco and Vapor 21 implementation plan, addressing diverse audiences and ensuring all communications materials are culturally and linguistically appropriate.</li> <li>2. Build or enhance partnerships with youth-serving organizations and local champions (including identifying youth champions) to collaborate on youth access and industry marketing.</li> </ul> |                                      | Monthly Progress Report (due the 15 <sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30 <sup>th</sup> of the month.) | 07/01/20- <del>12/31/20</del><br>06/30/21 | Funding utilized: State and federal (YTVP, FPH, CDC)<br><br>Reimbursement for actual expenditures, not to exceed total funding consideration.<br><br>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.<br><br>The expenditure worksheet in the CTPP budget workbook must be completed by the 30 <sup>th</sup> 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  |
|-------------|---|--------------------------------------|---|---|--|
| 4           | <p><b>Promote and Support Tobacco Use and Dependence Treatment</b></p> <ol style="list-style-type: none"> <li>1. Inform providers about TUDT resources and referral processes, including those for the Washington State Tobacco Quitline (WAQL), 2Morrow Health application, and WA-Branded Truth Initiative’s “This is Quitting” promotional materials.</li> <li>2. In collaboration with CTPP, incorporate 2020-2021 Centers for Disease Control and Prevention (CDC) (e.g., Tips® campaign) materials into agency social media content, and report communications and media efforts in a template provided by the CTPP as part of the monthly reporting requirement.</li> <li>3. Disseminate TUDT resources provided by CTPP to community-based organizations, centers, and networks supporting disparately affected communities.</li> </ol> |                                      | Monthly Progress Report (due the 15 <sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30 <sup>th</sup> of the month.) | 07/01/20- <del>12/31/20</del><br>06/30/21 | <p>Funding utilized: State and federal (YTVP, FPH, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p> |
| 5           | <p><b>Eliminate Exposure to Secondhand Smoke and Vape Emissions</b></p> <ol style="list-style-type: none"> <li>1. Conduct education and outreach within respective ACH region addressing local smoking and vaping in public places ordinances.</li> <li>2. Respond to technical assistance requests and needs from local agencies and organizations interested in adopting and/or that have adopted voluntary smoke-free and vape-free campus and/or organizational policies.</li> <li>3. Respond to technical assistance requests to colleges/universities on the adoption and implementation of tobacco- and vape-free campuses.</li> <li>4. Upon request, provide technical assistance to multi-unit housing organizations, landlords, and residents on smoke- and/or vape-free policies.</li> </ol>   |                                      | Monthly Progress Report (due the 15 <sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30 <sup>th</sup> of the month.) | 07/01/20- <del>12/31/20</del><br>06/30/21 | <p>Funding utilized: State and federal (YTVP, FPH, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p>  |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                       | Payment Information and/or Amount  |
|-------------|--|--------------------------------------|---|---|--|
|             |  |                                      |   |   | The expenditure worksheet in the CTPP budget workbook must be completed by the 30 <sup>th</sup> of the month following the month in which costs were incurred.   |
| 6           | <p><b>Media and Health Communications</b></p> <p>Plan and implement public relations/earned media efforts (i.e. press releases, social media) utilizing national media campaigns to prevent youth initiation and support cessation.</p>  |                                      | Monthly Progress Report (due the 15 <sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30 <sup>th</sup> of the month.) | 07/01/20- <del>12/31/20</del><br>06/30/21 | <p>Funding utilized: State and federal (YTPV, FPH, CDC)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p> <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p> |
| 7           | <p><b>Youth Marijuana Prevention and Education</b></p> <p>Conduct education and outreach activities to prevent the initiation and use of vapor products as delivery devices for nicotine and marijuana and that focuses on the potential health risks of vapor product use, regardless of the substance it contains.</p> |                                      | Monthly Progress Report (due the 15 <sup>th</sup> of the month) and Expenditure Report and Request for Reimbursement (due the 30 <sup>th</sup> of the month.) | 07/01/20- <del>12/31/20</del><br>06/30/21 | <p>Funding utilized: State (Marijuana Prevention and Education)</p> <p>Reimbursement for actual expenditures, not to exceed total funding consideration.</p>   |



| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount   |
|-------------|---------------------------|--------------------------------------|-----------------------|---------------------|---|
|             |                           |                                      |                       |                     | <p>A19-1A invoice for CTPP expenditures must continue to be submitted to the DOH Grants Management office per the consolidated contract.</p> <p>The expenditure worksheet in the CTPP budget workbook must be completed by the 30<sup>th</sup> of the month following the month in which costs were incurred.</p> |

**\*For Information Only:**

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

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

**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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements/Narrative**

**Definitions:**

CONTRACTOR – LHJ performing work under this statement of work.

**A. Contractor will:**

1. Fulfill program administration roles and responsibilities:
  - a) Ensure required infrastructure. It is recommended that each regional contractor have 0.4 FTE but will have no less than a .25 FTE (10 hours/week).
  - b) Participate in required conference calls, trainings, webinars, and in-person or virtual meetings for Commercial Tobacco Prevention Program (CTPP) contractors hosted by DOH.

- Participate in contract management conference calls/webinars with CTPP every other month, beginning in July 2020. The purpose of the calls are to review activity status and plans, identify next steps and timelines, request for and receive technical assistance, and for collaboration and sharing regional work.
  - Participate in at least one (1) virtual meeting or in-person with CTPP and all regional and priority population contractors.
- c) Submit an Annual Implementation Plan and Budget according to the deadlines in Section E below.
  - d) Submit accurate and complete progress reports, budgets, and A19-1A invoices, using the required guidance, reporting tool or system, and deadlines (see Section E below) provided by DOH.
  - e) Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each CTPP Regional Contractor.
  - f) Meet all requirements outlined in the CTPP Work Plan and Reporting Guidebook provided by CTPP.
  - g) Have completed background checks and on file for any staff or volunteer (funded and/or representing a CTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

**B. DOH will support Contractor by providing:**

1. Timely communications regarding funding amounts and/or funding reductions.
2. An annual calendar of key events, required and optional trainings and other key dates.
3. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
4. Templates for implementation plan, budget workbook, and reporting requirements.
5. Technical assistance on meeting project goals, objectives, and activities related to:
  - a) Adapting required and innovative activities to ensure they are culturally and linguistically appropriate evidence-based or evidence-informed, or promising programs.
  - b) Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
  - c) Providing relevant resources and training, as resources permit.
  - d) Meeting performance measure, evaluation, and data collection requirements.
  - e) Interpreting DOH guidelines, requirements, and expectations. This includes making determinations of whether CTPP funds may be used for activities and projects proposed by the LHJ.

**C. Program Administration:**

1. The contractor shall perform the requirements and activities defined in this statement of work (SOW) and the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2019. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on each contractor's Monthly Progress Report, and Monthly Expenditure Worksheet and A19-1A invoice. CTPP staff will also monitor and evaluate regional program performance during on-site visits [minimum one (1) per biennium] following requirements and protocols provided by CTPP.
2. The contractor shall provide DOH with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal DOH database, along with the same information of all staff supported in part/full with CTPP funds. Failure of the contractor to perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this SOW.
3. DOH reserves the right to determine the amount of any reduction to this statement of work, based on contractor's performance. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
4. Make reasonable efforts throughout the period of performance, to identify and leverage resources from private or public entities to support costs under this program.
5. The contractor's annual work plan and budget must be approved by CTPP contract manager prior to implementation. This includes execution of subcontracts within the region. Any changes to either the work plan or budget, must also be approved by the DOH contract manager prior to implementation.

**D. Subcontractor Requirements:**

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

**E. Required Plans and Reports**

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

| <b><u>Report</u></b>   | <b><u>Date Due</u></b>  |
|--|---|
| 1. Submit an annual plan, <i>updated Tobacco and Vapor 21 implementation plan</i> , and budget | Annually, no later than July 30, 2020, using a template provided by CTPP. DOH approval will occur no later than August 15, 2020. Update as needed on SharePoint.  |
| 2. Expenditure Report and Request for Reimbursement (A19-1A)                                   | A19-1A and updated budget workbook due the 30 <sup>th</sup> of the month following the month in which costs are incurred.   |
| 3. Final Expenditure Projections, Report and Request for Reimbursement (FY Closeout)           | Year-end projections are due as follows:<br>FY21: July 10, 2021<br><br>Final Expenditure Reports are due within 45 days of the end of the contract year   |
| 4. Monthly Progress Report   | The 15 <sup>th</sup> of the month following the month in which activities were performed, including the final monthly progress report. Monthly reports of work will include a narrative on overall progress using the reporting template located on SharePoint provided by CTPP. All documents related to task activities will be attached. |
| 5. Assessment and Evaluation   | Using a template provided by CTPP, complete project evaluation activity developed and coordinated by CTPP as requested.   |

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

**F. Payment**

1. All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs in accordance with the Commercial Tobacco Prevention Program (CTPP) Work Plan and Reporting Guidebook, revised 2019.
2. DOH will reimburse the contractor for actual allowable program costs. Billings for services on a monthly fraction of the budget will not be accepted or approved.
3. DOH shall pay the contractor all allowable costs incurred as evidenced by a proper invoice submitted to DOH on a timely basis, insofar as those allowable and allocable costs do not exceed that amount appropriated or otherwise available for such purposes as stated herein, or in subsequent amendments.
4. DOH shall pay for costs under this statement of work up to a total not exceeding the total funding consideration amount. Costs allowable under this statement of work are based on DOH-approved budget for periods of performance: July 1, 2020 to June 30, 2021.

5. Authorized and allowable program expenditures shall be reimbursed upon receipt and approval of the Monthly Progress Report, Monthly Expenditure Report and Request for Reimbursement form (A19-1A) according to Section E of this contract. If the Monthly Progress Report, Expenditure Report and/or Request for Reimbursement form (A19-1A) are not completed within 60 days of the month when expenditures were incurred, DOH may withhold approval and payment, at its discretion, until the 30th of the month following submittal.
6. Final expenditure projections must be submitted by the 10th of July to allow DOH to appropriately accrue funds to make final payments.
7. The final Monthly Expenditure Report and Request for Reimbursement form must be submitted to DOH no later than 45 days following the end of the contract year in order to assure reimbursement of approved costs.
8. Backup documentation can include, but is not limited to; receipts, invoices, billing records, work orders, positive time and attendance records (timesheets), travel vouchers and accounting expense reports. Backup documentation shall be kept on file by the fiscal agent and made available upon request by DOH.
9. Submission of electronic reports, deliverables, and other invoice attachments are preferred; however hard copies are acceptable.

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

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

#### **H. Special References (RCWs, WACs, etc)**

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

#### **I. Restrictions on Funds**

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

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Subrecipients may not use funds to purchase tobacco prevention curriculum for K-12 schools.
- Subrecipients may not use funds for tobacco compliance check inspections.
- Subrecipients may not use funds to pay for Synar or Federal Drug Administration (FDA) compliance monitoring.
- Subrecipients must direct a minimum of **10%** of the funds for evaluation activities.
- Generally, subrecipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

**DOH Program Contact**

Stacia Wasmundt, Contract Manager  
Youth Tobacco and Vapor Product Prevention Consultant  
Commercial Tobacco Prevention Program  
Office of Healthy and Safe Communities  
Washington State Department of Health  
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243 Israel Road SE, Tumwater, WA 98501  
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**DOH Fiscal Contact**

Shanna Haggerty, Fiscal Consultant  
Prevention and Community Health  
Washington State Department of Health  
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**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

**DOH Program Name or Title:** Division of Emergency Preparedness & Response  
PHEP - Effective July 1, 2020

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

**Contract Number:** CLH18248

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

**Period of Performance:** July 1, 2020 through June 30, 2021

|  |  |   |
|--|--|---|
| <b>Funding Source</b>                                    | <b>Federal Compliance (check if applicable)</b>              | <b>Type of Payment</b>                            |
| <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 establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness and response.

**Revision Purpose:** The purpose of this revision is to extend the period of performance, add the remainder of the annual allocation, add an end-of-year report, revise the budget due date, add a training and exercise task, and remove activities no longer required.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |                     |                     |
| FFY20 PHEP BP2 LHJ Funding              | 93.069 | 333.93.06         | 31102280          | 07/01/20                      | 06/30/21 | 177,207               | 118,138             | 295,345             |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>177,207</b>        | <b>118,138</b>      | <b>295,345</b>      |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame                           | Payment Information and/or Amount  |
|-------------|--|--------------------------------------|--|---|--|
| 1           | Across Domains and Capabilities<br><br>Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports. |                                      | Mid-year report on template provided by DOH.<br><br><i>End-of-year report on template provided by DOH.</i><br><br>Additional reporting may be required if federal requirements change. | December 31, 2020<br><br><i>June 30, 2021</i> | Reimbursement for actual costs not to exceed total funding consideration amount. |
| 2           | Across Domains and Capabilities<br><br>Participate in an evaluation of LHJ response capabilities, upon request from DOH.   |                                      | DOH will maintain documentation of evaluation participation.   | Upon request.                                 |  |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame   | Payment Information and/or Amount |
|-------------|--|--------------------------------------|--|---|-----------------------------------|
| 3           | <p>Across Domains and Capabilities</p> <p>Develop a budget demonstrating how the LHJ plans to spend funds during this period of performance, using a budget template provided by DOH.</p> <p>Note: 20% of the LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.</p>   |                                      | Budget, using template provided by DOH.  | <p><del>September 1, 2020</del></p> <p>Upon request from DOH.</p> |                                   |
| 4           | <p>Across Domains and Capabilities</p> <p>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p>   |                                      | <p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Input provided to DOH upon request from DOH.</p>   | <p>December 31, 2020</p> <p>June 30, 2021</p>                     |                                   |
| 5           | <p>Domain 1 Community Resilience<br/>Capability 1 Community Preparedness</p> <p>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.</p>  |                                      | <p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Documentation of training available upon request.</p>  | <p>December 31, 2020</p> <p>June 30, 2021</p>                     |                                   |
| 6           | <p>Domain 1 Community Resilience<br/>Capability 1 Community Preparedness -<br/>Vulnerable populations</p> <p>6.1 Update and maintain the All Hazards Plan to address vulnerable populations.</p> <p>6.2 Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.</p> |                                      | <p>Mid-year report on template provided by DOH.</p> <p>End-of-year report on template provided by DOH.</p> <p>Updated sections of the All Hazards Plan available upon request.</p> <p>Procedure checklist, job action sheet or other documentation available upon request.</p> | <p>December 31, 2020</p> <p>June 30, 2021</p>                     |                                   |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                                  | Payment Information and/or Amount |
|-------------|---|--------------------------------------|---|--|-----------------------------------|
|             | <p>6.3 Document the primary groups within the LHJ boundaries identified in Centers for Disease Control and Prevention (CDC)'s Social Vulnerability Index to inform public health response planning.</p> <p>Note: Tasks 6.1, 6.2 and 6.3 don't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>   |                                      | Documentation of primary vulnerable population groups available upon request.                                     |  |                                   |
| 7           | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>Based on availability of training, participate in at least one Foundational Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>For some LHJs this training won't be available until the next Statement of Work period, January 1 – June 30, 2021. DOH will work with regions and LHJs to customize and schedule training(s).</li> <li>This is one or more specific trainings coordinated by DOH. DOH will work with LHJ to implement.</li> <li>Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above.</li> </ul> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |



| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame   | Payment Information and/or Amount |
|-------------|---|--------------------------------------|--|---|-----------------------------------|
| 8           | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>Gather and submit data for LHJ performance measure (PM) 2: Percent of public health and medical responders who are trained on their role during a public health response.</p> <p>Note: DOH will provide additional guidance about submitting performance measure data.</p>  |                                      | LHJ performance measure data (PM 2)  | October 30, 2020  |                                   |
| 9           | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>Collaborate with DOH Training &amp; Exercise Working Group to identify and provide training and exercise opportunities to region (this includes facilitating delivery of training/exercises and sharing information about training/exercise opportunities).</p>   |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p>  | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p>  |                                   |
| 10          | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination - Training &amp; Exercise</p> <p>10.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>10.2 Update Regional Training &amp; Exercise Plans with input from LERCs in region.</p> <p>10.3 Complete Training &amp; Exercise Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p> <p><i>10.4 Participate in Integrated Preparedness Planning Workshop unless cancelled.</i></p> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>10.2 Regional Training &amp; Exercise Plans available upon request.</p> <p>10.3 Training &amp; Exercise Planning Workshop Guide. Guide will be provided by DOH.</p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> <p><i>10.3 December 31, 2020</i></p> <p><i>10.4 As requested by DOH.</i></p> |                                   |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                                  | Payment Information and/or Amount |
|-------------|---|--------------------------------------|---|--|-----------------------------------|
| 11          | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> <li>• The process for requesting and receiving resource support</li> <li>• The process for gaining, maintaining and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> <li>○ The functionality of critical public health operations</li> <li>○ The functionality of critical healthcare facilities and the services they provide</li> <li>○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)</li> <li>○ Number of disease cases</li> <li>○ Number of fatalities attributed to an incident</li> <li>○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report</li> <li>○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation</li> </ul> </li> </ul> <p>Notes:</p> <ul style="list-style-type: none"> <li>• This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</li> <li>• The communication drill (15.2) does not meet the requirement for participation in an exercise or real world event.</li> </ul> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>After Action Review(s) and Corrective Action Plan(s) available upon request.</p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                                  | Payment Information and/or Amount |
|-------------|---|--------------------------------------|---|--|-----------------------------------|
| 12          | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP).</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>  |                                      | LHJ performance measure data (PM 3)   | October 30, 2020                                     |                                   |
| 13          | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>“Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area.</li> <li>The target is to mobilize a response within 45 minutes.</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul> |                                      | LHJ performance measure data (PM 1)   | October 30, 2020                                     |                                   |
| 14          | <p>Domain 2 Incident Management<br/>Capability 3 Emergency Operations Coordination</p> <p>14.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving use of emergency response plans and/or incident command structures.</p>  |                                      | <p>Mid-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</p> <p><i>End-of-year report on template provided by DOH. Indicate that this was done or that no response incident occurred.</i></p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                                  | Payment Information and/or Amount |
|-------------|---|--------------------------------------|---|--|-----------------------------------|
|             | 14.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.  |                                      | 14.1 Notification to DOH Duty Officer within 60 minutes of activation.<br><br>14.2 Sitreps submitted to DOH Duty Officer  |  |                                   |
| 15          | <p>Domain 3 Information Management<br/>Capability 4 Emergency Public Information and Warning - Communication</p> <p>15.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on Basecamp.</p> <p>15.2 Participate in <del>at least one risk</del> communication drill offered by DOH <del>between July 1, 2020 and June 30, 2021</del>. Drill will occur via webinar, phone and email. DOH will offer <del>one in July 1 – December 31, 2020 and</del> one <i>drill</i> between January 31 – June 30, 2021.</p> <p>15.3 Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>15.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. <i>If, the real world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date, OR include a summary of communication activities in mid-year and/or end-of year reports and one sample of communication.</i></p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Participation in a real world event may meet the requirement for 15.2, 15.3 and 15.4.</li> </ul> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>15.3 and 15.4 Hotwash or After Action Review (AAR) <i>OR summary of communication activities and one sample.</i></p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></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"> <li>The communication drill doesn't meet the requirement for participation in an exercise or real world event for Activity 11.</li> </ul>   |                                      |   |  |                                   |
| 16          | <p>Domain 3 Information Management<br/>Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>The target is within the first six hours.</li> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>  |                                      | LHJ performance measure data (PM 7)   | October 30, 2020                                     |                                   |
| 17          | <p>Domain 3 Information Management<br/>Capability 6 Information Sharing</p> <p>17.1 Maintain WASECURES as primary notification system.</p> <p><del>17.2 Participate in DOH led notification drills.</del></p> <p><del>17.3 Conduct at least one LHJ drill using LHJ preferred staff notification system.</del></p> <p><del>17.4</del> 17.2 Participate in quarterly DOH-led WASECURES Users Group, provide technical assistance to LHJs in region as needed.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Registered users must log in quarterly at a minimum.</li> <li>DOH will provide technical assistance to LHJs on using WASECURES.</li> <li>LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents.</li> </ul> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></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"> <li>• <del>17.3 doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</del></li> <li>• <del>DOH tracks data for LHJ Performance Measure 6: Percent of successful WASECURES alerts (high or medium level) confirmed within 60 minutes of receipt by LHJ staff</del></li> </ul>   |                                      |  |   |                                   |
| 18          | <p>Domain 3 Information Management<br/>Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>  |                                      | <p>Provide EIs upon request.</p> <p>Note in the mid-year <i>and end-of-year</i> reports that EIs were provided or none were requested.</p>   | <p>Upon request.</p> <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |
| 19          | <p>Domain 4 Countermeasures and Mitigation<br/>Capability 8 Medical Countermeasures Dispensing<br/>Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or Region. Gather input and provide technical assistant to LERCs, as needed.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• MCM plans include number of local distribution sites and number for which a detailed point-to-point distribution plan from RSS to distribution site has been jointly confirmed by LHJ and DOH. (LHJ PM 4)</li> <li>• MCM plans include number of local points of dispensing (PODs) and number for which a detailed point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5)</li> </ul> |                                      | <p>Report progress and/or plans in mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>Updated MCM plans <del>will be</del> due June 30, 2021.</p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></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"> <li>LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan.</li> <li>DOH will provide technical assistance to LHJs on core elements of an MCM plan.</li> <li>LHJ Performance Measure data will be due October 30, 2020. DOH will gather data for PMs 4 and 5.</li> </ul>  |                                      |   |  |                                   |
| 20          | <p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045.</li> <li>LHJ may also conduct a drill or tabletop exercise to exercise plans.</li> <li>This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</li> </ul> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>Logistical Support Plans available upon request.</p>         | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |
| 21          | <p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p> <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>  |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>Responder Safety and Health Plan available upon request.</p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                                  | Payment Information and/or Amount |
|-------------|--|--------------------------------------|---|--|-----------------------------------|
| 22          | <p>Domain 5 Surge Management<br/>Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC)<br/>Participate in:</p> <ul style="list-style-type: none"> <li>- Catchment area meetings, which are held quarterly at Regional Lead jurisdictions, as requested by HCC Lead and deemed appropriate by LHJ.</li> <li>- At least one HCC drill or exercise to include, but not limited to: redundant communications, WATrac, CST, or other drills and exercises to support planning and response efforts.</li> <li>- Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ.</li> <li>- Reviewing HCC plans for alignment with local ESF8 plans.</li> <li>- Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.</li> </ul> <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |
| 23          | <p>Domain 5 Surge Management<br/>Capability 10 Medical Surge</p> <p>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• "Critical Healthcare Facilities" are hospitals, skilled nursing facilities, blood centers, and dialysis centers.</li> </ul>   |                                      | <p>LHJ performance measure data (PM 8)</p>  | <p>October 30, 2020</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"> <li>DOH will provide additional guidance about submitting performance measure data.</li> </ul>   |                                      |  |  |                                   |
| 24  | <p>Domain 5 Surge Management<br/>Capability 10 Medical Surge</p> <p>Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).</p> <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p>   |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>List of facilities and copies of current agreements available upon request.</p> | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |
| 25  | <p>Domain 5 Surge Management<br/>Capability 10 Medical Surge</p> <p>Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum:</p> <ul style="list-style-type: none"> <li>Biohazard/Waste Management</li> <li>Feeding</li> <li>Laundry</li> <li>Communications</li> <li>Sanitation</li> </ul> <p>Note: This task doesn't need to be completed until June 30, 2021. LHJs may begin work in this Statement of Work period, or may opt to do all the work in the next Statement of Work period.</p> |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p> <p>Vendor lists available upon request.</p>  | <p>December 31, 2020</p> <p><i>June 30, 2021</i></p> |                                   |
| <b>Additional activities as requested by the LHJ:</b> |   |                                      |  |  |                                   |
| 27  | <p>Maintain local system to provide information and warnings to community and response partners.</p>  |                                      | <p>Mid-year report on template provided by DOH.</p> <p><i>End-of-year report on template provided by DOH.</i></p>  | <p>December 30, 2020</p> <p><i>June 30, 2021</i></p> |                                   |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame                           | Payment Information and/or Amount |
|-------------|---|--------------------------------------|---|---|-----------------------------------|
| 28          | Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.               |                                      | Mid-year report on template provided by DOH.<br><br><i>End-of-year report on template provided by DOH.</i>  | December 30, 2020<br><br><i>June 30, 2021</i> |                                   |
| 29          | Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson local health jurisdiction websites. |                                      | Mid-year report on template provided by DOH.<br><br><i>End-of-year report on template provided by DOH.</i><br><br>Website screenshots available upon request. | December 30, 2020<br><br><i>June 30, 2021</i> |                                   |
| 30          | Update County Emergency Support Function (ESF) # 8 resource documents.  |                                      | Mid-year report on template provided by DOH.<br><br><i>End-of-year report on template provided by DOH.</i><br><br>ESF #8 documents available upon request.    | December 31, 2020<br><br><i>June 30, 2021</i> |                                   |

**\*For Information Only:**

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

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

**Program Specific Requirements/Narrative**

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

Deliverables are to be submitted to the ConCon deliverables mailbox at [concondeliverables@doh.wa.gov](mailto:concondeliverables@doh.wa.gov), unless otherwise specified.

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

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

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

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

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

Please reference the Code of Federal Regulations:

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

**DOH Program Contact**

Tory Henderson, Contracts and Finance Specialist  
Division of Emergency Preparedness and Response

Department of Health

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**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

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

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

**Contract Number:** CLH18248

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

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

**Period of Performance:** January 20, 2020 through June 30, 2021

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

**Revision Purpose:** The purpose of this revision is to extend out the period of performance from December 31, 2020 to June 30, 2021.

| Chart of Accounts Program Name or Title  | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change None | Total Consideration |
|--|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|-------------|---------------------|
|  |        |                   |                   | Start Date                    | End Date |                       |             |                     |
| HOUS. OPP. FOR PPL W/AIDS CARES COVID-19 | 14.241 | 333.14.24         | 12660205          | 01/20/20                      | 06/30/21 | 15,000                | 0           | 15,000              |
| <b>TOTALS</b>                            |        |                   |                   |                               |          | <b>15,000</b>         | <b>0</b>    | <b>15,000</b>       |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame   | Payment Information and/or Amount  |
|-------------|---|--------------------------------------|--|---|--|
| 1           | <p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</p> |                                      | <p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p> | <p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p> | <p><b>Administrative:</b><br/>\$1,500</p> <p><b>Support Services:</b><br/>\$0</p> <p><b>STRMU:</b><br/>\$13,500</p> <p><b>Permanent Housing Placement:</b> \$0</p> <p><b>Tenant Based Rental Assistance:</b><br/>\$0</p> |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  |  | <p>-Provide or refer eligible clients to supportive services and permanent housing placement when appropriate.</p> <p>-Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10<sup>th</sup> of the month.</p> <p>-Submission of Consolidated Annual Performance Report (CAPER) by August 10.</p> <p>-Submission of Monitor responses by the due date requested.</p> |  | <p><b>Housing Information Services:</b><br/>\$0</p> <p><b>TOTAL: \$15,000</b></p> |
|--|--|--|--|--|---|

**\*For Information Only:**

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

**Special Requirements**

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the 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](http://USASpending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements/Narrative**

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

LHJ shall provide the following inputs:

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

**Compensation and Payment:**

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

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

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

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

E-mail invoices to: [ID.Operations@doh.wa.gov](mailto:ID.Operations@doh.wa.gov)

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

#### **Contract Modifications:**

- (1) **Notice of Change in Services** – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.
- (2) **Contract Amendments – Effective Date** – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

#### **Confidentiality Requirements:**

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

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

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

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

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

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

#### **DOH Program Contact**

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DOH, Infectious Disease HIV Client Services  
PO Box 47841, Olympia, WA 98504-7841  
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[Deborah.Green@doh.wa.gov](mailto:Deborah.Green@doh.wa.gov)

#### **DOH Fiscal Contact**

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DOH, Infectious Disease Operations Unit  
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[Abby.Gilliland@doh.wa.gov](mailto:Abby.Gilliland@doh.wa.gov)

**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

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

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

**Contract Number:** CLH18248

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

**Period of Performance:** July 1, 2020 through June 30, 2021

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

**Statement of Work Purpose:** The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

**Revision Purpose:** The purpose of this revision is to extend the period of performance from December 31, 2020 to June 30, 2021 and extend funding periods and add funding for January-June 2021.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |                     |                     |
| FFY20 RW GRANT YEAR LOCAL (REBATE)      | N/A    | 334.04.98         | 1261850C          | 07/01/20                      | 03/31/21 | 232,292               | 116,146             | 348,438             |
| STATE DRUG USER HEALTH PROGRAM          | N/A    | 334.04.91         | 12405100          | 07/01/20                      | 06/30/21 | 20,000                | 20,000              | 40,000              |
| HIV LOCAL PROVISIO                      | N/A    | 334.04.98         | 12618595          | 07/01/20                      | 06/30/21 | 41,748                | 41,748              | 83,496              |
| ADAP REBATE (LOCAL) 19-21               | N/A    | 334.04.98         | 12618590          | 07/01/20                      | 06/30/21 | 45,864                | 0                   | 45,864              |
| FFY21 RW GRANT YEAR LOCAL (REBATE)      | N/A    | 334.04.98         | 1261851C          | 04/01/21                      | 06/30/21 | 0                     | 116,146             | 116,146             |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>339,904</b>        | <b>294,040</b>      | <b>633,944</b>      |

| Task Number                   | Task/Activity/Description   | Deliverables/Outcomes   | Due Date/Time Frame                         | Payment Information and/or Amount   |
|-------------------------------|---|---|---|---|
| <b>Drug User Health</b>       |   |   |   |   |
| Syringe Service Program (SSP) | <b>Syringe Service Program (SSP):</b><br>To provide comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD). This plan of action is directed to distribute syringes to communities that use drugs to prevent transmission of infectious disease. SSP programs will operate during scheduled hours to provide new harm reduction supplies and syringes to prevent transmission of | Identify and submit annual projections for each of the SSP deliverables.<br><br>Enter deliverable data into database for tracking SSP activities by the 15th of each month following service. | Monthly by the 15th of the following month. | <del>\$20,000</del> <b>\$40,000</b> – MI 12405100 – State Drug User Health<br><br><del>\$20,000</del> <b>\$40,000</b> for 07/01/20- <del>12/31/20</del> <b>06/30/21</b> |

| Task Number                          | Task/Activity/Description  | Deliverables/Outcomes   | Due Date/Time Frame                                 | Payment Information and/or Amount  |
|--------------------------------------|--|---|---|--|
|                                      | disease. SSP will offer referrals to address social determinants of health.  |   |   |  |
| <b>HIV Community Services - Care</b> |  |   |   |  |
| Outreach Services – Peer Navigation  | <p>Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services.</p> <p>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.</p>  | Agency must enter data into the approved DOH data system for each consumer receiving Outreach Services within 48 business hours from the time of Client Intake.   | Agency must adhere to DOH ID Reporting Requirements | <p><del>\$41,748</del> <del>\$83,496</del> – MI 12618595 – Local Proviso</p> <p><del>\$41,748</del> <del>\$83,496</del> for 07/01/20-12/31/20 06/30/21</p>   |
| Case Management                      | <p>Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.</p> | <p>Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.</p> <p>Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client</p> <p>Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.</p> <p>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.</p> | Agency must adhere to DOH ID Reporting Requirements | <p><del>\$218,281</del> <del>\$327,421</del> – MI 1261850C – Local Rebates</p> <p><del>\$218,281</del> <del>\$327,421</del> for 07/01/20-12/31/20 03/31/21</p> <p><del>\$109,141</del> – MI 1261851C – Local Rebates</p> <p><del>\$109,141</del> for 04/01/21-06/30/21</p> |



| Task Number            | Task/Activity/Description  | Deliverables/Outcomes  | Due Date/Time Frame  | Payment Information and/or Amount   |
|------------------------|--|--|--|---|
| Medical Transportation | Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by: 1) providers of transportation services; 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed; 4) voucher or token systems.   | Agency must track and report within the DOH-approved data system any and all activity related to this Service Category.<br><br>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid. | Agency must adhere to DOH ID Reporting Requirements  | <del>\$2,250</del> <b>\$3,375 – MI 1261850C – Local Rebates</b><br><br><del>\$2,250</del> <b>\$3,375</b> for 07/01/20-12/31/20 03/31/21<br><br><b>\$1,125 – MI 1261851C – Local Rebates</b><br><br><b>\$1,125</b> for 04/01/21-06/30/21   |
| Food Bank              | Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).   | Agency must track and report within the DOH-approved data system any and all activity related to this Service Category.<br><br>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid. | Agency must adhere to DOH ID Reporting Requirements  | <del>\$7,486</del> <b>\$11,229 – MI 1261850C – Local Rebates</b><br><br><del>\$7,486</del> <b>\$11,229</b> for 07/01/20-12/31/20 03/31/21<br><br><b>\$3,743 – MI 1261851C – Local Rebates</b><br><br><b>\$3,743</b> for 04/01/21-06/30/21 |
| Housing                | Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment. | Agency must track and report within the DOH approved data system any and all activity related to this Service Category<br><br>Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.  | Agency must adhere to DOH ID Reporting Requirements  | <del>\$4,275</del> <b>\$6,413 – MI 1261850C – Local Rebates</b><br><br><del>\$4,275</del> <b>\$6,413</b> for 07/01/20-12/31/20 03/31/21<br><br><b>\$2,137 – MI 1261851C – Local Rebates</b><br><br><b>\$2,137</b> for 04/01/21-06/30/21   |
| Space and Staff        | LJH will provide necessary clinic space to accommodate the provision of medical care to HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center; Registered Nurse to assist physician and administrative support staff to assist with project   | LHJ shall inform prospective patients of available medical care through notification by HIV case managers and other announcements as determined by Harborview Medical Center and the LHJ.  | Annual Narrative Report describing successes/challenges, suggestions for changes/improvements due June 30, 2020. | <b>\$45,864 – MI 12618590 – Rebates</b><br><br><b>\$45,864</b> for 07/01/20-12/31/20  |

**\*For Information Only:**

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

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

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

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

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

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

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

**6. HIV and STD Testing Services**

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

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

- a. PAHR Services programs must follow FY21 PAHR Services Implementation Guidelines.
- b. All PAHR Services data should be tracked through Provide unless written exception is approved.

- c. Minimum PAHR Services data elements should be collected by all agencies funded to provide PAHR Services. These data elements may be referenced in FY21 PAHR Services Implementation Guidelines.

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

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

Capacity building is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently. It allows individuals and organizations to perform at a greater capacity.

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

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

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

a. **Fiscal Guidance**

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, ~~2020~~2021. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
- ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
- iii) **Submission of Invoice Vouchers** – On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25<sup>th</sup> of the following month.**
- iv) **Advance Payments Prohibited** – Reference the HCS Manual for more information.
- v) **Payer of Last Resort** – Reference the HCS Manual for more information.
- vi) **Cost of Services** – Reference the HCS Manual for more information.
- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR’s providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) **Funds for Needle Exchange Programs Not Allowed** – CONTRACTOR shall not expend contract funds to support needle exchange programs using funds from HIV Community Services Tasks.
- x) **Supervision** - Under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

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

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

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

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

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

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

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

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

Food for staff meetings/trainings is not allowable.

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

b. **Contract Modifications**

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

c. **Subcontracting**

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

**d. Written Agreements**

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

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

Technical assistance is available through DOH.

**13. Material Review and Website Disclaimer Notice**

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

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

Michael Barnes, Washington State Department of Health  
PO Box 47841, Olympia, WA 98504-7841  
Phone: (360) 236-3579/Fax: (360) 664-2216  
Email: [Michael.Barnes@doh.wa.gov](mailto:Michael.Barnes@doh.wa.gov)
- b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub-contractors). Such notice must consist of language similar to the following: "This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website."

**14. Youth and Peer Outreach Workers**

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

**15. Confidentiality Requirements** – Reference the HCS Manual for more information.**16. Whistleblower**

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

**17. Allowable Costs**

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

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

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

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

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

**DOH Program Contact, PLWH**

Chris Wukasch  
DOH, HIV Client Services  
PO Box 47841, Olympia, WA 98504-7841  
360-236-3429/Fax: 360-664-2216  
[Chris.Wukasch@doh.wa.gov](mailto:Chris.Wukasch@doh.wa.gov)

**DOH Program Contact, SSP**

~~Emalie Huriaux~~ *Tim Candela*  
DOH, Infectious Disease Prevention  
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~~Emalie.Huriaux@doh.wa.gov~~  
*Timothy.Candela@doh.wa.gov*

**DOH Fiscal Contact**

Abby Gilliland  
DOH, Infectious Disease Operations Unit  
PO Box 47840, Olympia, WA 98504-7841  
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[Abby.Gilliland@doh.wa.gov](mailto:Abby.Gilliland@doh.wa.gov)

**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

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

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

**Contract Number:** CLH18248

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

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

**Period of Performance:** March 1, 2019 through September 29, 2021

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

**Revision Purpose:** The purpose of this revision is to extend the period of performance from December 31, 2020 to September 29, 2021, change the end date for FFY19 from 12/31/20 to 09/29/20, and add funding and due dates for Year 3-FFY20 activities.

| 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 PHYS ACTVTY & NUTRITION PROG      | 93.439 | 333.93.43         | 77440248          | 03/01/19                      | 09/29/19 | 60,000                | 0                   | 60,000              |
| FFY19 PHYS ACTVTY & NUTRITION PROG      | 93.439 | 333.93.43         | 77440239          | 09/30/19                      | 09/29/20 | 60,000                | 0                   | 60,000              |
| FFY20 PHYS ACTVTY & NUTRITION PROG      | 93.439 | 333.93.43         | 77440240          | 09/30/20                      | 09/29/21 | 0                     | 60,000              | 60,000              |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>120,000</b>        | <b>60,000</b>       | <b>180,000</b>      |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame   | Payment Information and/or Amount  |
|-------------|---|--------------------------------------|--|---|--|
| 1a          | PROGRAM ADMINISTRATION:<br>Participate in calls, at a minimum of once every month, with DOH contract manager. Dates and time for calls are mutually agreed upon between DOH and Kitsap Public Health District (KPHD). |                                      | Designated KPHD staff will participate in contract management calls.     | March 1, 2019 - <del>December 31, 2020</del><br><i>September 29, 2021</i> | Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements. |
| 1b          | PROGRAM ADMINISTRATION:<br>Participate in DOH-sponsored LSPAN related quarterly conference calls and/or webinars, including up to one (1) in-person meeting.  |                                      | Designated KPHD staff will participate in calls, webinars, and meetings. | March 1, 2019 - <del>December 31, 2020</del><br><i>September 29, 2021</i> | Reimbursement for actual costs, not to exceed total contract funding. See                                |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame  | Payment Information and/or Amount  |
|-------------|--|--------------------------------------|--|--|--|
|             |  |                                      |  |  | Program Specific Requirements.   |
| 1c          | PROGRAM ADMINISTRATION:<br>Perform administrative duties related to LSPAN. |                                      | Quarterly progress reports to DOH via SharePoint site or email | <p><b>Year 1-FFY18:</b><br/>April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p><b>Year 2-FFY19:</b><br/>January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p><b>Year 3-FFY20:</b><br/>January 15, 2021 (covering September 30, 2020-December 30, 2020)</p> <p><i>April 15, 2021 (covering December 31, 2020-March 30, 2021)</i></p> <p><i>July 15, 2021 (covering March 31, 2021-June 29, 2021)</i></p> <p><i>October 15, 2021 (covering June 30, 2021- September 29, 2021)</i></p> | Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements. |



| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame  | Payment Information and/or Amount  |
|-------------|---|--------------------------------------|--|--|--|
| 2a          | PROGRAM IMPLEMENTATION:<br>Finalize Work Plan and Budget Workbook using DOH-provided templates.   |                                      | Submit Work Plan to DOH<br>Program Contact via email           | Draft due:<br>Year 1-FFY18: March 15, 2019<br>Year 2-FFY19: July 3, 2020<br><i>Year 3-FFY20: March 26, 2021</i><br><br>Final due:<br>Year 1-FFY18: March 29, 2019<br>Year 2-FFY19: July 10, 2020<br><i>Year 3-FFY20: July 9, 2021</i>  | Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements. |
| 2b          | PROGRAM IMPLEMENTATION:<br>Implement finalized community work plan focused on LSPAN that include:<br>- Addressing at least two (2) state strategies required by this grant funding.<br>- Achieving policy, systems, or environmental changes consistent with the strategies.<br>- Identifying and reaching populations with health disparities. |                                      | Quarterly progress reports to DOH via SharePoint site or email | <b>Year 1-FFY18:</b><br>July 15, 2019 (covering March 31, 2019-June 29, 2019)<br><br>October 15, 2019 (covering June 30, 2019-September 29, 2019)<br><br><b>Year 2-FFY19:</b><br>January 15, 2020 (covering September 30, 2019-December 30, 2019)<br><br>April 15, 2020 (covering December 31, 2019-March 30, 2020)<br><br>July 15, 2020 (covering March 31, 2020-June 29, 2020)<br><br>October 15, 2020 (covering June 30, 2020- September 29, 2020)<br><br><b>Year 3-FFY20:</b><br>January 15, 2021 (covering September 30, 2020-December 30, 2020)<br><br><i>April 15, 2021 (covering December 31, 2020-March 30, 2021)</i><br><br><i>July 15, 2021 (covering March 31, 2021-June 29, 2021)</i> | Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements. |

| Task Number | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes                                      | Due Date/Time Frame   | Payment Information and/or Amount  |
|-------------|---|--------------------------------------|--|---|--|
|             |   |                                      |  | <i>October 15, 2021 (covering June 30, 2021- September 29, 2021)</i>  |  |
| 2c          | PROGRAM IMPLEMENTATION:<br>Report quarterly expenditures using DOH-provided template. |                                      | Report quarterly expenditures using DOH-provided template. | <p><b>Year 1-FFY18:</b><br/> April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p> <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p><b>Year 2-FFY19:</b><br/> January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p><b>Year 3-FFY20:</b><br/> January 15, 2021 (covering September 30, 2020-December 30, 2020)</p> <p><i>April 15, 2021 (covering December 31, 2020-March 30, 2021)</i></p> <p><i>July 15, 2021 (covering March 31, 2021-June 29, 2021)</i></p> <p><i>October 15, 2021 (covering June 30, 2021- September 29, 2021)</i></p> | Reimbursement for actual costs, not to exceed total contract funding. See Program Specific Requirements. |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame  | Payment Information and/or Amount  |
|-------------|--|--------------------------------------|---|--|--|
| 2d          | <p>PROGRAM COMMUNICATION:<br/>Inform partners and public about program successes and related best practices, including social media posts and publication.</p> <p>Write a success story related to LSPAN projects.</p> |                                      | <p>Provide copies of any relevant communication products with quarterly progress reports to DOH via SharePoint site or email</p> <p>One success story using DOH-provided template</p> | <p><b>Year 2-FFY19</b><br/>January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p><b>Year 3-FFY20:</b><br/>January 15, 2021 (covering September 30, 2020-December 30, 2020)</p> <p><i>April 15, 2021 (covering December 31, 2020-March 30, 2021)</i></p> <p><i>July 15, 2021 (covering March 31, 2021-June 29, 2021)</i></p> <p><i>October 15, 2021 (covering June 30, 2021- September 29, 2021)</i></p> <p><b>Year 2-FFY19:</b><br/>Draft due by August 30, 2020<br/>Final due by October 15, 2020</p> <p><b>Year 3-FFY20:</b><br/><i>Draft due: June 30, 2021</i><br/><i>Final due: July 30, 2021</i></p> | <p>Reimbursement for actual costs, not to exceed total contract funding.</p> |
| 3           | <p>PROGRAM EVALUATION:<br/>Participate in performance measure data collection and program evaluation activities in collaboration with DOH.</p>   |                                      | <p>Quarterly progress reports to DOH via SharePoint site or email</p>   | <p><b>Year 1-FFY18:</b><br/>April 15, 2019 (covering March 1, 2019-March 30, 2019)</p> <p>July 15, 2019 (covering March 31, 2019-June 29, 2019)</p>  | <p>Reimbursement for actual costs, not to exceed total contract funding.</p> |

| Task Number | Task/Activity/Description | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame  | Payment Information and/or Amount |
|-------------|---------------------------|--------------------------------------|-----------------------|--|-----------------------------------|
|             |                           |                                      |                       | <p>October 15, 2019 (covering June 30, 2019-September 29, 2019)</p> <p><b>Year 2-FFY19:</b><br/> January 15, 2020 (covering September 30, 2019-December 30, 2019)</p> <p>April 15, 2020 (covering December 31, 2019-March 30, 2020)</p> <p>July 15, 2020 (covering March 31, 2020-June 29, 2020)</p> <p>October 15, 2020 (covering June 30, 2020- September 29, 2020)</p> <p><b>Year 3-FFY20:</b><br/> January 15, 2021 (covering September 30, 2020-December 30, 2020)</p> <p><i>April 15, 2021 (covering December 31, 2020-March 30, 2021)</i></p> <p><i>July 15, 2021 (covering March 31, 2021-June 29, 2021)</i></p> <p><i>October 15, 2021 (covering June 30, 2021- September 29, 2021)</i></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/M Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at:

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

**Program Specific Requirements/Narrative**

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

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

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

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

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

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

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

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

AND

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

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

**Monitoring Visits (frequency, type)**

- In-person site visits at least once a year

**Special Billing Requirements**

- Must use the budget workbook supplied by the program

**DOH Program Contact**

Amy Ellings, Healthy Eating Active Living Program Manager  
Washington State Department of Health  
PO Box 47848  
Olympia, WA 98504  
360-236-3754 (desk) / 360-480-1164 (mobile)  
[Amy.Ellings@doh.wa.gov](mailto:Amy.Ellings@doh.wa.gov)

**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

**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:** Revision      **Revision # (for this SOW)** 4

**Period of Performance:** January 1, 2018 through September 30, 2021

|  |  |   |
|--|--|---|
| <b>Funding Source</b>                                    | <b>Federal Compliance (check if applicable)</b>              | <b>Type of Payment</b>                            |
| <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 support local interventions that impact the target population of the Maternal and Child Health Block Grant.

**Revision Purpose:** The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding from September 30, 2020 to September 30, 2021 for continuation of MCHBG-related activities.

| 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 | 119,891               | 0                   | 119,891             |
| FFY19 MCHBG LHJ CONTRACTS               | 93.994 | 333.93.99         | 78120291          | 10/01/18                      | 09/30/19 | 159,854               | 0                   | 159,854             |
| FFY20 MCHBG LHJ CONTRACTS               | 93.994 | 333.93.99         | 78120292          | 10/01/19                      | 09/30/20 | 159,854               | 0                   | 159,854             |
| FFY21 MCHBG LHJ CONTRACTS               | 93.994 | 333.93.99         | 78120293          | 10/01/20                      | 09/30/21 | 0                     | 159,854             | 159,854             |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>439,599</b>        | <b>159,854</b>      | <b>599,453</b>      |

| Task Number   | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame  | Payment Information and/or Amount  |
|---|---|--------------------------------------|--|--|--|
| <b>Maternal and Child Health Block Grant (MCHBG) Administration</b> |   |                                      |  |  |  |
| 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<br>September 30, 2019<br>September 30, 2020 | Reimbursement for actual costs, not to exceed total funding consideration. |
| 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   | Action Plan and Progress Reports must only reflect                         |

| <b>Task Number</b> | <b>Task/Activity/Description</b>  | <b>*May Support PHAB Standards/Measures</b> | <b>Deliverables/Outcomes</b>  | <b>Due Date/Time Frame</b> | <b>Payment Information and/or Amount</b>   |
|--------------------|---|---|---|----------------------------|--|
| 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          | activities paid for with funds provided in this statement of work for the specified funding period.<br><br>See Program Specific Requirements and Special Billing Requirements. |
| 1d                 | Report actual expenditures for October 1, 2018 through March 31, 2019   |   | Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager. | May 24, 2019               |  |
| 1e                 | Develop 2019-2020 MCHBG Budget Workbook for October 1, 2019 through September 30, 2020 using DOH provided template. |   | Submit MCHBG Budget Workbook to DOH contract manager                                | September 5, 2019          |  |
| 1f                 | Report actual expenditures for October 1, 2017 through September 30, 2018   |   | Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager. | November 30, 2018          |  |
| 1g                 | Participate in DOH sponsored MCHBG fall regional meeting.   |   | Designated LHJ staff will attend regional meeting.                                  | September 30, 2020         |  |
| 1h                 | Report actual expenditures for October 1, 2018 through September 30, 2019   |   | Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager. | December 6, 2019           |  |
| 1i                 | Develop 2020-2021 MCHBG Budget Workbook for October 1, 2020 through September 30, 2021 using DOH provided template. |   | Submit MCHBG Budget Workbook to DOH contract manager                                | September 6, 2020          |  |
| 1j                 | Report actual expenditures for the six month period from October 1, 2019 through March 31, 2020                     |   | Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager. | May 22, 2020               |  |



| Task Number                            | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes   | Due Date/Time Frame   | Payment Information and/or Amount  |
|--|--|--------------------------------------|---|---|--|
| <i>1k</i>                              | <i>Report actual expenditures for October 1, 2019 through September 30, 2020</i>   |                                      | <i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager</i>     | <i>December 4, 2020</i>   |  |
| <i>1l</i>                              | <i>Report actual expenditures for the six month period from October 1, 2020 through March 31, 2021.</i>                    |                                      | <i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>    | <i>May 21, 2021</i>   |  |
| <i>1m</i>                              | <i>Develop 2021-2022 MCHBG Budget Workbook for October 1, 2021 through September 30, 2022 using DOH provided template.</i> |                                      | <i>Submit MCHBG Budget Workbook to DOH contract manager</i>                                   | <i>September 10, 2021</i>   |  |
| <b>MCHBG Assessment and Evaluation</b> |  |                                      |   |   |  |
| 2a                                     | Participate in project evaluation activities developed and coordinated by DOH, as requested.                               |                                      | Documentation using report template provided by DOH   | September 30, 2018<br>September 30, 2019<br>September 30, 2020<br><i>September 30, 2021</i> | Reimbursement for actual costs, not to exceed total funding consideration. |
| 2b                                     | Report program level strategy measure data (CSHCN, UDS, ACEs).   |                                      | Documentation using report template provided by DOH   | January 15, 2018<br>April 15, 2018<br>July 15, 2018<br>October 15, 2018                     | See Program Specific Requirements and Special Billing Requirements.        |
| 2c                                     | Conduct a Maternal and Child Health (MCH) Needs Assessment.  |                                      | Submit Needs Assessment documentation to DOH contract manager using templates provided by DOH | May 24, 2019  |  |
| 2d                                     | Explore health equity approaches to maternal and child health and develop implementation plan                              |                                      | Include health equity plan in 2020-2021 MCHBG Action Plan using DOH- provided template.       | Draft August 16, 2020<br>Final September 6, 2020  |  |
| <b>MCHBG Implementation</b>            |  |                                      |   |   |  |
| 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<br>Final- September 5, 2018   | Reimbursement for actual costs, not to exceed total funding consideration. |
| 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 <sup>th</sup> of the following month                           | Action Plan and Progress Reports   |

| Task Number   | Task/Activity/Description   | *May Support PHAB Standards/Measures | Deliverables/Outcomes  | Due Date/Time Frame  | Payment Information and/or Amount   |
|---|---|--------------------------------------|--|--|---|
| 3c  | Develop 2019-2020 MCHBG Action Plan for October 1, 2019 through September 30, 2020 using DOH-provided template.   |                                      | Submit MCHBG Action Plan to DOH contract manager   | Draft August 17, 2019<br>Final- September 5, 2019  | must only reflect activities paid for with funds provided in this statement of work for the specified funding period.<br><br>See Program Specific Requirements and Special Billing Requirements.  |
| 3d  | Report activities and outcomes of 2018-2019 MCHBG Action Plan using DOH- provided template.   |                                      | Submit Action Plan monthly reports to DOH contract manager   | Monthly, on or before the 15 <sup>th</sup> of the following month  |   |
| 3e  | Develop 2020-2021 MCHBG Action Plan for October 1, 2020 through September 30, 2021 using DOH-provided template.   |                                      | Submit MCHBG Action Plan to DOH contract manager   | Draft August 16, 2020<br>Final September 6, 2020   |   |
| 3f  | Report activities and outcomes of 2019-2020 MCHBG Action Plan using DOH- provided template.   |                                      | Submit Action Plan monthly reports to DOH contract manager   | Monthly, on or before the 15 <sup>th</sup> of the following month  |   |
| 3g  | <i>Report activities and outcomes of 2020-21 MCHBG Action Plan using DOH-Provided template.</i>   |                                      | <i>Submit Action Plan reports to DOH contract manager</i>  | <i>October 15, 2020<br/>January 15, 2021<br/>April 15, 2021<br/>July 15, 2021</i>  |   |
| 3h  | <i>Develop 2021-2022 MCHBG Action Plan for October 1, 2021 through September 30, 2022 using DOH-Provided template.</i>  |                                      | <i>Submit MCHBG Action Plan to DOH contract manager</i>  | <i>Draft August 20, 2021<br/>Final September 10, 2021</i>  |   |
| <b>Children and Youth with Special Health Care Needs (CYSHCN)</b> |   |                                      |  |  |   |
| 4a  | Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program <i>Manual guidance</i> .<br>Ensure client data is collected on all children served by CYSHCN contractors, <del>including neurodevelopmental centers</del> , regional maxillofacial coordinators, and the DOH Newborn Screening Program. |                                      | Submit CHIF data into Secure <del>File Transport (SFT)</del> Access Washington website: <a href="https://sft.wa.gov">https://sft.wa.gov</a><br><a href="https://secureaccess.wa.gov">https://secureaccess.wa.gov</a> | January 15, 2018<br>April 15, 2018<br>July 15, 2018<br>October 15, 2018<br>January 15, 2019<br>April 15, 2019<br>July 15, 2019<br>October 15, 2019<br>January 15, 2020<br>April 15, 2020<br>July 15, 2020<br><i>October 15, 2020<br/>January 15, 2021<br/>April 15, 2021<br/>July 15, 2021</i> | Reimbursement for actual costs, not to exceed total funding consideration.<br>Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.<br><br>See Program Specific Requirements and Special Billing Requirements. |
| 4b  | <i>Administer requested DOH Diagnostic and Treatment funds for infants and children per CYSHCN Program Manual when funds are used.</i><br><br><i>Identify unmet needs for CYSHCN on Medicaid, and refer to DOH CYSHCN Program for</i>   |                                      | Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.   | 30 days after forms are completed.   |   |

| Task Number | Task/Activity/Description  | *May Support PHAB Standards/Measures | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|-------------|--|--------------------------------------|-----------------------|---------------------|-----------------------------------|
|             | <i>approval to access Diagnostic and Treatment funds to meet the need.</i> |                                      |                       |                     |                                   |

**\*For Information Only:**

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

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

**Program Specific Requirements/Narrative****Special Requirements****Federal Funding Accountability and Transparency Act (FFATA)**

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

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

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**Program Manual, Handbook, Policy References**

Children and Youth with Special Health Care Needs Manual -

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

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, as needed.~~

#### **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~~ *quarterly* by the 30th of each month following the ~~month~~ *quarter* 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.

#### **Special Instructions**

Contact DOH contract manager below for approval of expenses not reflected in approved budget workbook.

*MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:*

- *Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.*
- *Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.*
- *Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.*
- *Partnering with parent networks and health care providers to provide accurate and reliable information to all families.*
- *Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness*

*Restrictions listed above continue to apply.*

#### **DOH Program Contact**

Kara Seaman, Community Consultant  
Office of Family and Community Health Improvement  
Washington State Department of Health  
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**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

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

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

**Contract Number:** CLH18248

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

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

**Period of Performance:** July 1, 2020 through June 30, 2021

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

**Revision Purpose:** The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 06/30/21 and add funding.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |                     |                     |
| FFY21 PPHF Ops                          | 93.268 | 333.93.26         | 74310206          | 07/01/20                      | 06/30/21 | 1,250                 | 1,250               | 2,500               |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>1,250</b>          | <b>1,250</b>        | <b>2,500</b>        |

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

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

**\*For Information Only:**

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

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

**Program Specific Requirements/Narrative**

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

**Special Requirements**

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

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

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

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

**DOH Contract Manager**

Tawney Harper, MPA  
 Deputy Director | Operations Manager  
 Office of Immunization and Child Profile  
 Department of Health  
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**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

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

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

**Contract Number:** CLH18248

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

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

**Period of Performance:** July 1, 2020 through June 30, 2021

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

**Revision Purpose:** The purpose of this revision is to extend the period of performance and funding from 12/31/20 to 06/30/21 and add funding.

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |                     |                     |
| FFY21 VFC IQIP                          | 93.268 | 333.93.26         | 74310204          | 07/01/20                      | 06/30/21 | 21,000                | 21,000              | 42,000              |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>21,000</b>         | <b>21,000</b>       | <b>42,000</b>       |

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

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



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

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

**\*For Information Only:**

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

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

**Program Specific Requirements/Narrative**

This section is for program specific information not included elsewhere.

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

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

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

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

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

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

**Program Manual, Handbook, Policy References**

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

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

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

**Staffing Requirements**

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

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

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

**Definitions/Acronyms**

AFIX - Assessment, Feedback, Incentive, and Exchange  
CDC – Centers for Disease Control and Prevention  
CVP – Childhood Vaccine Program  
IQIP - Immunization Quality Improvement for Providers  
OICP – Office of Immunization and Child Profile  
PEAR - Provider Education, Assessment, and Reporting  
VFC – Vaccines for Children Program

**DOH Program Contact**

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**Exhibit A  
Statement of Work  
Contract Term: 2018-2021**

**DOH Program Name or Title:** Supplemental Nutrition Assistance Program-  
Education - Effective October 1, 2020

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

**Contract Number:** CLH18248

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

**Period of Performance:** October 1, 2020 through September 30, 2021

|  |  |   |
|--|--|---|
| <b>Funding Source</b>                                    | <b>Federal Compliance (check if applicable)</b>              | <b>Type of Payment</b>                            |
| <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 Supplemental Nutrition Assistance Program-Education (SNAP-Ed) to improve the likelihood that persons eligible for SNAP (Basic Food, Food Stamps) will make healthy food choices within a limited budget and choose active lifestyles consistent with the current USDA dietary guidelines.

**Revision Purpose:** N/A

| Chart of Accounts Program Name or Title | CFDA # | BARS Revenue Code | Master Index Code | Funding Period (LHJ Use Only) |          | Current Consideration | Change Increase (+) | Total Consideration |
|---|--------|-------------------|-------------------|-------------------------------|----------|-----------------------|---------------------|---------------------|
|   |        |                   |                   | Start Date                    | End Date |                       |                     |                     |
| FFY21 IAR SNAP ED PROG MGNT-REGION 5    | 10.561 | 333.10.56         | 76701915          | 10/01/20                      | 09/30/21 | 0                     | 97,864              | 97,864              |
| <b>TOTALS</b>                           |        |                   |                   |                               |          | <b>0</b>              | <b>97,864</b>       | <b>97,864</b>       |

| Task Number | Task/Activity/Description   | Deliverables/Outcomes   | Measure (where applicable)  | FFY21 Due Date/Time Frame   | Payment Information and/or Amount  |
|-------------|---|---|---|---|--|
| 1.0         | <b>Project Planning, Implementation, and Performance</b><br><br>For SNAP-Ed, the Subrecipient will develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient’s project work plan approved by Department of Health (DOH). | <ul style="list-style-type: none"> <li>Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences.</li> <li>On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan.</li> <li>Satisfactory progress towards State SNAP-Ed project goal(s) selected by Subrecipient is demonstrated and reported.</li> <li>Satisfactory progress towards project objective(s) and additional project goal(s)</li> </ul> | <p>Sites and audiences included in Project by Subrecipient documented as approved eligible sites or audiences.</p> <p>Documented complete reporting by Subrecipient of the delivery, implementation, and evaluation of approved Project activities in the required PEARS online reporting modules, where relevant to Project (Program Activities, PSE</p> | <p><u>For the Period:</u><br/>10/01/20 to 09/30/21</p> <p><b>Due:</b> per the approved work plan and per the required due dates during the federal fiscal year, and no later than 09/30/21.</p> | <p>Reimbursement upon on-time receipt and approval of acceptable deliverables/ outcomes for the funding period will not exceed <b>\$97,864. Kitsap Public Health District</b> 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  | Deliverables/Outcomes   | Measure (where applicable)  | FFY21 Due Date/Time Frame   | Payment Information and/or Amount  |
|-------------|--|---|---|---|--|
|             |  | <p>determined by Subrecipient is demonstrated and reported.</p> <ul style="list-style-type: none"> <li>Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.</li> </ul>   | <p>Site Activities, Indirect Activities, Coalitions, Partnerships, and Success Stories).</p> <p>Documented complete reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports.</p> <p>Cost per reach reported by Subrecipient in approved form/system provided by DOH.</p>  |   | <p><b>**NOTE:</b> The DOH SNAP-Ed program will deny payment for any costs not submitted by the required due dates without prior DOH approval in writing.</p> |
| 1.1         | <p><b>Project Progress: Monitoring and Compliance</b></p> <p>For SNAP-Ed, the Subrecipient will demonstrate satisfactory progress of the approved Project as documented in DOH SNAP-Ed progress reports, progress reviews, and project and fiscal monitoring reports.</p> <p>Monitoring of Subrecipient Project progress includes but is not limited to the following activities:</p> <ol style="list-style-type: none"> <li>one-on-one progress reviews with DOH,</li> <li>progress reports submitted to DOH,</li> <li>project monitoring completed with DOH or DSHS or USDA, and</li> <li>project monitoring site visits completed by SNAP-Ed statewide initiative teams.</li> </ol> | <ol style="list-style-type: none"> <li>On-time delivery of proposed list of Project site(s) or audience(s) to DOH.</li> <li>All sites and/or audiences are determined to be eligible per current SNAP-Ed eligibility guidance before programming begins with site(s) or audience(s).</li> <li>Demographic data of class participants collected and reported for all direct education strategies.</li> <li>On-time reporting of actual participant reach to DOH in approved method/form.</li> <li>Intervention strategies implemented as planned, or using approved alternate strategies.</li> <li>Approved evaluation plans and methods implemented for the project (e.g. pre and post surveys for direct education; PSE assessments).</li> </ol> | <p><b>Progress reviews</b> – documentation of one-on-one meeting(s) with DOH SNAP-Ed staff person(s) and Subrecipient completed in person, web conference, phone, or via email as needed. Documentation of progress review notes.</p> <p><b>Project monitoring</b> – documentation of one-on-one meeting(s) with DOH SNAP-Ed staff person(s), Subrecipient, other SNAP-Ed funded staff, and community partners and/or participants completed in person, web conference, phone, or via email as needed. Completion of on-site program observations where applicable. Completion of project</p> | <p><u>For the Period:</u><br/>10/01/20 to 09/30/21</p> <p><b>Due: Progress reviews.</b> Occur at minimum quarterly within the fiscal year, and no later than 30 business days after the end of the federal fiscal quarter, except for the last quarter which must be completed by 09/30/21. Progress reviews can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties. Federal quarters listed below:<br/>Q1: Oct 1 – Dec 31<br/>Q2: Jan 1 – Mar 31<br/>Q3: Apr 1 – June 30<br/>Q4: July 1 – Sep 30</p> | <p>See payment information as referenced in task number 1.0</p>  |

| Task Number | Task/Activity/Description  | Deliverables/Outcomes   | Measure (where applicable)   | FFY21 Due Date/Time Frame   | Payment Information and/or Amount |
|-------------|--|---|--|---|-----------------------------------|
|             | <p>Satisfactory progress of the Subrecipient’s Project includes progress shown in the following areas and documented in reporting and/or monitoring completed:</p> <ol style="list-style-type: none"> <li>1. Progress demonstrated in achieving goal(s) outlined in the project.</li> <li>2. Progress demonstrated in achieving objective(s) outlined in the project’s interventions.</li> <li>3. Progress demonstrated in creating a sustainable project.</li> <li>4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation.</li> <li>5. Progress demonstrated in working with DSHS community services offices (CSOs).</li> <li>6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients.</li> <li>7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable.</li> <li>8. Compliance with current SNAP-Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance).</li> </ol> | <ol style="list-style-type: none"> <li>7. Evaluation results used to report progress and outcomes of project, and to adapt the project as needed.</li> <li>8. Evidence of positive change or improvement in SNAP-Ed eligible site(s) or audience(s) based on project activities is demonstrated and reported.</li> <li>9. If positive change or improvement in SNAP-Ed eligible site(s) or audience(s) not apparent, project must demonstrate acceptable implementation of approved interventions and strategies and use results of process evaluation to improve project plan so that positive change in SNAP-Ed eligible site(s) or audience(s) can occur.</li> <li>10. Strategy for working with one or more CSOs implemented and demonstrated to increase knowledge, awareness, or participation in SNAP-Ed eligible audience.</li> <li>11. Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) implemented and demonstrated to increase knowledge, awareness, or participation of program(s) in SNAP-Ed eligible audience.</li> <li>12. <b>Direct education strategies only:</b> Statewide SNAP-Ed Curriculum team or DOH monitoring reviews show education delivered with fidelity, with no major</li> </ol> | <p>monitoring report forms, with monitoring results documented and provided to Subrecipient.</p> <p><b>Fiscal monitoring</b> – documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit, with corresponding reports where applicable. Fiscal monitoring completed in person, web conference, phone, or via email as needed.</p> | <p><b>Due: Project monitoring.</b> Occurs at minimum once within the fiscal year. If project monitoring documents major deficiencies or corrective action, the Subrecipient will be monitored again within the fiscal year. Project monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p> <p><b>Due: Fiscal monitoring.</b> Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p> |                                   |

| Task Number | Task/Activity/Description  | Deliverables/Outcomes   | Measure (where applicable)  | FFY21 Due Date/Time Frame   | Payment Information and/or Amount                               |
|-------------|--|---|---|---|---|
|             |  | <p>deficiencies. If major deficiencies documented, corrected properly within timeline required.</p> <p>13. Compliance maintained with current SNAP-Ed financial and cost policy guidance, 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance), and related DOH SNAP-Ed fiscal policy and procedures.</p>   |   |   |   |
| 2.0         | <p><b>Evaluation Data and Reports</b></p> <p>For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the project and outcomes, using an approved form/system on a regular basis that will at a minimum include:</p> <ol style="list-style-type: none"> <li>1. Progress reports</li> <li>2. Reporting in PEARS online reporting system of all SNAP-Ed activities</li> </ol> <p>SNAP-Ed activities implemented and evaluation of the project and outcomes are reported in an online program evaluation and reporting system (PEARS) through the following required modules as appropriate for the approved project: Program Activity (direct education), Indirect Activity (health promotion, indirect education channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.</p> <p>The following evaluation activities and information are required based on</p> | <p>On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including:</p> <ol style="list-style-type: none"> <li>1. Progress for all intervention strategies reported for approved project plan.</li> <li>2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE).</li> <li>3. All qualitative evaluation results (success stories, pictures, etc.) reported for approved project plan describing progress or success of project activities, or positive change or improvement in SNAP-Ed eligible site(s) or audience(s).</li> <li>4. Required release form(s) for all photos submitted.</li> <li>5. <b>Direct education strategies only:</b> All required information for scheduled direct education lessons submitted to Statewide SNAP-Ed Curriculum team, using approved form/system, by dates required.</li> </ol> | <p>Documentation showing completion of progress report and submission to DOH on or before the required due dates, or by approved extension date.</p> <p>Completion of required evaluation data in progress reports and PEARS electronically, or using approved reporting method/form, on or before the required due dates, or by approved extension date.</p> <p><b>Direct education strategies only:</b></p> <ol style="list-style-type: none"> <li>1. Submission of required SNAP-Ed participant surveys to DOH using approved submission method, on or before the required due dates for submission, or by approved extension date.</li> </ol> | <p><u>For the Period:</u><br/>10/01/20 to 09/30/21</p> <p><b>Progress Reports:</b> Due at minimum quarterly, and no later than 10 calendar days after the end of the quarter, except for the last month of the FFY which is due by 09/15/21. If the 10<sup>th</sup> calendar day falls on a weekend day, the report is due the next business day.</p> <ul style="list-style-type: none"> <li>• 1st Progress report due 01/11/21</li> <li>• 2nd Progress report due 04/12/21</li> <li>• 3rd Progress report due 07/12/21</li> <li>• Final Progress report due 09/15/21, or follow close-out procedures.</li> </ul> <p><b>PEARS:</b> Project evaluation and reporting required between 10/01/20 to 09/15/21.</p> <ul style="list-style-type: none"> <li>• <b>Direct education strategies only:</b></li> </ul> | <p>See payment information as referenced in task number 1.0</p> |

| Task Number | Task/Activity/Description   | Deliverables/Outcomes  | Measure (where applicable)  | FFY21 Due Date/Time Frame  | Payment Information and/or Amount |
|-------------|---|--|---|--|-----------------------------------|
|             | <p>the Subrecipient’s approved project and work plan.</p> <ul style="list-style-type: none"> <li>• Formative evaluation</li> <li>• Process evaluation</li> <li>• Outcome evaluation</li> <li>• Qualitative evaluation</li> <li>• Evaluation of PSE strategies</li> </ul> <p><b>Please Note:</b> the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements.</p> <p><b>Please Note:</b> Topics included in Progress Report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (USDA) requirements.</p> | <p>On-time and correct submission of required evaluation data for direct education strategies into PEARS electronically, or using approved reporting method, according to time frame provided, including:</p> <p>6. <b>Direct education strategies only:</b> Pre-test surveys for each project class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after completion of the pre-test survey.</p> <p>7. <b>Direct education strategies only:</b> Post-test surveys for each project class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after completion of the post-test survey.</p> <p>8. <b>Direct education strategies only:</b> Demographic cards for each class series received by DOH, or data entered into PEARS by Subrecipient, no later than two weeks after collection of the demographic cards.</p> | <p>2. When survey data is entered by the Subrecipient, completion of required evaluation data into PEARS electronically, or using approved reporting method, on or before the required due dates for data entry, or by approved extension date.</p> | <p>PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided.</p> <ul style="list-style-type: none"> <li>• <b>Due:</b> PEARS Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY which is due by 09/15/21.</li> <li>• Activities completed in Oct 2020 due in PEARS by 11/30/20</li> <li>• Nov 2019 by 12/31/20</li> <li>• Dec 2019 by 01/29/21</li> <li>• Jan 2020 by 02/26/21</li> <li>• Feb 2020 by 03/31/21</li> <li>• Mar 2020 by 04/30/21</li> <li>• Apr 2020 by 05/31/21</li> <li>• May 2020 by 06/30/21</li> <li>• Jun 2020 by 07/30/21</li> <li>• Jul 2020 by 08/31/21</li> <li>• Aug 2020 by 09/15/21</li> <li>• Final data entry for all activities not already reported, due by 09/15/21, or follow close-out schedule.</li> </ul> |                                   |



| Task Number | Task/Activity/Description  | Deliverables/Outcomes   | Measure (where applicable)  | FFY21 Due Date/Time Frame   | Payment Information and/or Amount                                |
|-------------|--|---|---|---|--|
|             |  |   |   | SNAP-Ed Direct education conducted between 10/01/20 and 09/15/21. <ul style="list-style-type: none"> <li>• <b>Direct education strategies only:</b> Completed Pre- and post-test surveys received by DOH, or data entered into PEARS database by Subrecipient, no later than two weeks after completion of the survey. All completed pre- and post-test surveys must be received, or data entered by Subrecipient, no later than COB 09/15/21, or follow close-out schedule.</li> </ul> |  |
| 3.0         | <p><b>Civil Rights Training</b></p> <p>All SNAP-Ed funded staff must complete training each fiscal year in civil rights.</p> <p>*See special requirements section- Civil Rights</p> <p>Documentation must include:</p> <ul style="list-style-type: none"> <li>• Training and source</li> <li>• Who attended</li> <li>• Date completed</li> </ul> | <p>On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff.</p>  | <p>Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date.</p> | <p><u>For the Period:</u> 10/01/20 to 09/30/21</p> <p><b>Due:</b> 12/31/20 for all SNAP-Ed funded staff. New hires to complete within 30 days of hire.</p>  | <p>See payment information as referenced in task number 1.0</p>  |
| 3.1         | <p><b>Other Required Training and Meetings</b></p> <p>The following trainings or meetings are required for <u>all Subrecipients</u> when provided by DOH or WA SNAP-Ed for the staff listed. Unless</p>  | <p>On-time completion of all required trainings by required SNAP-Ed staff.</p> <p>Attendance of required or appropriate staff person(s) at all required meetings.</p> | <p>Documentation showing required person(s) and date(s) of attendance for all web-based and in-person required meetings.</p>                | <p><u>For the Period:</u> 10/01/20 to 09/30/21</p> <p><b>Fiscal:</b> Annually, and no later than March 31, 2021.</p>  | <p>See payment information as referenced in task number 1.0.</p> |

| Task Number | Task/Activity/Description   | Deliverables/Outcomes   | Measure (where applicable)   | FFY21 Due Date/Time Frame  | Payment Information and/or Amount |
|-------------|---|---|--|--|-----------------------------------|
|             | <p>more staff attendance is required, minimum of one (1) staff person required to attend to satisfy requirements. Multiple staff may attend if costs for attendance are covered in Subrecipient’s annual budget.</p> <ul style="list-style-type: none"> <li>• <b>Fiscal training</b> – fiscal agent <u>or</u> project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program.</li> <li>• <b>Food handler training</b> – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public.</li> <li>• <b>Training on data collection and reporting</b> – project coordinator <u>or</u> any staff person responsible for collecting, reporting, or entering SNAP-Ed related data.</li> <li>• <b>Regional meeting(s), when provided</b> – project coordinator <u>or</u> any qualified designated staff person.</li> <li>• <b>Annual State SNAP-Ed forum, when provided</b> - project coordinator <u>or</u> any qualified designated staff person.</li> <li>• <b>SNAP-Ed Curriculum training (either in person or online)</b> (only required for direct education strategies) – project coordinator <u>or</u> qualified</li> </ul> | <p>Demonstration of satisfactory understanding of the information and concepts included in required trainings.</p> <p><b>SNAP-Ed Curriculum:</b> On-time completion of required training for specific curriculum to be used in direct education strategy by project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</p> <p><b>Food handler training:</b> Completion of a Washington State authorized food handler or food worker training by all staff who will handle and serve food to the public.</p> <p><b>Coordinator meetings:</b> Attendance of project coordinator or qualified, designated staff person to at least 75% of all coordinator meetings provided.</p> <p><b>Regional meetings:</b> Attendance of project coordinator or qualified, designated staff person to at least 50% of all regional meetings provided.</p> <p><b>State Forum:</b> Attendance of project coordinator or qualified, designated staff person to all state forums provided.</p> <p><b>SNAP-Ed Systems Approaches for Healthy Communities:</b> Demonstrate satisfactory</p> | <p>Documentation showing required person(s); date(s) of attendance; and, completion of training for all web-based and in-person required trainings.</p> <p>Documentation of satisfactory understanding gained from required trainings, and application of applicable knowledge and skills in progress reviews and/or monitoring reports.</p> | <p><b>SNAP-Ed Curriculum:</b> New direct education staff trained within 30 days for specific curriculum to be used in direct education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator <u>or</u> qualified designated staff person to complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy.</p> <p><b>Data collection and reporting:</b> Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided.</p> <p><b>Annual Forum:</b> Annually, when provided, and no later than 09/30/21.</p> <p><b>Coordinator meetings:</b> Completed on dates scheduled by DOH, when provided.</p> |                                   |

| Task Number | Task/Activity/Description  | Deliverables/Outcomes   | Measure (where applicable)  | FFY21 Due Date/Time Frame  | Payment Information and/or Amount                                |
|-------------|--|---|---|--|--|
|             | <p>designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</p> <ul style="list-style-type: none"> <li>• <b>SNAP-Ed Systems Approaches for Healthy Communities training (online, when provided)</b> - project coordinator <u>and</u> all staff involved in planning, implementing, and evaluating SNAP-Ed project activities.</li> <li>• <b>SNAP-Ed Systems Approaches for Healthy Communities training (in person, when provided)</b> - project coordinator <u>or</u> qualified designated staff person.</li> <li>• <b>Project coordinator meetings (conference calls or in person)</b> – project coordinator <u>or</u> qualified designated staff person.</li> </ul> | <p>understanding of the information and concepts included in the training. Satisfactory application of knowledge and skill learned from training to SNAP-Ed project, as needed.</p> <p>If required meeting or training is <u>not provided</u>, Subrecipient is not required to make up requirements for attendance and will be in compliance. Attendance at required meetings and completion of required trainings required only when provided.</p> |   | <p><b>Regional meetings:</b><br/>Completed on dates scheduled by DOH, when provided.</p> <p><b>SNAP-Ed systems approaches training <u>online</u>:</b> At least once within the three year period of performance, and no later than the end of the first fiscal year within the three year period of performance.</p> <ul style="list-style-type: none"> <li>• <b>Due:</b> On or before 09/30/21</li> </ul> <p><b>SNAP-Ed systems approaches training <u>in person</u>:</b> Once annually, when provided, on dates scheduled by WA SNAP-Ed.</p> |  |
| 4.0         | <p><b>SNAP-Ed Inventory</b></p> <p>SNAP-Ed Subrecipients are required by regulation to keep an up-to-date inventory list that includes all non-capital equipment, approved capital equipment, purchased curriculum, and other SNAP-Ed purchased items that are not disposable. This list should include items purchased in prior fiscal years still in use and in possession of the Subrecipient. This list should be updated per the due dates required. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure.</p> <p>*See special requirements section - Monitoring</p>  | <p>On-time updates to SNAP-Ed inventory list.</p> <ol style="list-style-type: none"> <li>1. Inventory list updated per due dates required.</li> <li>2. Inventory list contains complete list of all items purchased with SNAP-Ed funds in current fiscal year and previous fiscal years still in use and in possession of the Subrecipient.</li> </ol>  | <p>Completed documentation showing updated SNAP-Ed inventory using approved form/system provided.</p> | <p><u>For the Period:</u><br/>10/01/20 to 09/30/21</p> <p><b>Due:</b> Inventory list is required to be updated no later than 30 days after the end of each quarter. Final inventory list updated by 09/15/20.</p> <p>At the time of a fiscal or project monitoring review, or when requested, an up-to-date inventory list must be made available.</p>   | <p>See payment information as referenced in task number 1.0.</p> |

| Task Number | Task/Activity/Description   | Deliverables/Outcomes  | Measure (where applicable)   | FFY21 Due Date/Time Frame  | Payment Information and/or Amount                         |
|-------------|---|--|--|--|---|
| 5.0         | <p><b>SNAP-Ed A19 Invoices</b></p> <p>Subrecipients must use the A19 invoice form specific to the DOH SNAP-Ed program. This document will be sent to all Subrecipients prior to October 31<sup>st</sup> of the current fiscal year.</p> | <p>On-time delivery of correct completion of SNAP-Ed A19 invoices, using the current form for the fiscal year.</p> <p>On-time delivery of detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment.</p> <p>Complete documentation of all actual costs incurred shall be accompanied by the Subrecipient's financial system report. If Subrecipient does not have a financial reporting system, the Subrecipient must check with the DOH SNAP-Ed program for further guidance.</p> | SNAP-Ed invoices (A19) with all documented costs and any required accompanying materials received at DOH by due dates required, or by approved extension date. | <p><u>For the Period:</u><br/>10/01/20 to 09/30/21</p> <p><b>Due:</b> Monthly - Submit invoices to DOH no later than 30 calendar days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30)</p> <ul style="list-style-type: none"> <li>○ Oct. Invoice due: 11/30/20</li> <li>○ November: 12/30/20</li> <li>○ December: 01/30/21</li> <li>○ January: 02/28/21</li> <li>○ February: 03/30/21</li> <li>○ March: 04/30/21</li> <li>○ April: 05/30/21</li> <li>○ May: 06/30/21</li> <li>○ June: 07/30/21</li> <li>○ July: 08/30/21</li> <li>○ August: 09/30/21</li> </ul> <p><b>Final invoice is due</b><br/>October 30, 2021, or follow close-out schedule.</p> <p style="text-align: center;"><b>Or</b></p> <p><b>*If pre-approved in writing by DOH</b>, agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.</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>

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

Information about the Subrecipient and this statement of work will be made available on <https://www.usaspending.gov> by DOH as required by P.L. 109-282.

**\*Program Specific Requirements/Narrative****Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)**

The Subrecipient must meet the required set of acceptable deliverables/outcomes and adhere to contractual obligations. The contract's acceptable deliverables/outcomes along with specified due dates will be determined by the DOH SNAP-Ed program and provided to the Subrecipient in writing. Based on contract performance (as documented in progress reviews, progress reports, project monitoring reports, and fiscal monitoring reports) and after implementation of other specific conditions as appropriate listed in CFR § 200.207 - Specific conditions (see <https://www.govregs.com/regulations/2/200.207>), DOH reserves the right to withhold up to 10% of funds from the next applicable payment to the Subrecipient for deliverables/outcomes that are documented as consistently incomplete; continually late (without approved extension by DOH in writing); found to be unacceptable or unsatisfactory according to the standards of acceptable deliverables/outcomes outlined in the Statement of Work; or, not carried out sufficiently or consistently and documented as such. After DOH SNAP-Ed provides documentation of the issue(s) and outlines the appropriate corrective action in writing, and with approval from the DOH SNAP-Ed program manager, the first withholding of funds up to 10% would occur one time and allow 60 days for the appropriate corrective action to be completed by the Subrecipient. If satisfactory corrective action is completed within 60 days, the funds withheld will be released to the Subrecipient. If satisfactory corrective action does not take place within 60 days, up to 5% of funds will be withheld from each subsequent monthly payment until the appropriate corrective action is completed. If satisfactory corrective action is completed after the 60-day window, the initial 10% of funds withheld will not be provided as reimbursement to the Subrecipient as penalty. The subsequent monthly withholdings (of up to 5% per month) will be reimbursed to the Subrecipient upon satisfactory completion of the corrective action. The Subrecipient may request reconsideration by submitting a letter to Washington Department of Health SNAP-Education, PO Box 47886, Olympia, WA 98504-7886, or in writing via email to [snap-ed@doh.wa.gov](mailto:snap-ed@doh.wa.gov).

All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory and on-time completion of acceptance deliverables/outcomes and for allowable costs as outlined in the SNAP-Ed federal guidance, statement of work, state plan, and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance or that are deemed unallowable costs.

**Additional Details Regarding Deliverables**

Required deliverables for SNAP-Ed reporting will depend on approved SNAP-Ed plan activities for each Subrecipient, e.g. if direct education is not an approved plan activity for a Subrecipient, submission of pre/post surveys is not a required deliverable for that Subrecipient. To attend required trainings during fiscal year, the Subrecipient must use the travel funds within their current allotted budget to send the minimum number of one (1) staff person to the required training. The Subrecipient may request additional travel funds from DOH for required training(s) if necessary and if funds are available.

**Monitoring Expectations**

The Subrecipient's premises and records will be made available upon request to DOH, DSHS, and USDA staff for the purposes of observing project activities and reviewing for project and fiscal compliance. All non-capital equipment, capital equipment, reusable educational materials and supplies, and any non-disposable items purchased using SNAP-Ed funds should be tracked in an inventory list and available for review upon request. Based on fiscal and project monitoring results or findings, additional monitoring during the fiscal year may be required at the discretion of the DOH SNAP-Ed program, DOH fiscal analyst, or DOH fiscal monitoring unit. Completed project and fiscal monitoring reports with suggestions, observations, comments, feedback, findings, and/or corrective action will be kept on file at DOH and shared with Subrecipients regularly and by request.

**Staff Requirements**

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

**Project Coordinator requirements**

The Subrecipient must maintain a SNAP-Ed project coordinator. The project coordinator is the main contact between Department of Health SNAP-Ed team and the Subrecipient. DOH SNAP-Ed expectations for the project coordinator responsibilities include:

- Ensure all contract deliverables are met.
- Coordinate the planning, implementation, evaluation, and reporting of all parts of the approved project plan.
- Comply with and remain knowledgeable about all WA SNAP-Ed and DOH SNAP-Ed policies and procedures.
- Comply with and remain knowledgeable about the National SNAP-Ed Guidance.
- Ensure staff and any sub-Subrecipients funded through this contract stay informed of current and new SNAP-Ed policies, and are held accountable to policies when needed.
- Ensure staff and any sub-Subrecipients meet requirements appropriate to their positions, including but not limited to: background checks, food handlers' permits, and trainings required by WA SNAP-Ed and DOH.
- Attend, or designate and send qualified staff member as proxy to, required DOH and State SNAP-Ed meetings and trainings.
- Monitor or maintain knowledge of project budget status, including estimated spend out and total dollars spent to date.
- Submit plan and budget amendments for approval as outlined in the current year's policy and procedures.
- Coordinate the on-time completion of all data entry and reporting.
- Ensure photo and media release forms are obtained for persons featured in SNAP-Ed programming photographs or videos.

**Communication Requirements**

The Subrecipient must maintain communication with DOH SNAP-Ed. Communication required between DOH SNAP-Ed and the Subrecipient will not be unreasonable or excessive. DOH SNAP-Ed expectations for communication include:

- Submit updates to DOH following any change in contact information for the project coordinator, fiscal agent, contract signatory, or any SNAP-Ed funded staff within 10 business days of the change.
- Be available for regular and intermittent meetings, both in person and phone, with DOH SNAP-Ed as agreed upon or as needed.
- Respond to all DOH and SNAP-Ed Statewide initiative requests within the timeline requested.
- Maintain or obtain an internet connection for communication with DOH, for access to DOH SharePoint webpages, to view updates and messages from Washington SNAP-Ed through the WA SNAP-Ed Providers website, and for reliable reporting of SNAP-Ed activities. If reliable internet connection cannot be secured, the Subrecipient and DOH SNAP-Ed will agree on a plan for necessary communication, data entry, and reporting.
- Obtain a Secure Access Washington (SAW) account to access DOH SNAP-Ed SharePoint webpages.

**SNAP-Ed Assurances:**

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

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

**SNAP-Ed Statewide Initiatives**

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

Any SNAP-Ed curriculum modifications should be developed and executed based on the most current Guidance for Curriculum Modification, found under “[Guidance and Process](#)” on WA SNAP-Ed Providers website. Subrecipients must consult DOH SNAP-Ed as directed.

After notification to the DOH SNAP-Ed implementing agency, the Subrecipient may adjust or deny requests, requirements, and/or site visits from any contracted SNAP-Ed statewide initiative entities if said request, requirement, and/or site visit is deemed unreasonable, burdensome, unnecessarily costly, or inequitable after appropriate consideration and deliberation between the Subrecipient, DOH SNAP-Ed, and the contracted SNAP-Ed statewide initiative entity/entities; and, when necessary, DSHS. After appropriate consideration and deliberation, the resulting decision about whether or not the Subrecipient must comply or can adjust or deny a specific will be provided in writing to the Subrecipient from DOH SNAP-Ed and/or DSHS.

**Health and Safety**

Subrecipients are not required to work under conditions that could endanger their health, safety, or well-being. Additionally, Subrecipients should ensure they are not putting any SNAP-Ed audience or community members in situations that could endanger their health, safety, or well-being. Participation in SNAP-Ed by the SNAP-Ed audience is voluntary. If an activity is deemed unsafe, Subrecipients must adapt activities as needed to allowable and safe alternatives. For a given situation, all Subrecipients and SNAP-Ed activities should follow current health and safety laws, regulation and guidance from the designated authorities in the applicable city/town, county, state, and/or the related federal authority, e.g. CDC, USDA. If Subrecipient is unable to adapt activities as needed to safe, allowable alternatives within their allocation, funding for the current fiscal year may change after sufficient and acceptable technical assistance between Subrecipient and DOH SNAP-Ed and after prior written notification to the Subrecipient. Any change in annual funding due to inability to adapt project activities as needed to safe, allowable alternatives will not be a permanent change in annual funding, unless accompanied by actions outlined under the ‘Contract Noncompliance and Corrective Action’ section.

**Audits**

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

**Indirect Rate/Allocation Plan**

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

**Annual Civil Rights Training Requirement** (see USDA Instruction Number 113-1 Chapter XI <http://www.fns.usda.gov/sites/default/files/113-1.pdf>) “Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Local agencies are responsible for training their sub recipients, 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.”

**Records Maintenance - Record Retention and Management - State Agency and All Subrecipients 7CFR 272.2**

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

**Travel**

The Subrecipient 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>), with the travel requirements found in the current year's SNAP-Ed federal guidance, and with any travel related DOH SNAP-Ed policy and procedures. If the Subrecipient organization's travel related policy and procedures are in conflict with any of the aforementioned travel related federal or state policies and procedures, the Subrecipient organization will follow the stricter of the travel related policy and procedures unless otherwise approved and allowable by DOH or higher authority.

**Amendments**

Subrecipients should check the current year's federal SNAP-Ed guidance, the current year's DOH SNAP-Ed budget amendment guidance, and/or with a DOH SNAP-Ed program consultant to know what changes they can make on their own and what changes require an amendment and pre-approval in writing. Notify DOH staff prior to implementing amendments that significantly change the scope or direction of the approved project plan, including creating new or completely ending interventions, or adding different recruitment or delivery sites for reaching SNAP eligible population. Following the current year's guidance when required, subrecipients must submit a written plan amendment or written budget amendment request to DOH, and receive written approval from DOH, prior to making any changes within their project or budget and prior to making any purchases included within the amendment. Any requests needing USDA approval must be submitted to DOH no later than April 1st of each fiscal year, or no later than date specified by USDA, DSHS, or DOH. Following the current year's guidance when required, if Subrecipients submit plan or budget no cost amendments that do not require DSHS or USDA approval, DOH can review those and make approvals on a case by case basis during the federal fiscal year following the current year's guidance when required. All cost amendments that do not require DSHS or USDA approval should be submitted to DOH no later than July 16<sup>th</sup> of each fiscal year.

**Overtime**

Staff overtime is not billable in the DOH SNAP-Ed program unless it has been reviewed by the DOH SNAP-Ed program in advance and approved in writing.

**Special Funding Requirements**

Payment for deliverables as specified herein is dependent on receipt of funding from the USDA funding sources. In the event funding is not received, DOH is under no obligation to make payments for the deliverables as specified. If funding is reduced or limited in any way after the effective date of this contract and prior to normal completion, DOH may terminate task(s), remove funds, or reallocate funds at DOH's discretion under new funding limitations and conditions. DOH will make payments only upon the receipt of the funding. DOH will notify the Subrecipient within 10 working days upon notice by the funding source of funding availability.

**Special Billing Requirements**

1. All invoices, billing, and reimbursements must be in compliance with all applicable Federal laws, rules, regulations including the current year SNAP-Ed Guidance and OMB circulars governing cost issues.
2. Total costs billed will not exceed the USDA-approved budget amount listed in the box below.
  - Bills must be for only SNAP-Ed specific activities, using a DOH A19-1A Invoice voucher.
  - A SNAP-Ed specific A19-1A must be submitted to the subrecipient's designated DOH SNAP-Ed staff member within 30 days of the last day of the month for which the work is being billed, OR
  - An Subrecipient may request pre-approval to bill every 2 months instead, in which case, that Subrecipient is required to adhere to the billing due dates provided by DOH.
3. The SNAP-Ed program will deny payment for any costs not submitted by the due date without prior approval. If for ANY reason a Subrecipient is unable to submit the SNAP-Ed A-19-1A on the due date, the Subrecipient is required to submit a request for an exception to the DOH no later than 7 days prior to due date to the DOH SNAP-Ed program. The SNAP-Ed program reserves the right and responsibility to either approve or deny the request for an exception and will reply to the request.
4. Supporting documentation for each month must be submitted with each SNAP-Ed A19-1A.
  - At the very least this means a copy of a Subrecipient's financial expanded/detailed general ledger level report.
  - Additionally, all receipts, timecards and other supporting documentation, as noted by USDA, must be available upon request.



5. If a Subrecipient meets one of the criteria below, they will need to submit all SNAP-Ed backup documentation with each bill and this requirement will continue until further notice by DOH.
- All new SNAP-Ed Subrecipients within their 1<sup>st</sup> fiscal year.
  - Subrecipients with current fiscal findings.
  - Subrecipients who have not submitted adequate or accurate backup documentation within the last year.
  - Subrecipients who receive a rating of “High” from the DOH Federal Subrecipient Risk Assessment Tool.

| <b>BUDGET</b> |               |
|---------------|---------------|
| <b>Source</b> | <b>Amount</b> |
| USDA          | \$97,864      |

**DOH Program Contact**

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 Department of Health  
 PO Box 47886, Olympia, WA 98504-7886  
[Christine.Ciancetta@doh.wa.gov](mailto:Christine.Ciancetta@doh.wa.gov) / 360-236-3788

**DOH Fiscal Contact**

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

**EXHIBIT B-18  
ALLOCATIONS  
Contract Term: 2018-2021**

**Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)  
Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)  
Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)**

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|--|--------------------------------|-------------------|---------------|---------------------|----------------------------------|-----------------|---|----------|-----------------|--------------------------|-------------------------|
|  |                                |                   |               |                     | Start Date                       | End Date        | Start Date                                    | End Date |                 |                          |                         |
| FFY20 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | Amd 8             | 10.331        | 333.10.33           | 10/01/19                         | 03/31/20        | 10/01/19                                      | 03/31/20 | (\$13,410)      | \$25,000                 | \$145,847               |
| FFY20 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | Amd 6             | 10.331        | 333.10.33           | 10/01/19                         | 03/31/20        | 10/01/19                                      | 03/31/20 | \$38,410        |                          |                         |
| FFY19 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | Amd 8             | 10.331        | 333.10.33           | 10/01/18                         | 09/30/19        | 10/01/18                                      | 09/30/19 | (\$10,716)      | \$78,347                 |                         |
| FFY19 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | N/A               | 10.331        | 333.10.33           | 10/01/18                         | 09/30/19        | 10/01/18                                      | 09/30/19 | \$89,063        |                          |                         |
| FFY18 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | Amd 8             | 10.331        | 333.10.33           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | (\$7,500)       | \$42,500                 |                         |
| FFY18 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | Amd 6             | 10.331        | 333.10.33           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | (\$95,842)      |                          |                         |
| FFY18 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | Amd 2             | 10.331        | 333.10.33           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | \$55,060        |                          |                         |
| FFY18 CSS USDA FINI Prog Mgnt                  | 20157001823357                 | N/A               | 10.331        | 333.10.33           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | \$90,782        |                          |                         |
| FFY20 CSS IAR SNAP Ed Prog Mgnt-Region 5       | 207WAWA5Q3903                  | Amd 10            | 10.561        | 333.10.56           | 10/01/19                         | 09/30/20        | 10/01/19                                      | 09/30/20 | \$83,000        | \$83,000                 | \$83,000                |
| FFY19 CSS IAR SNAP Ed Program Mgnt             | 197WAWA5Q3903                  | Amd 9             | 10.561        | 333.10.56           | 10/01/18                         | 09/30/19        | 10/01/18                                      | 09/30/19 | \$708           | \$69,875                 | \$159,906               |
| FFY19 CSS IAR SNAP Ed Program Mgnt             | 197WAWA5Q3903                  | Amd 4             | 10.561        | 333.10.56           | 10/01/18                         | 09/30/19        | 10/01/18                                      | 09/30/19 | \$69,167        |                          |                         |
| FFY18 CSS IAR SNAP Ed Program Mgnt CF          | 187WAWA5Q3903                  | Amd 4             | 10.561        | 333.10.56           | 10/01/18                         | 09/30/19        | 10/01/18                                      | 09/30/19 | \$13,833        | \$13,833                 |                         |
| FFY18 CSS IAR SNAP Ed Program Mgnt             | 187WAWA5Q3903                  | Amd 4             | 10.561        | 333.10.56           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | \$8,150         | \$69,281                 |                         |
| FFY18 CSS IAR SNAP Ed Program Mgnt             | 187WAWA5Q3903                  | Amd 2             | 10.561        | 333.10.56           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | \$26,548        |                          |                         |
| FFY18 CSS IAR SNAP Ed Program Mgnt             | 187WAWA5Q3903                  | N/A               | 10.561        | 333.10.56           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | \$34,583        |                          |                         |
| FFY17 CSS IAR SNAP Ed Program Mgnt CF          | 1717WAWA5Q390                  | N/A               | 10.561        | 333.10.56           | 01/01/18                         | 09/30/18        | 10/01/17                                      | 09/30/18 | \$6,917         | \$6,917                  |                         |
| <b>FFY21 IAR SNAP Ed Prog Mgnt-Region 5</b>    | <b>NGA Not Received</b>        | <b>Amd 18</b>     | <b>10.561</b> | <b>333.10.56</b>    | 10/01/20                         | 09/30/21        | 10/01/20                                      | 09/30/21 | <b>\$97,864</b> | <b>\$97,864</b>          | <b>\$97,864</b>         |
| FFY20 Housing People with AIDS Formula         | WAH20-F999                     | Amd 16            | 14.241        | 333.14.24           | 07/01/20                         | 12/31/20        | 07/01/20                                      | 06/30/21 | \$26,690        | \$26,690                 | \$168,092               |
| FFY19 Housing People with AIDS Formula         | WAH18-F999                     | Amd 8             | 14.241        | 333.14.24           | 07/01/19                         | 06/30/20        | 07/01/19                                      | 06/30/20 | \$53,379        | \$53,379                 |                         |
| FFY18 Housing People with AIDS Formula         | WAH18-F999                     | Amd 8             | 14.241        | 333.14.24           | 07/01/18                         | 06/30/19        | 07/01/18                                      | 06/30/19 | \$36,083        | \$88,023                 |                         |
| FFY18 Housing People with AIDS Formula         | WAH18-F999                     | Amd 5             | 14.241        | 333.14.24           | 07/01/18                         | 06/30/19        | 07/01/18                                      | 06/30/19 | \$51,940        |                          |                         |
| Hous. Opp for Ppl w/AIDS CARES <b>COVID-19</b> | WA-H2001W074                   | Amd 17, <b>18</b> | 14.241        | 333.14.24           | 07/01/20                         | <b>06/30/21</b> | 01/20/20                                      | 06/30/21 | \$15,000        | \$15,000                 | \$15,000                |
| BITV-COVID Ed LHJ Allocation-CARES             | NGA Not Received               | Amd 17            | 21.019        | 333.21.01           | 07/01/20                         | 12/30/20        | 07/01/20                                      | 12/30/20 | \$365,445       | \$365,445                | \$365,445               |
| COVID LHJ OFM Alloaction-CARES                 | NGA Not Received               | Amd 17            | 21.019        | 333.21.01           | 03/01/20                         | 12/30/20        | 03/01/20                                      | 12/30/20 | \$5,402,000     | \$5,402,000              | \$5,402,000             |
| PS SSI 1-5 BEACH Task 4                        | 01J18001                       | Amd 13            | 66.123        | 333.66.12           | 03/01/20                         | 10/31/20        | 07/01/17                                      | 06/30/23 | \$5,800         | \$5,800                  | \$17,400                |
| PS SSI 1-5 BEACH Task 4                        | 01J18001                       | Amd 7             | 66.123        | 333.66.12           | 03/01/19                         | 10/31/19        | 07/01/17                                      | 10/31/19 | \$5,800         | \$5,800                  |                         |
| PS SSI 1-5 BEACH Task 4                        | 01J18001                       | Amd 1             | 66.123        | 333.66.12           | 03/01/18                         | 10/31/18        | 07/01/17                                      | 06/30/19 | \$5,800         | \$5,800                  |                         |
| PS SSI 1-5 PIC Task 4                          | 01J18001                       | Amd 2, 8          | 66.123        | 333.66.12           | 01/01/18                         | 09/30/19        | 07/01/17                                      | 06/30/19 | (\$50,000)      | \$28,805                 | \$28,805                |
| PS SSI 1-5 PIC Task 4                          | 01J18001                       | N/A, Amd 8        | 66.123        | 333.66.12           | 01/01/18                         | 09/30/19        | 07/01/17                                      | 06/30/19 | \$78,805        |                          |                         |
| FFY19 Swimming Beach Act Grant IAR (ECY)       | 01J49701                       | Amd 7             | 66.472        | 333.66.47           | 03/01/19                         | 10/31/19        | 12/15/18                                      | 10/31/19 | \$14,000        | \$14,000                 | \$28,000                |
| FFY18 Swimming Beach Act Grant IAR (ECY)       | 00J75501                       | Amd 1             | 66.472        | 333.66.47           | 03/01/18                         | 10/31/18        | 12/15/17                                      | 12/14/18 | \$14,000        | \$14,000                 |                         |
| FFY17 EPR PHEP BP1 LHJ Funding                 | NU90TP921889-01                | Amd 2             | 93.069        | 333.93.06           | 01/01/18                         | 06/30/18        | 07/01/17                                      | 07/02/18 | \$44,006        | \$163,223                | \$163,223               |
| FFY17 EPR PHEP BP1 LHJ Funding                 | NU90TP921889-01                | N/A               | 93.069        | 333.93.06           | 01/01/18                         | 06/30/18        | 07/01/17                                      | 07/02/18 | \$119,217       |                          |                         |

**EXHIBIT B-18  
ALLOCATIONS  
Contract Term: 2018-2021**

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|---|--------------------------------|----------------|---------------|---------------------|----------------------------------|----------|---|----------|------------------|--------------------------|-------------------------|
|   |                                |                |               |                     | Start Date                       | End Date | Start Date                                    | End Date |                  |                          |                         |
| FFY18 EPR PHEP BP1 Supp LHJ Funding           | NU90TP921889-01                | Amd 5          | 93.069        | 333.93.06           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$5,318          | \$295,345                | \$295,345               |
| FFY18 EPR PHEP BP1 Supp LHJ Funding           | NU90TP921889-01                | Amd 4          | 93.069        | 333.93.06           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$290,027        |                          |                         |
| <b>FFY20 PHEP BP2 LHJ Funding</b>             | <b>NU90TP922043</b>            | <b>Amd 18</b>  | <b>93.069</b> | <b>333.93.06</b>    | 07/01/20                         | 06/30/21 | 07/01/20                                      | 06/30/21 | <b>\$118,138</b> | <b>\$295,345</b>         | <b>\$590,690</b>        |
| FFY20 PHEP BP2 LHJ Funding                    | NU90TP922043                   | Amd 16, 18     | 93.069        | 333.93.06           | 07/01/20                         | 06/30/21 | 07/01/20                                      | 06/30/21 | \$177,207        |                          |                         |
| FFY19 PHEP BP1 LHJ Funding                    | NU90TP922043                   | Amd 10         | 93.069        | 333.93.06           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | \$295,345        | \$295,345                |                         |
| FFY20 Overdose Data to Action Prev            | NGA Not Received               | Amd 17         | 93.136        | 333.93.13           | 09/01/20                         | 12/31/20 | 09/01/20                                      | 08/31/21 | \$50,000         | \$50,000                 | \$100,000               |
| FFY19 Overdose Data to Action Prev            | NU17CE925007                   | Amd 11         | 93.136        | 333.93.13           | 09/01/19                         | 08/31/20 | 09/01/19                                      | 08/31/20 | \$50,000         | \$50,000                 |                         |
| FFY17 317 Ops                                 | 5NH23IP000762-05-00            | N/A            | 93.268        | 333.93.26           | 01/01/18                         | 06/30/18 | 04/01/17                                      | 06/30/18 | \$4,837          | \$4,837                  | \$4,837                 |
| FFY17 AFIX                                    | 5NH23IP000762-05-00            | Amd 2, 4       | 93.268        | 333.93.26           | 07/01/18                         | 06/30/19 | 04/01/17                                      | 06/30/19 | \$27,563         | \$27,563                 | \$41,821                |
| FFY17 AFIX                                    | 5NH23IP000762-05-00            | N/A            | 93.268        | 333.93.26           | 01/01/18                         | 06/30/18 | 04/01/17                                      | 06/30/18 | \$14,258         | \$14,258                 |                         |
| FFY17 Increasing Immunization Rates           | NH23IP000762                   | Amd 3, 4       | 93.268        | 333.93.26           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$16,134         | \$16,134                 | \$16,134                |
| <b>FFY21 PPHF Ops</b>                         | <b>NH23IP922619</b>            | <b>Amd 18</b>  | <b>93.268</b> | <b>333.93.26</b>    | 07/01/20                         | 06/30/21 | 07/01/20                                      | 06/30/21 | <b>\$1,250</b>   | <b>\$2,500</b>           | <b>\$7,500</b>          |
| FFY21 PPHF Ops                                | NH23IP922619                   | Amd 16, 18     | 93.069        | 333.93.06           | 07/01/20                         | 06/30/21 | 07/01/20                                      | 06/30/21 | \$1,250          |                          |                         |
| FFY20 PPHF Ops                                | NH23IP922619                   | Amd 9          | 93.268        | 333.93.26           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | \$2,500          | \$2,500                  |                         |
| FFY17 PPHF Ops                                | NH23IP000762                   | Amd 3, 4       | 93.268        | 333.93.26           | 07/01/18                         | 06/30/19 | 04/01/18                                      | 06/30/19 | \$2,500          | \$2,500                  |                         |
| <b>FFY21 VFC IQIP</b>                         | <b>NH23IP922619</b>            | <b>Amd 18</b>  | <b>93.268</b> | <b>333.93.26</b>    | 07/01/20                         | 06/30/21 | 07/01/20                                      | 06/30/21 | <b>\$21,000</b>  | <b>\$42,000</b>          | <b>\$69,588</b>         |
| FFY21 VFC IQIP                                | NH23IP922619                   | Amd 16, 18     | 93.069        | 333.93.06           | 07/01/20                         | 06/30/21 | 07/01/20                                      | 06/30/21 | \$21,000         |                          |                         |
| FFY20 VFC IQIP                                | NH23IP922619                   | Amd 9          | 93.268        | 333.93.26           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | \$27,588         | \$27,588                 |                         |
| FFY21 VFC Ops                                 | NH23IP922619                   | Amd 16         | 93.268        | 333.93.26           | 07/01/20                         | 12/31/20 | 07/01/20                                      | 06/30/21 | \$8,067          | \$8,067                  | \$31,255                |
| FFY20 VFC Ops                                 | NH23IP922619                   | Amd 9          | 93.268        | 333.93.26           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | \$16,134         | \$16,134                 |                         |
| FFY17 VFC Ops                                 | 5NH23IP000762-05-00            | N/A            | 93.268        | 333.93.26           | 01/01/18                         | 06/30/18 | 04/01/17                                      | 06/30/18 | \$7,054          | \$7,054                  |                         |
| FFY19 Tobacco Prevention                      | U58DP006004                    | Amd 9          | 93.305        | 333.93.30           | 03/29/19                         | 04/28/20 | 03/29/19                                      | 04/28/20 | \$24,482         | \$24,482                 | \$35,494                |
| FFY19 Tobacco Prevention                      | U58DP006004                    | Amd 9          | 93.305        | 333.93.30           | 03/29/19                         | 06/30/19 | 03/29/19                                      | 03/28/20 | (\$6,120)        | \$0                      |                         |
| FFY19 Tobacco Prevention                      | U58DP006004                    | Amd 8          | 93.305        | 333.93.30           | 03/29/19                         | 06/30/19 | 03/29/19                                      | 03/28/20 | \$6,120          |                          |                         |
| FFY18 Tobacco Prevention                      | U58DP006004                    | Amd 2          | 93.305        | 333.93.30           | 03/29/18                         | 03/28/19 | 03/29/18                                      | 03/28/19 | \$11,012         | \$11,012                 |                         |
| FFY19 COVID CARES                             | NU50CK000515                   | Amd 16         | 93.323        | 333.93.32           | 06/01/20                         | 12/31/20 | 06/01/20                                      | 06/30/21 | \$314,824        | \$314,824                | \$314,824               |
| <b>FFY20 Tobacco-Vape Prev Comp 1</b>         | <b>NU58DP006808</b>            | <b>Amd 18</b>  | <b>93.387</b> | <b>333.93.38</b>    | 07/01/20                         | 04/28/21 | 06/29/20                                      | 04/28/21 | <b>\$12,241</b>  | <b>\$24,482</b>          | <b>\$24,482</b>         |
| FFY20 Tobacco-Vape Prev Comp 1                | NU58DP006808                   | Amd 17, 18     | 93.387        | 333.93.38           | 07/01/20                         | 04/28/21 | 06/29/20                                      | 04/28/21 | \$12,241         |                          |                         |
| FFY20 CDC COVID-19 Crisis Resp LHJ-Tribe      | NU90TP922069                   | Amd 14         | 93.354        | 333.93.35           | 01/20/20                         | 12/31/20 | 01/01/20                                      | 06/30/21 | \$340,263        | \$340,263                | \$340,263               |
| <b>FFY20 Phys Actvty &amp; Nutrition Prog</b> | <b>NGA Not Received</b>        | <b>Amd 18</b>  | <b>93.439</b> | <b>333.93.43</b>    | 09/30/20                         | 09/29/21 | 09/30/20                                      | 09/29/21 | <b>\$60,000</b>  | <b>\$60,000</b>          | <b>\$180,000</b>        |
| FFY19 Phys Actvty & Nutrition Prog            | NU58DP006504                   | Amd 10, 16, 18 | 93.439        | 333.93.43           | 09/30/19                         | 09/29/20 | 09/30/19                                      | 09/29/20 | \$60,000         | \$60,000                 |                         |
| FFY18 Phys Actvty & Nutrition Prog            | NU58DP006504                   | Amd 8          | 93.439        | 333.93.43           | 03/01/19                         | 09/29/19 | 09/28/18                                      | 09/29/19 | \$60,000         | \$60,000                 |                         |

**EXHIBIT B-18  
ALLOCATIONS  
Contract Term: 2018-2021**

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|--|--------------------------------|---------------|---------------|---------------------|----------------------------------|----------|---|----------|------------------|--------------------------|-------------------------|
|  |                                |               |               |                     | Start Date                       | End Date | Start Date                                    | End Date |                  |                          |                         |
| FFY17 TCPI PTN Contracts                 | 1L1331455                      | Amd 1, 3      | 93.638        | 333.93.63           | 01/01/18                         | 09/28/18 | 09/29/17                                      | 09/28/18 | \$73,117         | \$73,117                 | \$73,117                |
| FFY18 PHBG Tobacco PPHF                  | NB01OT009234                   | Amd 4         | 93.758        | 333.93.75           | 10/01/18                         | 09/30/19 | 10/01/18                                      | 09/30/19 | \$40,000         | \$40,000                 | \$69,034                |
| FFY17 PHBG Tobacco PPHF                  | NB01OT00918                    | Amd 3         | 93.758        | 333.93.75           | 01/01/18                         | 09/29/18 | 07/01/17                                      | 09/30/18 | \$3,235          | \$29,034                 |                         |
| FFY17 PHBG Tobacco PPHF                  | NB01OT00918                    | Amd 2, 3      | 93.758        | 333.93.75           | 01/01/18                         | 09/29/18 | 07/01/17                                      | 09/30/18 | \$5,799          |                          |                         |
| FFY17 PHBG Tobacco PPHF                  | NB01OT00918                    | N/A, Amd 3    | 93.758        | 333.93.75           | 01/01/18                         | 09/29/18 | 07/01/17                                      | 09/30/18 | \$20,000         |                          |                         |
| FFY17 EPR HPP BP1 Healthcare System Prep | NU90TP921889-01                | Amd 2         | 93.889        | 333.93.88           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 07/02/18 | \$4,477          | \$18,420                 | \$18,420                |
| FFY17 EPR HPP BP1 Healthcare System Prep | NU90TP921889-01                | N/A           | 93.889        | 333.93.88           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 07/02/18 | \$13,943         |                          |                         |
| FFY19 RW HIV Peer Nav Proj-Proviso       | 5X07HA000832800                | Amd 8         | 93.917        | 333.93.91           | 04/01/19                         | 06/30/19 | 04/01/19                                      | 06/30/19 | \$14,353         | \$14,353                 | \$71,765                |
| FFY18 RW HIV Peer Nav Proj-Proviso       | 5X07HA000832800                | Amd 4         | 93.917        | 333.93.91           | 04/01/18                         | 03/31/19 | 04/01/18                                      | 03/31/19 | \$22,871         | \$57,412                 |                         |
| FFY18 RW HIV Peer Nav Proj-Proviso       | 5X07HA000832800                | Amd 2, 4      | 93.917        | 333.93.91           | 04/01/18                         | 03/31/19 | 04/01/18                                      | 03/31/19 | \$34,541         |                          |                         |
| FFY18 RW HIV Provider Capacity-Proviso   | 5X07HA000832800                | Amd 2, 4      | 93.917        | 333.93.91           | 04/01/18                         | 03/31/19 | 04/01/18                                      | 03/31/19 | \$30,695         | \$30,695                 | \$30,695                |
| Ryan White Part B COVID-19 Response      | 6X7CHA368990101                | Amd 16        | 93.917        | 333.93.91           | 01/20/20                         | 12/31/20 | 01/20/20                                      | 03/31/21 | \$24,730         | \$24,730                 | \$24,730                |
| FFY19 Ryan White Supp Direct Svcs        | 5X07HA000832800                | Amd 12        | 93.917        | 333.93.91           | 09/30/19                         | 06/30/20 | 09/30/19                                      | 09/29/20 | \$109,140        | \$109,140                | \$109,140               |
| <b>FFY21 MCHBG LHJ Contracts</b>         | <b>NGA Not Received</b>        | <b>Amd 18</b> | <b>93.994</b> | <b>333.93.99</b>    | 10/01/20                         | 09/30/21 | 10/01/20                                      | 09/30/21 | <b>\$159,854</b> | <b>\$159,854</b>         | <b>\$599,453</b>        |
| FFY20 MCHBG LHJ Contracts                | B04MC32578                     | Amd 10        | 93.994        | 333.93.99           | 10/01/19                         | 09/30/20 | 10/01/19                                      | 09/30/20 | \$159,854        | \$159,854                |                         |
| FFY19 MCHBG LHJ Contracts                | B04MC32578                     | Amd 4         | 93.994        | 333.93.99           | 10/01/18                         | 09/30/19 | 10/01/18                                      | 09/30/19 | \$159,854        | \$159,854                |                         |
| FFY18 MCHBG LHJ Contracts                | B04MC31524                     | N/A           | 93.994        | 333.93.99           | 01/01/18                         | 09/30/18 | 10/01/17                                      | 09/30/18 | \$119,891        | \$119,891                |                         |
| FEMA-75 COVID LHJ Allocation             | NGA Not Received               | Amd 17        | 97.036        | 333.97.03           | 07/01/20                         | 12/30/20 | 07/01/20                                      | 12/30/20 | \$1,096,335      | \$1,096,335              | \$1,096,335             |
| GFS-Group B (FO-SW)                      |                                | Amd 10        | N/A           | 334.04.90           | 07/01/20                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$10,000         | \$10,000                 | \$20,000                |
| GFS-Group B (FO-SW)                      |                                | Amd 10        | N/A           | 334.04.90           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/21 | \$10,000         | \$10,000                 |                         |
| GFS-Group B (FO-SW)                      |                                | Amd 3         | N/A           | 334.04.90           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | (\$10,000)       | \$0                      |                         |
| GFS-Group B (FO-SW)                      |                                | N/A           | N/A           | 334.04.90           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | \$10,000         |                          |                         |
| FY2 Group B Programs for DW (FO-SW)      |                                | Amd 3         | N/A           | 334.04.90           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$10,000         | \$10,000                 | \$30,000                |
| FY1 Group B Programs for DW (FO-SW)      |                                | Amd 3         | N/A           | 334.04.90           | 01/01/18                         | 06/30/18 | 01/01/18                                      | 06/30/18 | \$20,000         | \$20,000                 |                         |
| Healthy Communities                      |                                | Amd 12        | N/A           | 334.04.91           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/21 | (\$3,425)        | \$0                      | \$0                     |
| Healthy Communities                      |                                | Amd 10        | N/A           | 334.04.91           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/21 | \$3,425          |                          |                         |
| <b>State Drug User Health Program</b>    |                                | <b>Amd 18</b> | <b>N/A</b>    | <b>334.04.91</b>    | 07/01/20                         | 06/30/21 | 07/01/19                                      | 06/30/21 | <b>\$20,000</b>  | <b>\$40,000</b>          | <b>\$134,478</b>        |
| State Drug User Health Program           |                                | Amd 16, 18    | N/A           | 334.04.91           | 07/01/20                         | 06/30/21 | 07/01/19                                      | 06/30/21 | \$20,000         |                          |                         |
| State Drug User Health Program           |                                | Amd 9         | N/A           | 334.04.91           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/21 | \$40,000         | \$40,000                 |                         |
| State Drug User Health Program           |                                | Amd 8         | N/A           | 334.04.91           | 01/01/19                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$54,478         | \$54,478                 |                         |

**EXHIBIT B-18  
ALLOCATIONS  
Contract Term: 2018-2021**

**Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)  
Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)  
Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)**

| Chart of Accounts Program Title         | Federal Award Identification # | Amend #    | CFDA* | BARS Revenue Code** | Statement of Work Funding Period |          | DOH Use Only Chart of Accounts Funding Period |          | Amount     | Funding Period Sub Total | Chart of Accounts Total |
|---|--------------------------------|------------|-------|---------------------|----------------------------------|----------|---|----------|------------|--------------------------|-------------------------|
|   |                                |            |       |                     | Start Date                       | End Date | Start Date                                    | End Date |            |                          |                         |
| State HIV CS/End AIDS WA                |                                | Amd 8      | N/A   | 334.04.91           | 01/01/19                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$2,083    | \$12,496                 | \$23,948                |
| State HIV CS/End AIDS WA                |                                | Amd 6      | N/A   | 334.04.91           | 01/01/19                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$10,413   |                          |                         |
| State HIV CS/End AIDS WA                |                                | Amd 6      | N/A   | 334.04.91           | 10/01/18                         | 12/31/18 | 07/01/17                                      | 06/30/19 | \$2,083    | \$2,083                  |                         |
| State HIV CS/End AIDS WA                |                                | Amd 2      | N/A   | 334.04.91           | 07/01/18                         | 12/31/18 | 07/01/17                                      | 06/30/19 | \$6,246    | \$6,246                  |                         |
| State HIV CS/End AIDS WA                |                                | Amd 2      | N/A   | 334.04.91           | 03/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | \$3,123    | \$3,123                  |                         |
| State HIV Prevention                    |                                | Amd 8      | N/A   | 334.04.91           | 01/01/19                         | 06/30/19 | 07/01/17                                      | 06/30/19 | (\$43,333) | \$0                      | \$51,667                |
| State HIV Prevention                    |                                | Amd 6      | N/A   | 334.04.91           | 01/01/19                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$43,333   |                          |                         |
| State HIV Prevention                    |                                | Amd 6      | N/A   | 334.04.91           | 07/01/18                         | 12/31/18 | 07/01/17                                      | 06/30/19 | \$11,667   | \$31,667                 |                         |
| State HIV Prevention                    |                                | N/A        | N/A   | 334.04.91           | 07/01/18                         | 12/31/18 | 07/01/17                                      | 06/30/19 | \$20,000   |                          |                         |
| State HIV Prevention                    |                                | N/A        | N/A   | 334.04.91           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | \$20,000   | \$20,000                 |                         |
| State HIV Prevention PrEP               |                                | Amd 3      | N/A   | 334.04.91           | 07/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/17 | \$9,172    | \$9,172                  | \$13,758                |
| State HIV Prevention PrEP               |                                | Amd 2      | N/A   | 334.04.91           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | \$4,586    | \$4,586                  |                         |
| FY20/21 COVID-19 Disaster Response Acct |                                | Amd 14     | N/A   | 334.04.92           | 01/20/20                         | 12/31/20 | 01/01/20                                      | 06/30/21 | \$309,737  | \$309,737                | \$309,737               |
| FPH Lead Case Mgmt-FPH                  |                                | Amd 15     | N/A   | 334.04.93           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | (\$2,425)  | \$1,000                  | \$1,000                 |
| FPH Lead Case Mgmt-FPH                  |                                | Amd 12     | N/A   | 334.04.93           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | \$3,425    |                          |                         |
| SFY2 Lead Environments of Children      |                                | Amd 7      | N/A   | 334.04.93           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | (\$3,000)  | \$2,000                  | \$5,000                 |
| SFY2 Lead Environments of Children      |                                | Amd 4      | N/A   | 334.04.93           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$5,000    |                          |                         |
| SFY1 Lead Environments of Children      |                                | Amd 1      | N/A   | 334.04.93           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/18 | \$3,000    | \$3,000                  |                         |
| SFY21 Marijuana Education               |                                | Amd 16, 18 | N/A   | 334.04.93           | 07/01/20                         | 06/30/21 | 07/01/20                                      | 06/30/21 | \$5,766    | \$5,766                  | \$506,734               |
| SFY21 Marijuana Education               |                                | Amd 9      | N/A   | 334.04.93           | 07/01/20                         | 12/31/20 | 07/01/20                                      | 06/30/21 | \$247,509  | \$247,509                |                         |
| SFY20 Marijuana Education               |                                | Amd 10     | N/A   | 334.04.93           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | \$5,950    | \$5,950                  |                         |
| SFY20 Marijuana Education               |                                | Amd 9      | N/A   | 334.04.93           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/20 | \$247,509  | \$247,509                |                         |
| SFY19 Marijuana Tobacco Edu             |                                | Amd 3      | N/A   | 334.04.93           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$247,509  | \$247,509                | \$403,323               |
| SFY19 Marijuana Tobacco Edu             |                                | Amd 2      | N/A   | 334.04.93           | 07/01/18                         | 06/30/19 | 07/01/18                                      | 06/30/19 | \$7,501    | \$7,501                  |                         |
| SFY18 Marijuana Tobacco Edu             |                                | Amd 3      | N/A   | 334.04.93           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/18 | \$49,558   | \$148,313                |                         |
| SFY18 Marijuana Tobacco Edu             |                                | N/A        | N/A   | 334.04.93           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/18 | \$98,755   |                          |                         |
| Rec Shellfish/Biotoxin                  |                                | Amd 9, 16  | N/A   | 334.04.93           | 07/01/19                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$15,000   | \$15,000                 | \$37,500                |
| Rec Shellfish/Biotoxin                  |                                | N/A        | N/A   | 334.04.93           | 01/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$22,500   | \$22,500                 |                         |
| Small Onsite Management (ALEA)          |                                | Amd 9      | N/A   | 334.04.93           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/21 | \$45,000   | \$45,000                 | \$75,000                |
| Small Onsite Management (ALEA)          |                                | Amd 5      | N/A   | 334.04.93           | 07/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | \$15,662   | \$15,662                 |                         |
| Small Onsite Management (ALEA)          |                                | Amd 5      | N/A   | 334.04.93           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | (\$15,662) | \$14,338                 |                         |
| Small Onsite Management (ALEA)          |                                | N/A, Amd 5 | N/A   | 334.04.93           | 01/01/18                         | 06/30/18 | 07/01/17                                      | 06/30/19 | \$30,000   |                          |                         |

**EXHIBIT B-18  
ALLOCATIONS  
Contract Term: 2018-2021**

**Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)  
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| Chart of Accounts Program Title           | Federal Award Identification # | Amend #           | CFDA*      | BARS Revenue Code** | Statement of Work Funding Period |                 | DOH Use Only Chart of Accounts Funding Period |          | Amount           | Funding Period Sub Total | Chart of Accounts Total |
|---|--------------------------------|-------------------|------------|---------------------|----------------------------------|-----------------|---|----------|------------------|--------------------------|-------------------------|
|   |                                |                   |            |                     | Start Date                       | End Date        | Start Date                                    | End Date |                  |                          |                         |
| Wastewater Management-GFS                 |                                | Amd 9             | N/A        | 334.04.93           | 07/01/20                         | 12/31/20        | 07/01/19                                      | 06/30/21 | \$15,000         | \$15,000                 | \$45,000                |
| Wastewater Management-GFS                 |                                | N/A               | N/A        | 334.04.93           | 07/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | \$30,000         | \$30,000                 |                         |
| FPH-Youth Tobacco Vapor Prevention        |                                | Amd 16, <b>18</b> | N/A        | 334.04.93           | 07/01/20                         | <b>06/30/21</b> | 07/01/19                                      | 06/30/21 | \$24,289         | \$24,289                 | \$48,801                |
| FPH-Youth Tobacco Vapor Prevention        |                                | Amd 11            | N/A        | 334.04.93           | 07/01/19                         | 06/30/20        | 07/01/19                                      | 06/30/21 | \$24,512         | \$24,512                 |                         |
| Youth Tobacco Vapor Products              |                                | Amd 16, <b>18</b> | N/A        | 334.04.93           | 07/01/20                         | <b>06/30/21</b> | 07/01/19                                      | 06/30/21 | \$38,402         | \$38,402                 | \$159,493               |
| Youth Tobacco Vapor Products              |                                | Amd 11            | N/A        | 334.04.93           | 07/01/19                         | 06/30/20        | 07/01/19                                      | 06/30/21 | (\$8,451)        | \$38,403                 |                         |
| Youth Tobacco Vapor Products              |                                | Amd 9             | N/A        | 334.04.93           | 07/01/19                         | 06/30/20        | 07/01/19                                      | 06/30/21 | \$46,854         |                          |                         |
| Youth Tobacco Vapor Products              |                                | Amd 6             | N/A        | 334.04.93           | 01/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | \$36,000         | \$82,688                 |                         |
| Youth Tobacco Vapor Products              |                                | Amd 2, 6          | N/A        | 334.04.93           | 01/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | \$25,544         |                          |                         |
| Youth Tobacco Vapor Products              |                                | Amd 2, 6          | N/A        | 334.04.93           | 01/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | \$4,655          |                          |                         |
| Youth Tobacco Vapor Products              |                                | N/A, Amd 6        | N/A        | 334.04.93           | 01/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | \$16,489         |                          |                         |
| FFY20 Swim Beach Act Grant IAR (ECY-ALEA) |                                | Amd 15            | N/A        | 334.04.96           | 03/01/20                         | 10/31/20        | 12/15/19                                      | 12/14/20 | \$18,000         | \$18,000                 | \$18,000                |
| <b>HIV Local Proviso</b>                  |                                | <b>Amd 18</b>     | <b>N/A</b> | <b>334.04.98</b>    | 07/01/20                         | 06/30/21        | 07/01/19                                      | 06/30/21 | <b>\$41,748</b>  | <b>\$83,496</b>          | <b>\$83,496</b>         |
| HIV Local Proviso                         |                                | Amd 16, <b>18</b> | N/A        | 334.04.98           | 07/01/20                         | <b>06/30/21</b> | 07/01/19                                      | 06/30/21 | \$41,748         |                          |                         |
| ADAP Rebate (Local) 19-21                 |                                | Amd 16, <b>18</b> | N/A        | 334.04.98           | 07/01/20                         | <b>06/30/21</b> | 07/01/19                                      | 06/30/21 | \$45,864         | \$45,864                 | \$137,592               |
| ADAP Rebate (Local) 19-21                 |                                | Amd 9             | N/A        | 334.04.98           | 07/01/19                         | 06/30/20        | 07/01/19                                      | 06/30/21 | \$91,728         | \$91,728                 |                         |
| FFY17 ADAP Rebate (Local) 17-19           |                                | Amd 5             | N/A        | 334.04.98           | 07/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | (\$225,000)      | \$82,556                 | \$348,834               |
| FFY17 ADAP Rebate (Local) 17-19           |                                | Amd 3             | N/A        | 334.04.98           | 07/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | \$82,556         |                          |                         |
| FFY17 ADAP Rebate (Local) 17-19           |                                | N/A, Amd 3        | N/A        | 334.04.98           | 07/01/18                         | 06/30/19        | 07/01/17                                      | 06/30/19 | \$225,000        |                          |                         |
| FFY17 ADAP Rebate (Local) 17-19           |                                | Amd 2             | N/A        | 334.04.98           | 01/01/18                         | 06/30/18        | 07/01/17                                      | 06/30/19 | \$41,278         | \$266,278                |                         |
| FFY17 ADAP Rebate (Local) 17-19           |                                | N/A               | N/A        | 334.04.98           | 01/01/18                         | 06/30/18        | 07/01/17                                      | 06/30/19 | \$225,000        |                          |                         |
| SFY17 Managed Care Org                    |                                | Amd 1             | N/A        | 334.04.98           | 01/01/18                         | 06/30/18        | 07/01/17                                      | 06/30/18 | (\$32,678)       | \$6,536                  | \$6,536                 |
| SFY17 Managed Care Org                    |                                | N/A               | N/A        | 334.04.98           | 01/01/18                         | 06/30/18        | 07/01/17                                      | 06/30/18 | \$39,214         |                          |                         |
| <b>FFY21 RW Grant Year Local (Rebate)</b> |                                | <b>Amd 18</b>     | <b>N/A</b> | <b>334.04.98</b>    | 04/01/21                         | 06/30/21        | 04/01/21                                      | 03/31/22 | <b>\$116,146</b> | <b>\$116,146</b>         | <b>\$1,269,487</b>      |
| <b>FFY20 RW Grant Year Local (Rebate)</b> |                                | <b>Amd 18</b>     | <b>N/A</b> | <b>334.04.98</b>    | 07/01/20                         | 03/31/21        | 04/01/20                                      | 03/31/21 | <b>\$116,146</b> | <b>\$348,438</b>         |                         |
| FFY20 RW Grant Year Local (Rebate)        |                                | Amd 16, <b>18</b> | N/A        | 334.04.98           | 07/01/20                         | <b>03/31/21</b> | 04/01/20                                      | 03/31/21 | \$232,292        |                          |                         |
| FFY20 RW Grant Year Local (Rebate)        |                                | Amd 12            | N/A        | 334.04.98           | 04/01/20                         | 06/30/20        | 04/01/20                                      | 03/31/21 | (\$27,285)       | \$88,861                 |                         |
| FFY20 RW Grant Year Local (Rebate)        |                                | Amd 9             | N/A        | 334.04.98           | 04/01/20                         | 06/30/20        | 04/01/20                                      | 03/31/21 | \$116,146        |                          |                         |
| FFY19 RW Grant Year Local (Rebate)        |                                | Amd 12            | N/A        | 334.04.98           | 07/01/19                         | 03/31/20        | 04/01/19                                      | 03/31/20 | (\$81,855)       | \$266,582                |                         |
| FFY19 RW Grant Year Local (Rebate)        |                                | Amd 9             | N/A        | 334.04.98           | 07/01/19                         | 03/31/20        | 04/01/19                                      | 03/31/20 | \$348,437        |                          |                         |
| FFY19 RW Grant Year Local (Rebate)        |                                | Amd 6             | N/A        | 334.04.98           | 04/01/19                         | 06/30/19        | 04/01/19                                      | 03/31/20 | \$112,230        | \$112,230                |                         |
| FFY18 RW Grant Year Local (Rebate)        |                                | Amd 6             | N/A        | 334.04.98           | 01/01/19                         | 03/31/19        | 04/01/18                                      | 03/31/19 | \$112,230        | \$112,230                |                         |
| FFY18 RW Grant Year Local (Rebate)        |                                | Amd 5             | N/A        | 334.04.98           | 07/01/18                         | 03/31/19        | 04/01/18                                      | 03/31/19 | \$225,000        | \$225,000                |                         |
| FFY19 RW Local Proviso                    |                                | Amd 9             | N/A        | 334.04.98           | 07/01/19                         | 06/30/20        | 07/01/19                                      | 06/30/20 | \$41,749         | \$41,749                 | \$41,749                |

**EXHIBIT B-18  
ALLOCATIONS  
Contract Term: 2018-2021**

**Indirect Rate as of January 2018: 34.98% Admin & Fac.; 37.62% Community Hlth Pgms (inc. Admin) & 40.39% Environmental Hlth Pgms (inc. Admin)  
Indirect Rate as of January 2019: 37.38% Admin & Fac.; 39.19% Community Hlth Pgms (inc. Admin) & 39.83% Environmental Hlth Pgms (inc. Admin)  
Indirect Rate as of January 2020: 37.96% Admin & Fac.; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)**

| Chart of Accounts Program Title         | Federal Award Identification # | Amend #      | CFDA* | BARS Revenue Code** | Statement of Work Funding Period |          | DOH Use Only Chart of Accounts Funding Period |          | Amount              | Funding Period Sub Total | Chart of Accounts Total |
|---|--------------------------------|--------------|-------|---------------------|----------------------------------|----------|---|----------|---------------------|--------------------------|-------------------------|
|   |                                |              |       |                     | Start Date                       | End Date | Start Date                                    | End Date |                     |                          |                         |
| FPHS Funding for LHJs                   |                                | Amd 17       | N/A   | 336.04.25           | 07/01/20                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$64,789            | \$212,134                | \$571,613               |
| FPHS Funding for LHJs                   |                                | Amd 10       | N/A   | 336.04.25           | 07/01/20                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$147,345           |                          |                         |
| FPHS Funding for LHJs                   |                                | Amd 17       | N/A   | 336.04.25           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/21 | \$64,789            | \$212,134                |                         |
| FPHS Funding for LHJs                   |                                | Amd 10       | N/A   | 336.04.25           | 07/01/19                         | 06/30/20 | 07/01/19                                      | 06/30/21 | \$147,345           |                          |                         |
| FPHS Funding for LHJs Dir               |                                | Amd 3        | N/A   | 336.04.25           | 07/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$147,345           | \$147,345                |                         |
| YR 20 SRF - Local Asst (15%) (FS) SS    |                                | Amd 3        | N/A   | 346.26.64           | 01/01/18                         | 12/31/18 | 07/01/15                                      | 12/31/18 | (\$14,750)          | \$0                      | \$0                     |
| YR 20 SRF - Local Asst (15%) (FS) SS    |                                | N/A, Amd 3   | N/A   | 346.26.64           | 01/01/18                         | 12/31/18 | 07/01/15                                      | 12/31/18 | \$14,750            |                          |                         |
| YR 21 SRF - Local Asst (15%) (FS) SS    |                                | Amd 10       | N/A   | 346.26.64           | 01/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | (\$13,250)          | \$14,250                 | \$14,250                |
| YR 21 SRF - Local Asst (15%) (FS) SS    |                                | Amd 6, 10    | N/A   | 346.26.64           | 01/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$12,750            |                          |                         |
| YR 21 SRF - Local Asst (15%) (FS) SS    |                                | Amd 3, 6, 10 | N/A   | 346.26.64           | 01/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$14,750            |                          |                         |
| YR 22 SRF - Local Asst (15%) (FO-SW) SS |                                | Amd 15       | N/A   | 346.26.64           | 01/01/19                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$500               | \$21,750                 | \$21,750                |
| YR 22 SRF - Local Asst (15%) (FO-SW) SS |                                | Amd 12       | N/A   | 346.26.64           | 01/01/19                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$8,500             |                          |                         |
| YR 22 SRF - Local Asst (15%) (FO-SW) SS |                                | Amd 10, 12   | N/A   | 346.26.64           | 01/01/19                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$12,750            |                          |                         |
| YR 20 SRF - Local Asst (15%) (FS) TA    |                                | Amd 3        | N/A   | 346.26.66           | 01/01/18                         | 12/31/18 | 07/01/15                                      | 12/31/18 | (\$2,000)           | \$0                      | \$0                     |
| YR 20 SRF - Local Asst (15%) (FS) TA    |                                | N/A, Amd 3   | N/A   | 346.26.66           | 01/01/18                         | 12/31/18 | 07/01/17                                      | 12/31/18 | \$2,000             |                          |                         |
| YR 20 SRF - Prog Mgmt (10%) (FS) TA     |                                | Amd 6        | N/A   | 346.26.66           | 01/01/18                         | 12/31/18 | 07/01/15                                      | 12/31/18 | \$468               | \$1,268                  | \$1,268                 |
| YR 20 SRF - Prog Mgmt (10%) (FS) TA     |                                | Amd 3        | N/A   | 346.26.66           | 01/01/18                         | 12/31/18 | 07/01/15                                      | 12/31/18 | \$800               |                          |                         |
| YR 21 SRF - Local Asst (15%) (FS) TA    |                                | Amd 10       | N/A   | 346.26.66           | 01/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | (\$1,249)           | \$1,900                  | \$1,900                 |
| YR 21 SRF - Local Asst (15%) (FS) TA    |                                | Amd 6, 10    | N/A   | 346.26.66           | 01/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$1,949             |                          |                         |
| YR 21 SRF - Local Asst (15%) (FS) TA    |                                | Amd 3, 6, 10 | N/A   | 346.26.66           | 01/01/18                         | 06/30/19 | 07/01/17                                      | 06/30/19 | \$1,200             |                          |                         |
| YR 22 SRF - Local Asst (15%) (FO-SW) TA |                                | Amd 12       | N/A   | 346.26.66           | 01/01/19                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$3,000             | \$4,249                  | \$4,249                 |
| YR 22 SRF - Local Asst (15%) (FO-SW) TA |                                | Amd 10, 12   | N/A   | 346.26.66           | 01/01/19                         | 12/31/20 | 07/01/19                                      | 06/30/21 | \$1,249             |                          |                         |
| <b>TOTAL</b>                            |                                |              |       |                     |                                  |          |   |          | <b>\$15,205,667</b> | <b>\$15,205,667</b>      |                         |
| <b>Total consideration:</b>             |                                |              |       | <b>\$14,441,280</b> |                                  |          |   |          |                     | <b>GRAND TOTAL</b>       | <b>\$15,205,667</b>     |
|   |                                |              |       | <b>\$764,387</b>    |                                  |          |   |          |                     |                          |                         |
| <b>GRAND TOTAL</b>                      |                                |              |       | <b>\$15,205,667</b> |                                  |          |   |          |                     | <b>Total Fed</b>         | <b>\$10,819,504</b>     |
|   |                                |              |       |                     |                                  |          |   |          |                     | <b>Total State</b>       | <b>\$4,386,163</b>      |

\*Catalog of Federal Domestic Assistance

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

# Exhibit C-17 Schedule of Federal Awards

AMENDMENT #18

Date: September 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title          | BARS      | DOH Federal Award Date | Total Amt Federal Award | Allocation Period |          | Contract Amt | CFDA   | CFDA Program Title   | Federal Agency Name                                  | Federal Award Identification Number | Federal Grant Award Name   |
|--|-----------|------------------------|-------------------------|-------------------|----------|--------------|--------|--|--|-------------------------------------|--|
|  |           |                        |                         | Start Date        | End Date |              |        |  |  |                                     |  |
| FFY20 CSS USDA FINI PROGRAM MGMT         | 333.10.33 | 04/01/15               | \$5,859,307             | 10/01/19          | 03/31/20 | \$25,000     | 10.331 | Food Insecurity Nutrition Incentive Grants   | USDA-National Institute of Food and Agriculture      | 20157001823357                      | FOOD NUTRITION INCENTIVE GRANT   |
| FFY19 CSS USDA FINI PROGRAM MGMT         | 333.10.33 | 08/26/15               | \$5,859,307             | 10/01/18          | 09/30/19 | \$78,347     | 10.331 | Food Insecurity Nutrition Incentive Grants   | USDA-National Institute of Food and Agriculture      | 20157001823357                      | WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT                           |
| FFY18 CSS USDA FINI PROGRAM MGMT         | 333.10.33 | 08/26/15               | \$5,859,307             | 01/01/18          | 09/30/18 | \$42,500     | 10.331 | Food Insecurity Nutrition Incentive Grants   | USDA-National Institute of Food and Agriculture      | 20157001823357                      | WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT                           |
| FFY21 IAR SNAP ED PROG MGNT-REGION 5     | 333.10.56 | NGA Not Received       | NGA Not Received        | 10/01/20          | 09/30/21 | \$97,864     | 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   |
| FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5 | 333.10.56 | 09/30/19               | \$5,300,000             | 10/01/19          | 09/30/20 | \$83,000     | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | 207WAWA5Q3903                       | 2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)                 |
| FFY19 CSS IAR SNAP-ED PROG MGNT          | 333.10.56 | 09/28/18               | \$5,386,268             | 10/01/18          | 09/30/19 | \$69,875     | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | 197WAWA5Q3903                       | SNAP 2YR NUTRITION ED OBESITY  |
| FFY18 CSS IAR SNAP-ED PROGRAM MGNT CF    | 333.10.56 | 09/28/17               | \$5,300,000             | 10/01/18          | 09/30/19 | \$13,833     | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | 187WAWA5Q3903                       | 2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)                 |
| FFY18 CSS IAR SNAP-ED PROGRAM MGNT       | 333.10.56 | 09/28/17               | \$5,300,000             | 01/01/18          | 09/30/18 | \$69,281     | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | 187WAWA5Q3903                       | 2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)                 |
| FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF    | 333.10.56 | 09/10/16               | \$5,739,856             | 01/01/18          | 09/30/18 | \$6,917      | 10.561 | State Administrative Matching Grants for the Supplemental Nutrition Assistance Program | Department of Agriculture Food and Nutrition Service | 1717WAWA5Q390                       | 2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)                 |
| HOUS. OPP FOR PPL W/ AIDS CARES COVID-19 | 333.14.24 | 07/01/20               | \$145,149               | 01/20/20          | 06/30/21 | \$15,000     | 14.241 | Housing Opportunities for Persons with AIDS  | Department of Housing and Urban Development          | WA-H2001W074                        | HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM SUPPLEMENTAL CARES ACT |
| FFY20 HOUSING PEOPLE WITH AIDS FORMULA   | 333.14.24 | 08/20/20               | \$1,216,499             | 07/01/20          | 12/31/20 | \$26,690     | 14.241 | Housing Opportunities for Persons with AIDS  | Department of Housing and Urban Development          | WAH20-F999                          | HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM                         |
| FFY19 HOUSING PEOPLE WITH AIDS FORMULA   | 333.14.24 | 08/07/18               | \$955,996               | 07/01/19          | 06/30/20 | \$53,379     | 14.241 | Housing Opportunities for Persons with AIDS  | Department of Housing and Urban Development          | WAH18-F999                          | HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM                         |
| FFY18 HOUSING PEOPLE WITH AIDS FORMULA   | 333.14.24 | 08/07/18               | \$955,996               | 07/01/18          | 06/30/19 | \$88,023     | 14.241 | Housing Opportunities for Persons with AIDS  | Department of Housing and Urban Development          | WAH18-F999                          | HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM                         |
| COVID LHJ OFM ALLOCATION-CARES           | 333.21.01 | NGA Not Received       | NGA Not Received        | 03/01/20          | 12/30/20 | \$5,402,000  | 21.019 | Coronavirus Relief Fund  | Department of the Treasury                           | NGA Not Received                    | NGA Not Received   |
| BITV-COVID ED LHJ ALLOCATION-CARES       | 333.21.01 | NGA Not Received       | NGA Not Received        | 07/01/20          | 12/30/20 | \$365,445    | 21.019 | Coronavirus Relief Fund  | Department of the Treasury                           | NGA Not Received                    | NGA Not Received   |



# Exhibit C-17 Schedule of Federal Awards

AMENDMENT #18

Date: September 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title          | BARS      | DOH<br>Federal<br>Award Date | Total Amt<br>Federal<br>Award | Allocation Period |             | Contract Amt | CFDA   | CFDA Program Title   | Federal Agency Name   | Federal Award<br>Identification Number | Federal Grant Award Name  |
|--|-----------|------------------------------|-------------------------------|-------------------|-------------|--------------|--------|--|---|--|---|
|  |           |                              |                               | Start<br>Date     | End<br>Date |              |        |  |   |  |   |
| PS SSI 1-5 PIC TASK 4                    | 333.66.12 | 08/02/16                     | \$9,200,000                   | 01/01/18          | 09/30/19    | \$28,805     | 66.123 | Puget Sound Action Agenda:<br>Technical Investigations and<br>Implementation Assistance<br>Program | Environmental Protection Agency<br>Region 10  | 01J18001                               | PUGET SOUND SHELLFISH<br>STRATEGIC INITIATIVE LEAD  |
| PS SSI 1-5 BEACH TASK 4                  | 333.66.12 | 08/02/16                     | \$9,200,000                   | 03/01/18          | 10/31/20    | \$17,400     | 66.123 | Puget Sound Action Agenda:<br>Technical Investigations and<br>Implementation Assistance<br>Program | Environmental Protection Agency<br>Region 10  | 01J18001                               | PUGET SOUND SHELLFISH<br>STRATEGIC INITIATIVE LEAD  |
| FFY19 SWIMMING BEACH ACT GRANT IAR (ECY) | 333.66.47 | 12/01/18                     | \$91,991                      | 03/01/19          | 10/31/19    | \$14,000     | 66.472 | Beach Monitoring and Notificaiton<br>Program Implementation Grants                                 | Environmental Protection Agency<br>Office of Water  | 01J49701                               | MARINE SWIMMING BEACH<br>MONITORING AND PUBLIC<br>NOTIFICATION  |
| FFY18 SWIMMING BEACH ACT GRANT IAR (ECY) | 333.66.47 | 12/15/17                     | \$91,990                      | 03/01/18          | 10/31/18    | \$14,000     | 66.472 | Beach Monitoring and Notificaiton<br>Program Implementation Grants                                 | Environmental Protection Agency<br>Office of Water  | 00J75501                               | MARINE SWIMMING BEACH<br>MONITORING AND PUBLIC<br>NOTIFICATION  |
| FFY20 PHEP BP2 LHJ FUNDING               | 333.93.06 | 06/12/20                     | \$11,365,797                  | 07/01/20          | 06/30/21    | \$295,345    | 93.069 | Public Health Emergency<br>Preparedness  | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NU90TP922043                           | PUBLIC HEALTH EMERGENCY<br>PREPAREDNESS (PHEP)<br>COOPERATIVE AGREEMENT                               |
| FFY19 PHEP BP1 LHJ FUNDING               | 333.93.06 | 06/29/19                     | \$11,307,904                  | 07/01/19          | 06/30/20    | \$295,345    | 93.069 | Public Health Emergency<br>Preparedness  | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NU90TP922043                           | PUBLIC HEALTH EMERGENCY<br>PREPAREDNESS (PHEP)<br>COOPERATIVE AGREEMENT                               |
| FFY18 EPR PHEP BP1 SUPP LHJ FUNDING      | 333.93.06 | 08/01/18                     | \$11,062,782                  | 07/01/18          | 06/30/19    | \$295,345    | 93.069 | Public Health Emergency<br>Preparedness  | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NU90TP921889-01                        | HOSPITAL PREPAREDNESS<br>PROGRAM AND PUBLIC HEALTH<br>EMERGENCY PREPAREDNESS<br>COOPERATIVE AGREEMENT |
| FFY17 EPR PHEP BP1 LHJ FUNDING           | 333.93.06 | 07/18/17                     | \$11,062,782                  | 01/01/18          | 06/30/18    | \$163,223    | 93.069 | Public Health Emergency<br>Preparedness  | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NU90TP921889-01                        | HOSPITAL PREPAREDNESS<br>PROGRAM AND PUBLIC HEALTH<br>EMERGENCY PREPAREDNESS<br>COOPERATIVE AGREEMENT |
| FFY20 OVERDOSE DATA TO ACTION PREV       | 333.93.13 | NGA Not<br>Received          | NGA Not<br>Received           | 09/01/20          | 12/31/20    | \$50,000     | 93.136 | Injury Prevention and Control<br>Research and State and<br>Community-Based Programs                | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NGA Not Received                       | NGA Not Received  |
| FFY19 OVERDOSE DATA TO ACTION PREV       | 333.93.13 | 08/12/19                     | \$4,390,240                   | 09/01/19          | 08/31/20    | \$50,000     | 93.136 | Injury Prevention and Control<br>Research and State and<br>Community-Based Programs                | Department of Health and Human<br>Services-Centers for Disease Control<br>and Prevention-National Center for<br>Injury Prevention and Control | NU17CE925007                           | WASHINGTON STATE DEPARTMENT<br>OF HEATHL OVERDOSE DATA TO<br>ACTION                                   |
| FFY21 VFC OPS                            | 333.93.26 | 07/01/20                     | \$9,082,252                   | 07/01/20          | 12/31/20    | \$8,067      | 93.268 | Immunization Cooperative<br>Agreements   | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NH23IP922619                           | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN PROGRAM   |
| FFY21 VFC IQIP                           | 333.93.26 | 07/01/20                     | \$9,082,252                   | 07/01/20          | 06/30/21    | \$42,000     | 93.268 | Immunization Cooperative<br>Agreements   | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NH23IP922619                           | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN PROGRAM   |
| FFY21 PPHF OPS                           | 333.93.26 | 07/01/20                     | \$9,082,252                   | 07/01/20          | 06/30/21    | \$2,500      | 93.268 | Immunization Cooperative<br>Agreements   | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NH23IP922619                           | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN PROGRAM   |
| FFY20 VFC OPS                            | 333.93.26 | 07/01/19                     | \$9,234,835                   | 07/01/19          | 06/30/20    | \$16,134     | 93.268 | Immunization Cooperative<br>Agreements   | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NH23IP922619                           | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN PROGRAM   |
| FFY20 VFC IQIP                           | 333.93.26 | 07/01/19                     | \$9,234,835                   | 07/01/19          | 06/30/20    | \$27,588     | 93.268 | Immunization Cooperative<br>Agreements   | Department of Health and Human<br>Services Centers for Disease Control<br>and Prevention  | NH23IP922619                           | IMMUNIZATION GRANT AND<br>VACCINES FOR CHILDREN PROGRAM   |

# Exhibit C-17 Schedule of Federal Awards

AMENDMENT #18

Date: September 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title          | BARS      | DOH Federal Award Date | Total Amt Federal Award | Allocation Period |          | Contract Amt | CFDA   | CFDA Program Title   | Federal Agency Name  | Federal Award Identification Number | Federal Grant Award Name  |
|--|-----------|------------------------|-------------------------|-------------------|----------|--------------|--------|--|--|-------------------------------------|---|
|  |           |                        |                         | Start Date        | End Date |              |        |  |  |                                     |   |
| FFY20 PPHF OPS                           | 333.93.26 | 07/01/19               | \$9,234,835             | 07/01/19          | 06/30/20 | \$2,500      | 93.268 | Immunization Cooperative Agreements  | Department of Health and Human Services Centers for Disease Control and Prevention             | NH23IP922619                        | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM  |
| FFY17 VFC OPS                            | 333.93.26 | 03/03/17               | \$1,201,605             | 01/01/18          | 06/30/18 | \$7,054      | 93.268 | Immunization Cooperative Agreements  | Department of Health and Human Services Centers for Disease Control and Prevention             | 5NH23IP000762-05-00                 | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM  |
| FFY17 PPHF OPS                           | 333.93.26 | 06/29/18               | \$3,634,512             | 07/01/18          | 06/30/19 | \$2,500      | 93.268 | Immunization Cooperative Agreements  | Department of Health and Human Services Centers for Disease Control and Prevention             | NH23IP000762                        | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM  |
| FFY17 INCREASING IMMUNIZATION RATES      | 333.93.26 | 06/29/18               | \$1,722,443             | 07/01/18          | 06/30/19 | \$16,134     | 93.268 | Immunization Cooperative Agreements  | Department of Health and Human Services Centers for Disease Control and Prevention             | NH23IP000762                        | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM  |
| FFY17 AFIX                               | 333.93.26 | 03/03/17               | \$1,672,289             | 01/01/18          | 06/30/19 | \$41,821     | 93.268 | Immunization Cooperative Agreements  | Department of Health and Human Services Centers for Disease Control and Prevention             | 5NH23IP000762-05-00                 | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM  |
| FFY17 317 OPS                            | 333.93.26 | 03/03/17               | \$575,969               | 01/01/18          | 06/30/18 | \$4,837      | 93.268 | Immunization Cooperative Agreements  | Department of Health and Human Services Centers for Disease Control and Prevention             | 5NH23IP000762-05-00                 | IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM  |
| FFY19 TOBACCO PREVENTION                 | 333.93.30 | 03/04/19               | \$5,538,507             | 03/29/19          | 04/28/20 | \$24,482     | 93.305 | National State Based Tobacco Control Programs  | Department of Health and Human Services Centers for Disease Control and Prevention             | NU58DP006004                        | TOBACCO CONTROL PROGRAM   |
| FFY18 TOBACCO PREVENTION                 | 333.93.30 | 03/22/18               | \$1,081,051             | 03/29/18          | 03/29/19 | \$11,012     | 93.305 | National State Based Tobacco Control Programs  | Department of Health and Human Services Centers for Disease Control and Prevention             | U58DP006004                         | TOBACCO CONTROL PROGRAM   |
| FFY19 COVID CARES                        | 333.93.32 | 04/23/20               | \$22,581,799            | 06/01/20          | 12/31/20 | \$314,824    | 93.323 | Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Building and Strengthening Epidemiology, Laboratory and | Department of Health and Human Services Centers for Disease Control and Prevention             | NU50CK000515                        | EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)-BUILDING & STRENGTHENING EPIDEMIOLOGY, |
| FFY20 CDC COVID-19 CRISIS RESP LHJ-TRIBE | 333.93.35 | 03/16/20               | \$13,230,799            | 01/20/20          | 12/31/20 | \$340,263    | 93.354 | Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis                       | Department of Health and Human Services Centers for Disease Control and Prevention             | NU90TP922069                        | CDC COOPERATIVE AGREEMENT FOR EMERGENCY RESPONSE: PUBLIC HEALTH CRISIS RESPONSE CDC-RFA-TP18-1802       |
| FFY20 TOBACCO-VAPE PREV COMP 1           | 333.93.38 | 06/21/20               | \$1,523,776             | 07/01/20          | 04/28/21 | \$24,482     | 93.387 | National and State Tobacco Control Program   | Department of Health and Human Services Centers for Disease Control and Prevention             | NU58DP006808                        | TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM  |
| FFY20 PHYS ACTVTY & NUTRITION PROG       | 333.93.43 | NGA Not Received       | NGA Not Received        | 09/30/20          | 09/29/21 | \$60,000     | 93.439 | State Physical Activity and Nutrition (SPAN)   | Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) | NGA Not Received                    | NGA Not Received  |
| FFY19 PHYS ACTVTY & NUTRITION PROG       | 333.93.43 | 07/24/19               | \$1,846,000             | 09/30/19          | 09/29/20 | \$60,000     | 93.439 | State Physical Activity and Nutrition (SPAN)   | Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC) | NU58DP006504                        | STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)   |
| FFY18 PHYS ACTVTY & NUTRITION PROG       | 333.93.43 | 09/01/18               | \$923,000               | 03/01/19          | 09/29/19 | \$60,000     | 93.439 | State Physical Activity and Nutrition (SPAN)   | Department of Health and Human Services  | NU58DP006504                        | STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)   |
| FFY17 TCPI PTN CONTRACTS                 | 333.93.63 | 09/24/15               | \$11,254,883            | 01/01/18          | 09/28/18 | \$73,117     | 93.638 | ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)                                     | Department of Health and Human Services Centers for Medicare and Medicaid Services             | 1L1331455                           | TRANSFORMING CLINICAL PRACTICES INITIATIVE  |

# Exhibit C-17 Schedule of Federal Awards

AMENDMENT #18

Date: September 15, 2020

KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2021

| Chart of Accounts Program Title        | BARS      | DOH Federal Award Date | Total Amt Federal Award | Allocation Period |          | Contract Amt        | CFDA   | CFDA Program Title   | Federal Agency Name   | Federal Award Identification Number | Federal Grant Award Name                               |
|--|-----------|------------------------|-------------------------|-------------------|----------|---------------------|--------|--|---|-------------------------------------|--|
|  |           |                        |                         | Start Date        | End Date |                     |        |  |   |                                     |  |
| FFY18 PHBG TOBACCO PPHF                | 333.93.75 | 08/31/18               | \$1,675,032             | 10/01/18          | 09/30/19 | \$40,000            | 93.758 | Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF) | Department of Health and Human Services Health Centers for Disease Control and Prevention | NB01OT009234                        | PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018 |
| FFY17 PHBG TOBACCO PPHF                | 333.93.75 | 03/09/17               | \$1,557,831             | 01/01/18          | 09/29/18 | \$29,034            | 93.758 | Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF) | Department of Health and Human Services Health Centers for Disease Control and Prevention | NB01OT00918                         | PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT      |
| FFY17 EPR HPP BP1 HEALTHCARE SYS PREP  | 333.93.88 | 07/18/17               | \$4,279,234             | 01/01/18          | 06/30/18 | \$18,420            | 93.889 | Public Health Emergency Preparedness   | Department of Health and Human Services Centers for Disease Control and Prevention        | NU90TP921889-01                     | HPP AND PHEP COOPERATIVE AGREEMENT                     |
| RYAN WHITE PART B COVID-19 RESPONSE    | 333.93.91 | 05/19/20               | \$320,994               | 01/20/20          | 12/31/20 | \$24,730            | 93.917 | HIV Care Formula Grants  | Department of Health & Human Services Administration                                      | 6X7CHA368990101                     | RYAN WHITE HIV/AIDS PROGRAM PART B COVID19 RESPONSE    |
| FFY19 RYAN WHITE SUPP DIRECT SVCS      | 333.93.91 | 04/02/18               | \$13,631,623            | 09/30/19          | 06/30/20 | \$109,140           | 93.917 | HIV Care Formula Grants  | Department of Health and Human Services Health Resources and Services Administration      | 5X07HA000832800                     | RYAN WHITE CARE ACT TITLE II                           |
| FFY19 RW HIV PEER NAV PROJ-PROVISO     | 333.93.91 | 04/02/18               | \$13,631,623            | 04/01/19          | 06/30/19 | \$14,353            | 93.917 | HIV Care Formula Grants  | Department of Health and Human Services Health Resources and Services Administration      | 5X07HA000832800                     | RYAN WHITE CARE ACT TITLE II                           |
| FFY18 RW HIV PROVIDER CAPACITY-PROVISO | 333.93.91 | 04/02/18               | \$13,631,623            | 04/01/18          | 03/31/19 | \$30,695            | 93.917 | HIV Care Formula Grants  | Department of Health and Human Services Health Resources and Services Administration      | 5X07HA000832800                     | RYAN WHITE CARE ACT TITLE II                           |
| FFY18 RW HIV PEER NAV PROJ-PROVISO     | 333.93.91 | 04/02/18               | \$13,631,623            | 04/01/18          | 03/31/19 | \$57,412            | 93.917 | HIV Care Formula Grants  | Department of Health and Human Services Health Resources and Services Administration      | 5X07HA000832800                     | RYAN WHITE CARE ACT TITLE II                           |
| FFY21 MCHBG LHJ CONTRACTS              | 333.93.99 | NGA Not Received       | NGA Not Received        | 10/01/20          | 09/30/21 | \$159,854           | 93.994 | Maternal and Child Health Services Block Grant to the States   | Department of Health and Human Services Health Resources and Services Administration      | NGA Not Received                    | NGA Not Received                                       |
| FFY20 MCHBG LHJ CONTRACTS              | 333.93.99 | 11/14/18               | \$2,225,977             | 10/01/19          | 09/30/20 | \$159,854           | 93.994 | Maternal and Child Health Services Block Grant to the States   | Department of Health and Human Services Health Resources and Services Administration      | B04MC32578                          | MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT         |
| FFY19 MCHBG LHJ CONTRACTS              | 333.93.99 | 11/14/18               | \$2,225,977             | 10/01/18          | 09/30/19 | \$159,854           | 93.994 | Maternal and Child Health Services Block Grant to the States   | Department of Health and Human Services Health Resources and Services Administration      | B04MC32578                          | MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT         |
| FFY18 MCHBG LHJ CONTRACTS              | 333.93.99 | 10/20/17               | \$1,650,528             | 01/01/18          | 09/30/18 | \$119,891           | 93.994 | Maternal and Child Health Services Block Grant to the States   | Department of Health and Human Services Health Resources and Services Administration      | B04MC31524                          | MATERNAL AND CHILD HEALTH SERVICES                     |
| FEMA-75 COVID LHJ ALLOCATION           | 333.97.03 | NGA Not Received       | NGA Not Received        | 07/01/20          | 12/30/20 | \$1,096,335         | 97.036 | Disaster Grants-Public Assistance (Presidentially Declared Disasters)  | Department of Homeland Security   | NGA Not Received                    | NGA Not Received                                       |
| <b>TOTAL</b>                           |           |                        |                         |                   |          | <b>\$10,819,504</b> |        |  |   |                                     |  |