

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

**CONTRACT NUMBER: CLH31014**

**AMENDMENT NUMBER: 17**

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



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

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:  
 BEACH Program - Effective March 1, 2024
  - Amends Statements of Work for the following programs:  
 Office of Drinking Water Group B Programs - Effective January 1, 2022  
 Office of Immunization-Regional Representatives - Effective July 1, 2023
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-17 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-16 Allocations as follows:
  - Increase of **\$50,230** for a revised maximum consideration of **\$18,745,581**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

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

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

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

KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  <small>Yolanda Fong (Apr 2, 2024 13:52 PDT)</small>	Signature:  <small>Brenda Hennison (Apr 3, 2024 07:32 PDT)</small>
Date: Apr 2, 2024	Date: Apr 3, 2024

APPROVED AS TO FORM ONLY  
Assistant Attorney General

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Pgms (inc. Admin) & 39.47% Environmental Hlth Pgms (inc. Admin)  
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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total	
					LHJ Funding Period	Start Date	End Date	Start Date			End Date
					Start Date	End Date	Start Date	End Date			
FFY23 IAR SNAP Ed Prog Mgmt-Region 5	NGA Not Received	Amd 9	10.561	333.10.56	10/01/22	09/30/23	10/01/22	09/30/23	\$115,813	\$213,829	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$98,016	(\$19,204)	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$12,723	\$104,497	
FFY22 IAR SNAP Ed Prog Mgmt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	\$104,497		
FFY24 SNAP Ed Prog Mgmt Admin IAR	NGA Not Received	Amd 15	10.561	333.10.56	10/01/23	09/30/24	10/01/23	09/30/24	\$127,434	\$127,434	
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$300	\$350,432	
FFY23 Housing People with AIDS Formula HUD	WAH23-F999	Amd 15	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$112,764		
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$23,000	\$126,989	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$103,989		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 16	14.241	333.14.24	09/01/23	06/30/24	07/01/20	08/24/24	\$3,200	\$3,200	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 10	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	(\$103,989)	\$27,229	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 5	14.241	333.14.24	07/01/22	06/30/23	07/01/20	06/30/23	\$131,218		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$28,622	\$49,215	
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 2	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$20,593	\$20,593	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 4	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$4,045	\$30,735	
FFY20 Housing People with AIDS Formula	WAH20-F999	Amd 1	14.241	333.14.24	01/01/22	06/30/22	07/01/20	06/30/23	\$26,690		
FFY24 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 17	66.472	333.66.47	03/01/24	09/30/24	01/01/24	11/30/24	\$25,000	\$75,000	
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$295,345	\$790,580	
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$7,500	
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$127,324	
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000	\$50,000	
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$19,907	\$19,907	
COVID19 Vaccines	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$283,424	\$283,424	

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COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$1,032,214	
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$1,027,214		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$250	\$2,750	
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,500		
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,613	\$17,747	
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$16,134		
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,800	\$30,800	
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$28,000		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$4,459	
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$1,959	\$1,959	
FFY23 VFC IQIP	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$27,588	\$27,588	
FFY23 VFC Ops	NH23IP922619	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$16,134	\$29,004	
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$12,870	\$12,870	
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$314,824	\$314,824	
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 7	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	(\$989,616)	\$155,419	
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$1,145,035		
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	(\$199,494)	\$2,720,344	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11, 16	93.323	333.93.32	01/01/22	06/30/24	01/15/21	07/31/24	\$2,919,838		
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/23	04/28/24	\$24,482	\$24,482	
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$2,000	\$82,000	
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000		

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FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93,439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$15,000	\$67,000
FFY21 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 1	93,439	333.93.43	01/01/22	09/29/22	09/30/21	09/29/22	\$52,000	
FFY22 PH Infrastructure Comp A1-LHJ	NE110E000053	Amd 16	93,967	333.93.96	01/01/24	12/31/24	12/01/22	06/30/25	\$200,000	\$200,000
FFY24 HRSA MCHBG LHJ Contracts	<b>B04MC52960</b>	Amd 14	93,994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$292,145
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93,994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$27,563)	\$132,291
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93,994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854	
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93,994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93,994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$14,691	\$134,581
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93,994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$119,890	
<b>SFY1 GFS - Group B</b>		<b>Amd 17</b>	<b>N/A</b>	<b>334.04.90</b>	<b>01/01/24</b>	<b>06/30/24</b>	<b>07/01/23</b>	<b>06/30/25</b>	<b>\$25,230</b>	<b>\$76,985</b>
GFS-Group B (FO-SW)		Amd 10	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878
GFS-Group B (FO-SW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877	\$25,877
State Drug User Health Program		Amd 7	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	(\$40,000)	\$0
State Drug User Health Program		Amd 5	N/A	334.04.91	07/01/22	06/30/23	07/01/21	06/30/23	\$40,000	\$0
State Drug User Health Program		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$20,000	\$20,000
Rec Shellfish/Biotoxin		Amd 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$20,000	\$40,000
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,333	\$33,333
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	(\$8,334)	\$0
Small Onsite Management (GFS)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$0
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$247,509	\$495,018
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$139,848
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$7,571	\$7,571

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SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24		\$100,530	\$294,530		
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23		\$4,000	\$194,000		
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23		\$190,000			
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25		\$38,402	\$104,106		
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23		\$38,402	\$38,402		
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23		\$27,302	\$27,302		
SFY25 Wastewater Management-GFS		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25		\$8,334	\$38,334		
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23		\$30,000	\$30,000		
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23		\$30,814	\$185,184		
HIV Local Proviso-RW Grant Year 2022		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23		\$92,442	\$92,442		
HIV Local Proviso-RW Grant Year 2022		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23		(\$19,580)	\$21,174		
HIV Local Proviso-RW Grant Year 2022		Amd 2	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23		\$19,880	\$19,880		
HIV Local Proviso-RW Grant Year 2022		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23		\$20,874	\$20,874		
HIV Local Proviso-RW Grant Year 2021		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22		\$19,880	\$40,754		
HIV Local Proviso-RW Grant Year 2021		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22		\$20,874	\$20,874		
FFY24 RW Grant Year Rebate		Amd 16	N/A	334.04.98	04/01/24	12/31/24	04/01/24	03/31/25		\$568,500	\$1,876,585		
FFY23 RW Grant Year Rebate		Amd 16	N/A	334.04.98	01/01/24	03/31/24	07/01/23	03/31/24		\$189,500	\$189,500		
RW FFY23 Grant Year Rebate		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/24		\$313,800	\$313,800		
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23		\$9,940	\$126,086		
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23		\$116,146	\$116,146		
RW FFY22 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23		\$29,820	\$378,258		
RW FFY22 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	07/01/22	03/31/23	04/01/22	03/31/23		\$348,438	\$348,438		
RW FFY22 Grant Year Local (Rebate)		Amd 10	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23		\$19,580	\$135,726		
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23		\$116,146	\$116,146		
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22		\$48,569	\$164,715		
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22		\$116,146	\$116,146		
YR3 TFAH-Trust for America's Health		Amd 2, 10	N/A	334.04.98	10/01/22	03/31/23	10/01/22	09/30/23		\$5,400	\$5,400		
YR2 TFAH-Trust for America's Health		Amd 2	N/A	334.04.98	02/01/22	09/30/22	10/01/21	09/30/22		\$4,600	\$4,600		
FPFH-LHJ-Proviso (YR2)		Amd 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23		\$250,000	\$2,719,000		
FPFH-LHJ-Proviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23		\$2,469,000	\$2,469,000		
FPFH-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23		\$0	\$0		
FPFH-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23		\$1,345,000	\$1,345,000		
FPFH-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23		\$1,345,000	\$1,345,000		

EXHIBIT B-17  
 ALLOCATIONS  
 Contract Term: 2022-2024

Kitsap Public Health District

Indirect Rate January 1, 2022-December 31, 2022: 37.96% Admin & Facilities; 37.96% Community Hlth Prgms (inc. Admin) & 39.47% Environmental Hlth Prgms (inc. Admin)  
 Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community Hlth Prgms (inc. Admin) & 36% Environmental Hlth Prgms (inc. Admin)  
 Indirect Rate January 1, 2024-December 31, 2024: 28.76% Admin & Community Health Prgms; 31.32% Environmental Health Prgms

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date		
SFY24 FPHS-LHJ-Funds-GFS		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$3,649,000	\$3,649,000
SFY24 FPHS-LHJ-Funds-GFS		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,469,000	\$2,469,000
YR 25 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$10,750	\$10,750
YR 25 SRF - Local Asst (15%) SS		Amd 14	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$500	\$13,750
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250	\$13,250
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500	\$17,500
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000	\$3,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000
<b>TOTAL</b>									<b>\$18,745,581</b>	<b>\$18,745,581</b>
<b>Total consideration:</b>										<b>\$18,745,581</b>
<b>GRAND TOTAL</b>										<b>\$7,678,310</b>
										<b>\$11,067,271</b>

\*Assistance Listing Number fka Catalog of Federal Domestic Assistance  
 \*\*Federal revenue codes begin with "333". State revenue codes begin with "334".

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

**DOH Program Name or Title:** BEACH Program - Effective March 1, 2024

**Local Health Jurisdiction Name:** Kitsap Public Health District  
**Contract Number:** CLH31014

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

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Period of Performance:** March 1, 2024 through September 30, 2024

**Statement of Work Purpose:** The Beach Environmental Assessment, Communication, and Health (BEACH) Program works with LHJ to monitor water at marine swimming beaches for bacteria and provide public notification when levels are unsafe.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY24 SWIMMING BEACH GRANT IAR (ECY)	26505924	66.472	333.66.47	03/01/24	09/30/24	0	25,000	25,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>25,000</b>	<b>25,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	BEACH Program Administration and Annual Meeting: Time spent on administrative duties related to the BEACH Program and the 2024 Annual meeting.	Summarize time spent on administrative duties in annual report.	Annual meeting held in March 2024. Annual report due September 30, 2024.	Reimbursement for actual costs up to \$25,000 for tasks 1-3. Subrecipient may use their discretion in prioritizing which task(s) to pay with this award.
2	<u>Bacteria Monitoring &amp; Public Notification</u> <ul style="list-style-type: none"> <li>Collect samples and field observations in accordance with BEACH Program Quality Assurance Project Plan (QAPP). Notify BEACH Program Coordinator in advance if samples cannot be collected. Coordinate deviations from the QAPP and/or schedule with the BEACH Program Coordinator.</li> <li>Post and/or remove swimming advisory signs as needed. Provide public education about beach water</li> </ul>	<ol style="list-style-type: none"> <li>Enter data into Department of Ecology's BEACH Program Database.</li> <li>Email copies of laboratory analytical reports to BEACH Program Coordinator.</li> <li>Include a list of swimming advisories in annual report.</li> </ol>	<ol style="list-style-type: none"> <li>Enter data results into database by Friday each week of sample collection.</li> <li>Email copies of reports upon receipt.</li> <li>Annual report due September 30, 2024.</li> </ol>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	<p>quality. Notify BEACH Program Coordinator of swimming advisories as soon as possible.</p> <p><b>Illness Pollution Investigations</b>                      Notify BEACH Program Coordinator of any illness reports related to recreational swimming beaches. Conduct illness investigations as needed.</p>	<p>1. Provide notification via telephone to BEACH Program Coordinator.</p> <p>2. Summarize illness investigation in annual report.</p>	<p>1. Within fourteen (14) business days.</p> <p>2. Annual report due September 30, 2024.</p>	

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

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

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

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on [USASpending.gov](https://www.usaspending.gov) by DOH as required by P.L. 109-282.

**Program Specific Requirements**

The funds for this project are being provided by an Environmental Protection Agency grant, Agreement Number CU-01J74301-3, Catalog of Federal Domestic Assistance Number 66.472 – Beach Monitoring and Notification Program Implementation Grants.

**Program Manual, Handbook, Policy References:**

Quality Assurance Project Plan <https://apps.ecology.wa.gov/publications/SummaryPages/1903119.html>



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

**DOH Program Name or Title:** Office of Drinking Water Group B Programs - Effective January 1, 2022      **Local Health Jurisdiction Name:** Kitsap Public Health District

**Contract Number:** CLH31014

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

**Period of Performance:** January 1, 2022 through June 30, 2024

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide financial support to LHJs implementing local Group B water systems programs.

**Revision Purpose:** The purpose of this revision is to extend the period of performance from 06/30/23 to 06/30/24 and provide additional financial support from 01/01/24 through 06/30/24 to LHJs implementing local Group B water systems programs.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
GFS Group B (FO-SW)	24230103	N/A	334.04.90	01/01/22	06/30/22	25,877	0	25,877
GFS Group B (FO-SW)	24230104	N/A	334.04.90	01/01/23	06/30/23	25,878	0	25,878
SFY1 GFS - Group B	24110843	N/A	334.04.90	01/01/24	06/30/24	0	25,230	25,230
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>51,755</b>	<b>25,230</b>	<b>76,985</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Implement a Group B water system program through a Local Ordinance. Reference DOH MOA #CLH23660.	An executed Memorandum of Agreement (MOA) with DOH identifying responsibilities of a full Group B program through a Local Ordinance.	January 1, <del>2023</del> 2022 thru June 30, <del>2023</del> 2024	Lump sum payment (See Special Billing Requirements)

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

**Program Specific Requirements**

**Special Billing Requirements:**

*For January 1, 2022 thru June 30, 2022, LHJ shall submit one invoice no later than June 30, 2022 and payment cannot exceed a maximum cumulative fee of \$25,877.*  
 For January 1, 2023 thru June 30, 2023, LHJ shall submit one invoice no later than June 30, 2023 and payment cannot exceed a maximum cumulative fee of \$25,878.

*For January 1, 2024 thru June 30, 2024, LHJ shall submit one invoice no later than June 30, 2024 and payment cannot exceed a maximum cumulative fee of \$25,230.*

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

**DOH Program Name or Title:** Office of Immunization-Regional Representatives - Effective July 1, 2023

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

**Contract Number:** CLH31014

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

**Period of Performance:** July 1, 2023 through June 30, 2024

<b>Funding Source</b> <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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**Statement of Work Purpose:** The purpose of this statement of work is to define required Childhood Vaccine Program (CVP) activities for regional representatives.

**Revision Purpose:** The purpose of this revision is to add Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
FFY24 CDC IQIP Regional Rep	74310244	93.268	333.93.26	07/01/23	06/30/24	30,800	0	30,800
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>30,800</b>	<b>0</b>	<b>30,800</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.	a) Provider Agreement New Enrollment Packet with original or electronic signature – DOH 348-022 b) New Enrollment Training Guide (CVP SharePoint Site) c) Information Sharing Agreement with original signature - DOH 348-576. This document must be mailed to DOH.	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 #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p>Facilitate vaccine transfer/removal for providers who merge with existing health care organizations or who discontinue participating in the Childhood Program, when requested by DOH. Transfers must be approved by DOH and performed in accordance with CDC and CVP guidelines.</p>	<p>Submit completed Provider Disenrollment form DOH 348-423 when facilitating the transfer/removal of vaccine for providers who merge or dis-enroll from the Childhood Vaccine Program.</p>	<p>Within ten (10) days of vaccine transfer or removal</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3	<p>Conduct Unannounced Vaccine Storage and Handling (USH) visits at 5% of enrolled health care provider sites within the assigned region. Sites may be selected by DOH or by using the DOH USH Visit Planning List. All visits must be conducted in person in accordance with the CVP Operations Guide.</p> <ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	<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>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
4	<p>Complete the CVP Compliance Visit Project Schedule 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>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>a) Submit completed CVP Compliance Visit Project Schedule to DOH</p> <p>b) Enter responses from the Compliance Site Visit Reviewer Guide into the Provider Education, Assessment, and Reporting (PEAR) online system for each compliance site visit. Follow all corrective action and follow-up guidance provided by PEAR and the Childhood Vaccine Program for each incorrect response.</p> <p>c) Upload the signed Acknowledgement of Receipt form, Chart Review Worksheet, and Billing Practices Form to the site visit in PEAR.</p>	<p>a) By July 31</p> <p>b) Online at the time of the Compliance Site Visit or within five (5) business days of the site visit if online access was not possible even with equipment intended for access.</p> <p>c) Within five (5) business days of the site visit.</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<p>All CVP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee annually.</p> <p><b><u>IQIP (Immunization Quality Improvement for Providers)</u></b></p> <p>Complete Project Management Scheduling Tool</p> <p>Complete initial IQIP (Immunization Quality Improvement for Providers) visits with 25% of eligible enrolled health care providers within the assigned region by June 15, 2024. A minimum of 30% of total visits assigned per region must be initiated within the first half Project year and take place in person or via webinar and in accordance with the Immunization Quality Improvement for Providers Guide on IQIP SharePoint/Basecamp site.</p> <p>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 Immunization Quality Improvement for Provider’s Guide.</p> <p>All IQIP reviewers are required to have at least one (1) observational visit conducted by DOH Office of Immunization staff or their designee. The observational visit will occur within four (4) months of the annual/ initial training.</p>	<p>d) Enter resolved site visit follow-up actions and upload applicable documentation in PEAR.</p> <p>e) Respond to requests from DOH to schedule observation visit.</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>Complete and submit IQIP visit evaluation survey</p>	<p>d) Within five (5) business days of receiving the document(s) follow-up action was completed.</p> <p>e) Within 5 business days of DOH request.</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>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

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

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

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

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

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

**Program Specific Requirements**

- *Tasks in this statement of work may not be subcontracted without prior written approval from the Office of Immunizations.*
- *Regional Representatives must have access to a digital data logger with current certificate of calibration and qualified pack outs or portable storage units for the purposes of transporting vaccine at appropriate temperatures when needed (see definitions in the DOH Vaccine Management Plan).*
- *Regional consultants will limit use of Immunization Information System (IIS) user accounts to view the data needed to conduct site visits with enrolled sites, and DOH reserves the right to limit regional consultant IIS access if used for unauthorized purposes, including but not limited to, editing, or approving Childhood Vaccine Program provider agreements or vaccine-related requests.*

**Unallowable Costs:**

There are limitations from the funding source on allowable costs for this contract. If the contractor is unsure if a cost is allowable, they should contact the contract manager for approval of the cost prior to making the purchase or charge.

- Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)
- Alcoholic beverages
- Building, purchases, construction, capital improvements
- Clinical care (non-immunization services)
- Entertainment costs
- Fundraising Cost
- Goods and services for personal use
- Honoraria
- Independent Research
- Land acquisition
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of a bad debt, collection of improper payments
- Promotional and/or incentive materials (e.g., plaques, clothing, and commemorative items such as pens, mugs/cups, folders/folios, lanyards, magnets, conference bags)
- Purchase of food/meals (unless part of required travel per diem costs)
- Vehicle Purchase











# CLH31014 Kitsap Amend #17

Final Audit Report

2024-04-03

Created:	2024-02-29
By:	Brenda Henrikson (Brenda.Henrikson@DOH.WA.GOV)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvQ9AT-4w2_X3HDbVNUHxSivRsh_AnImz

## "CLH31014 Kitsap Amend #17" History

-  Document created by Brenda Henrikson (Brenda.Henrikson@DOH.WA.GOV)  
2024-02-29 - 1:16:30 AM GMT
-  Document emailed to yolanda.fong@kitsappublichealth.org for signature  
2024-02-29 - 1:17:18 AM GMT
-  Email viewed by yolanda.fong@kitsappublichealth.org  
2024-02-29 - 5:55:29 PM GMT
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2024-03-11 - 3:34:40 PM GMT
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2024-03-20 - 3:32:21 PM GMT
-  Email viewed by yolanda.fong@kitsappublichealth.org  
2024-03-26 - 2:23:51 PM GMT
-  Email viewed by yolanda.fong@kitsappublichealth.org  
2024-04-01 - 3:38:23 PM GMT
-  Signer yolanda.fong@kitsappublichealth.org entered name at signing as Yolanda Fong  
2024-04-02 - 10:32:50 PM GMT
-  Document e-signed by Yolanda Fong (yolanda.fong@kitsappublichealth.org)  
Signature Date: 2024-04-02 - 10:32:52 PM GMT - Time Source: server
-  Document emailed to Brenda Henrikson (Brenda.Henrikson@DOH.WA.GOV) for signature  
2024-04-02 - 10:32:54 PM GMT

 Document e-signed by Brenda Henrikson (Brenda.Henrikson@DOH.WA.GOV)

Signature Date: 2024-04-03 - 2:32:43 PM GMT - Time Source: server

 Agreement completed.

2024-04-03 - 2:32:43 PM GMT