Kitsap Public Health District
Consent Agenda
February 7, 2023

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
2203 Amendment 10	**CLH31014 Amendment 10**	**WA State Dept. of Health** *Consolidated Contract*	Amendment	01/01/2022-12/31/2024	**$90,795**	**$0**
Description: Adds statements of work for the TB Program. Amends statements of work for Age-Friendly Public Health Systems (AFPHS Learning and Action Network, HIV Client Services-HOPWA, Infectious Disease Care & Prevention (IDCP), Infectious Disease Care and Prevention, Injury & Violence Prevention Overdose Data to Action, Office of Drinking Water Group B Programs, Office of Immunization COVID-19 Vaccine and adds and additional $90,795 in funding for a revised maximum consideration of $11,981,934.						
2311	**11323-23-DATA**	**Clallam County** *Communicable Disease/Opioid Dashboard*	Interlocal Agreement	01/01/2023-12/31/2023	**$21,935**	**$0**
Description: KPHD epi staff to prepare monthly communicable disease report, update opioid surveillance dashboard/report, and support general data requests for/from Clallam County.						

KITSAP PUBLIC HEALTH DISTRICT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31014 **AMENDMENT NUMBER: 10**

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/sitepages/home.aspx?=e1:9a94688da2d94d3ea80ac7fbc32e4d7c

   ☒ Adds Statements of Work for the following programs:

   TB Program - Effective July 1, 2022

   ☒ Amends Statements of Work for the following programs:

   Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022
   HIV Client Services-HOPWA - Effective July 1, 2022
   Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2022
   Infectious Disease Care & Prevention - Effective July 1, 2022
   Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022
   Office of Drinking Water Group B Programs - Effective January 1, 2022
   Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-10 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-9 Allocations as follows:

   ☒ Increase of **$90,795** for a revised maximum consideration of **$11,981,934**.

   ☐ 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:	Signature:
Date:	Date:

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)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
FFY23 IAR SNAP Ed Prog Mgnt-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	$115,813	$213,829
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 7	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	($19,204)	$98,016	
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 4	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	$12,723		
FFY22 IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 1	10.561	333.10.56	01/01/22	09/30/22	10/01/21	09/30/22	$104,497		
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	$11,418
FFY22 Housing People with AIDS Formula	**WAH21-F999**	**Amd 10**	**14.241**	**333.14.24**	**10/01/22**	**06/30/23**	**09/12/22**	**06/30/23**	**$103,989**	**$103,989**	**$211,168**
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		
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		
FFY22 Swimming Beach Act Grant IAR (ECY)	NGA Not Received	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	$25,000	$25,000	$25,000
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	$495,235
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	**NGA Not Received**	**Amd 10**	**93.116**	**333.93.11**	**07/01/22**	**12/31/22**	**05/21/22**	**12/31/22**	**$7,500**	**$7,500**	**$7,500**
FFY22 Overdose Data to Action Prev	**NGA Not Received**	**Amd 10**	**93.136**	**333.93.13**	**09/01/22**	**08/31/23**	**09/01/22**	**08/31/23**	**$57,417**	**$107,417**	**$127,324**
FFY22 Overdose Data to Action Prev	NGA Not Received	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	$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	$283,424
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	$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		
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	$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	$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	$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	$314,824

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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	$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	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	($199,494)	$2,720,344	$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9	93.323	333.93.32	01/01/22	07/31/23	01/15/21	07/31/24	$2,919,838		
FFY21 SHARP HAI ELC	NGA Not Received	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	$192,500	$192,500	$192,500
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	$48,964
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	NGA Not Received	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	$80,000	$80,000	$147,000
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		
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	$159,854	$159,854	$294,435
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		
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**	**$51,755**
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	$20,000
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		
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 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	$20,000	$20,000	$20,000
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	$37,500
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	
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	$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	$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	
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	$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		
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	$65,704
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	

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Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHJ Funding Period Start Date	Statement of Work LHJ Funding Period End Date	DOH Use Only Chart of Accounts Funding Period Start Date	DOH Use Only Chart of Accounts Funding Period End Date	Amount	Funding Period SubTotal	Chart of Accounts Total
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	$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	$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		
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		
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		
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	$804,785
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		
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		
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		
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		
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	$10,000
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	
FPHS-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	$3,814,000
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	($1,345,000)	$0	
FPHS-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		
FPHS-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	
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	$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		
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	$1,000
TOTAL									**$11,981,934**	**$11,981,934**	

Total consideration:	**$11,891,139**	**GRAND TOTAL**	**$11,981,934**
	$90,795		
GRAND TOTAL	**$11,981,934**	**Total Fed**	**$6,341,649**
		Total State	**$5,640,285**

*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: Age-Friendly Public Health Systems (AFPHS) Learning & Action Network - Effective February 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☒ Other		

Period of Performance: February 1, 2022 through March 31, 2023

Statement of Work Purpose: To support local health jurisdictions (LHJs) to explore and expand their roles to address the health needs of older adults in their community through participating in the AFPHS Learnng and Action Network and completing the tasks listed in the Statement of Work.

Revision Purpose: The purpose of this revision is to extend the period of performance and YR2 funding from 3/1/23 to 3/31/23 to allow for in-person convening under task # 6.

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 None	Total Allocation
YR2 TFAH-Trust for America's Health	98117002	N/A	334.04.98	02/01/22	09/30/22	4,600	0	4,600
YR3 TFAH-Trust for America's Health	98117003	N/A	334.04.98	10/01/22	03/31/23	5,400	0	5,400
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**10,000**	**0**	**10,000**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Participate in Age-Friendly Public Health Systems (AFPHS) Learning and Action Network calls that will last 1—2 hours	Designated project lead or their back-up contact actively participate in monthly calls.	The following are the dates of the calls in 2022: 2/1, 3/2, 4/12, 6/14, 8/23, 10/18 & 12/13	Total for attending all these meetings -$1,200. Billing directions: For 2/1/22 & 3/2/22-$100 per meeting. For 4/12, 6/14, 8/23, 10/18 & 12/13/22-$200 per meeting.
2	Participate in at least 12 of the AFPHS Trust for America's Health (TFAH) monthly webinar trainings-either live or recorded versions.	Attend and/or listen to at least 12 of the TFAH AFPHS monthly one-hour webinar trainings and include the names of the training webinars either attended and/or	Final report due by 3/1/23	$1,200

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		listened to in a written final report template to be provided by DOH.		
3	Develop county specific AFPHS Action Plan with Area Agency on Aging, utilizing the data from the Older Adult Health County Profiles. The plan should include at least one activity that falls within the AFPHS 6C's framework.	Prior to finalization of the plan, review Draft plan with DOH and TFAH, via a virtual meeting. The meeting should take place by 3/17/22. Submit an electronic copy or a hyperlink to the finalized plan.	Finalize plan by 3/31/22	$1,000
4	Implement at least one activity that falls within the AFPHS 6Cs Framework. Examples are included in the application for this funding and additional ideas can be discussed with TFAH and DOH.	Begin to implement the 6C or 6C's listed in AFPHS Action Plan.	9/30/22	$500 must be billed by 9/30/22
		Complete the AFPHS 6C's framework activity. This activity is documented in the county specific AFPHS Action Plan.	2/17/23	$500 must be billed at the completion of the 6C or 6C's listed in the county specific AFPHS Action Plan
5	Provide content specific to healthy aging, brain health, and Alzheimer's disease/dementia on agency website, including links to national, state, and local resources.	Healthy aging, brain health, and Alzheimer's disease/dementia content is available on LHJ's website and includes links to national, state, and local resources.	Content available on website June 1, 2022 through August 31, 2022	$500
6	Attend one 6-hour convening	Attend convening-when safe to travel meeting in Olympia. If not safe to travel convenings will be held virtually.	TBD - Travel costs will be covered via additional grant funding-not out of this contract funds.	Payment is for staff time to attend convening: $500. Payment for attending the in-person convening must be billed after 10/1/22.
		Spend time reviewing resources about and/or related to AFPHS work. No specific deliverable is due for the capacity building-it is assumed as part of this work	Capacity building-before 9/30/22	The $500 payment for capacity building must be billed prior to 9/30/22.
7	Implement and complete items in AFPHS Action Plan	Report on completion of AFPHS Action Plan in final report.	2/17/23	$2,500
8	Complete five-month update	Two five-month updates.	6/30/22 & 11/30/22	$500 per report (2x$500 totaling $1000)
9	Final Report	Final report Template to be provided by DOH.	3/1/23	$600

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.

Program Specific Requirements

Special Requirements:

- Grant funds **may be** used for project staff salaries, supplies, project-related (local) travel, subcontracts, community convenings, and other direct expenses. Funding can be used towards the cost of implementing the AFPHS Action Plan. For example, if there are costs associated with renting space to meet or if food is needed for in-person group meetings.

Staffing Requirements: Designate project lead and a back-up contact

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):

- Grant funds **may not** be used to substitute for or replace funds already allocated or spent for the same activity; or for equipment, construction or renovation of facilities, lobbying, travel unrelated to the project, or as a substitute for funds currently being used to support similar activities.

Definitions: TFAH stands for Trust for America's Health. AFPHS stands for Age-Friendly Public Health Systems.

Other:

- Travel to Olympia or another location for AFPHS Learning and Action Network convening(s) is required and will be reimbursed separately, based on WA State Per Diem Rates and will include mileage and per diem for meals and hotel. This will be reimbursed separately for one participant from the LHJ and AAA per county team. In-person convenings will take place once it is safe to do so; until then convenings will take place virtually, due to COVID-19. There will be up to two in-person convenings depending on travel restrictions due to COVID-19.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: HIV Client Services-HOPWA - Effective July 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient	☒ FFATA (Transparency Act)	☒ Reimbursement
☐ State	☐ Research & Development	☐ Fixed Price
☐ Other		

Period of Performance: October 1, 2022 through June 30, 2023

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/aquired immune deficiency syndrome (HIV/AIDS) or related diseases and their families.

Revision Purpose: The purpose of this revision is to break out funding between the 2021 and 2022 HOPWA Formula Grant. There were no other changes to this statement of work.

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 None	Total Allocation
FFY21 HOUSING-PEOPLE W/AIDS FORMULA	12660221	14.241	333.14.24	07/01/22	06/30/23	131,218	-103,989	27,229
FFY22 HOUSING-PEOPLE W/AIDS FORMULA	12660222	14.251	333.14.24	10/01/22	06/30/23	0	103,989	103,989
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**131,218**	**0**	**131,218**

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1	Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families. 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. Services are restricted to households with at least one person who has HIV/AIDS	-Perform prompt housing inspections. -Make prompt rent and deposit payments to landlords and make utility payments to utility companies. -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. -Provide or refer eligible clients to supportive services and permanent housing placement when appropriate. -Prepare and submit monthly invoice vouchers by the 25th of the month following provision of services, except in July, when it is due on the 10th of the month.	Required reports are to be submitted in a timely manner. DOH may delay payment until the reports are received or recapture unclaimed funds.	***MI 12660221 (effective 7/1/22)*** **Administrative:** *$1,781.29* ~~$8,584~~ **Support Services:** *$1,132.88* ~~$5,000~~ **STRMU:** *$6,730.17* ~~$26,250~~

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).	-Submission of Consolidated Annual Performance Report (CAPER) by August 10. -Submission of Monitor responses by the due date requested.		~~**Permanent Housing Placement:** $0~~ **Tenant Based Rental Assistance:** *$17,583.97* ~~$91,384~~ ~~**Housing Information Services:** $0~~ **TOTAL:** ***$27,228.31*** ~~**$131,218**~~ ***MI 12660222 (effective 10/1/22) Administrative:*** *$6,802.71* ***Support Services:*** *$3867.12* ***STRMU:*** *$19,519.83* ***Tenant Based Rental Assistance:*** *$73,800.03* ***TOTAL: $103,989.69***

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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 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

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:

i) The LHJ shall submit all claims for payment for costs due and payable under this SOW and incurred during this period by **July 31, 2023**. DOH will pay belated claims at its discretion, contingent upon the availability of funds.

ii) The LHJ agrees to reimburse DOH for expenditures billed to DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii) **Submission of Invoice Vouchers –** On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25th of the following month.**
(1) The LHJ shall use and adhere to the DOH Infectious Disease Reimbursement Guidelines and Forms when submitting A19 invoice voucher requests to DOH.

iv) **Advance Payments Prohibited** Funds are "cost reimbursement" funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of "one-twelfth" of the current fiscal year's funding.
E-mail invoices to: ID.Operations@doh.wa.gov
Payment to LHJ: The LHJ will be reimbursed the amount for payments listed on the monthly invoice voucher upon receipt and approval of the required reports submitted by the due dates listed.

Contract Modifications:

(1) Notice of Change in Services – LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede provision of the services contained in this Statement of Work. DOH and LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of noncompliance.

(2) Contract Amendments – Effective Date – LHJ shall not begin providing the services authorized by a contract amendment until such time as LHJ has received a signed, fully executed copy of the contract amendment from DOH.

Confidentiality Requirements:

LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Failure to maintain client confidentially 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.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) - Effective January 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☒ Reimbursement
☒ State	☐ Research & Development	☐ Fixed Price
☒ Other		

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 comprehensive Syringe Service Program (SSP) to people who use drugs (PWUD).

Revision Purpose: The purpose of this revision is to move funds from HIV LOCAL PROVISO-RW GRANT YEAR 2022 to FFY22 RW GRANT YEAR LOCAL (REBATE) to allow for payment of the June invoice.

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 None	Total Allocation
FFY21 RW GRANT YEAR LOCAL (REBATE)	1261851C	N/A	334.04.98	01/01/22	03/31/22	164,715	0	164,715
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	04/01/22	06/30/22	116,146	19,580	135,726
STATE DRUG USER HEALTH PROGRAM	12405100	N/A	334.04.91	01/01/22	06/30/22	20,000	0	20,000
HIV LOCAL PROVISO - RW GRANT YEAR 2021	12618511	N/A	334.04.98	01/01/22	03/31/22	40,754	0	40,754
HIV LOCAL PROVISO - RW GRANT YEAR 2022	12618521	N/A	334.04.98	04/01/22	06/30/22	40,754	-19,580	21,174
						0	0	0
TOTALS						**382,369**	**0**	**382,369**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		Drug User Health		
Syringe Service Program (SSP)	**Syringe Service Program (SSP):** 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 disease. SSP will offer	Identify and submit annual projections for each of the SSP deliverables. 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.	**$20,000 – MI 12405100 – State Drug User Health** $20,000 for 1/1/22-6/30/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	referrals to address social determinants of health.			
HIV Community Services - Care				
Outreach Services – Peer Navigation	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. 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.	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	**$21,174– MI 12618511 – Local Proviso** $21,174 for 1/1/22-3/31/22 **$21,174 – MI 12618521 – Local Proviso** $21,174 for 4/1/22-6/30/22
Case Management	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.	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. 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 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. Deliverables for this reporting period have been identified and	Agency must adhere to DOH ID Reporting Requirements	**$172,703 – MI 1261851C – Local Rebates** $172,703 for 1/1/22-3/31/22 **$125,391– MI 1261852C – Local Rebates** $125,391 for 4/1/22-6/30/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		can be referenced in LHJ's Quarterly Report Grid.		
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. 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	**$1,377– MI 1261851C – Local Rebates** $1,377 for 1/1/22-3/31/22 **$1,125 – MI 1261852C – Local Rebates** $1,125 for 4/1/22-6/30/22
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 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	**$4,012– MI 1261851C – Local Rebates** $4,012 for 1/1/22-3/31/22 **$800 – MI 1261852C – Local Rebates** $800 for 4/1/22-6/30/22
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 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	**$2,873– MI 1261851C – Local Rebates** $2,873 for 1/1/22-3/31/22 **$5,080— MI 1261852C – Local Rebates** $5,080 for 4/1/22-6/30/22

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Emergency Financial Assistance	Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. **Please note:** Any service(s) costing greater than $1000.00 must be pre-approved by DOH.	Agency must enter data into the approved DOH data system for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake. **Please note:** This task requires client level data to be entered into Provide	Agency must adhere to DOH ID Reporting Requirements	**$0 – MI 1261851C – Local Rebates** $0 for 1/1/22-3/31/22 **$0 – MI 1261852C – Local Rebates** $0 for 4/1/22-6/30/22
HIV Clinical Quality Management (CQM)/Improvement	CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction. Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. Performance measurement prioritization and alignment with other RWHAP Parts in the service area. Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)	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 Management Team. Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.	Agency must adhere to DOH ID Reporting Requirements	**$3,330 – MI 1261851C – Local Rebates** $3,330 for 1/1/22-3/31/22 **$3,330 – MI 1261852C – Local Rebates** $3,330 for 4/1/22-6/30/22

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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, 2022. 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 25th 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

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)

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Infectious Disease Care & Prevention - Effective July 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One>	☐ FFATA (Transparency Act)	☒ Reimbursement
☒ State	☐ Research & Development	☐ Fixed Price
☒ Other		

Statement of Work Purpose: The purpose of this statement of work is to provide client-centered activities that improving health outcomes in support of the HIV care continuum.

Revision Purpose: Update MI Codes and reallocate funding in tasks and update deliverable/outcome language.

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
FFY22 RW GRANT YEAR LOCAL (REBATE)	1261852C	N/A	334.04.98	07/01/22	03/31/23	378,258	0	378,258
FFY23 RW GRANT YEAR LOCAL (REBATE)	1261853C	N/A	334.04.98	04/01/23	06/30/23	126,086	0	126,086
HIV LOCAL PROVISO - RW GRANT YEAR 2022	12618521	N/A	334.04.98	07/01/22	03/31/23	92,442	0	92,442
HIV LOCAL PROVISO - RW GRANT YEAR 2023	12618531	N/A	334.04.98	04/01/23	06/30/23	30,814	0	30,814
						0	0	0
						0	0	0
TOTALS						**627,600**	**0**	**627,600**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV Community Services - Care				
Outreach Services – Peer Navigation	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. 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.	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	**Total reimbursement not to exceed $84,696. See split out below by code.** **$63,522– MI 12618521 – Local Proviso** $63,522 for 7/1/22-3/31/23 **$21,174 – MI 12618531 – Local Proviso** $21,174 for 4/1/23-6/30/23
Case Management	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.	*Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the Program Manager.* Agency must create a file in the DOH approved data system. *Provide* for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake. Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system. *Provide* as appropriate, within five (5) business days from Client Interaction or on behalf of Client Agency must Track and report within the DOH-approved data	Agency must adhere to DOH ID Reporting Requirements	**Total reimbursement not to exceed *$502,354* ~~*$501,565*~~. See split out below by code.** ***$376,766*** ~~***$376,173***~~ **– MI 1261852C – Local Rebates** *$376,766* ~~*$376,173*~~ for 7/1/22-3/31/23 ***$125,588*** ~~***$125,391***~~ **– MI 1261853C – Local Rebates** *$125,588* ~~*$125,391*~~ for 4/1/23-6/30/23

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		system. *Provide* any and all Performance Measures related to this Service Category as directed by DOH Quality Team. Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.		
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. *Provide* any and all activity related to this Service Category. 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	**Total reimbursement not to exceed $4,500. See split out below by code.** ***$1,492*** ~~***$3,375***~~ **– MI 1261852C – Local Rebates** *$1,492* ~~*$3,375*~~ for 7/1/22-3/31/23 ***$1,883 – MI 12618521 – Rebates Proviso*** *$1,883 for 7/1/22-3/31/23* ***$497*** ~~***$1,125***~~ **– MI 1261853C – Local Rebates** *$497* ~~*$1,125*~~ for 4/1/23-6/30/23 ***$628 – MI 12618531 – Rebates Proviso*** *$628 for 4/1/23-6/30/23*
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. *Provide* any and all activity related to this Service Category 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	**Total reimbursement not to exceed** ***$10,000*** ~~***$14,972***~~**. See split out below by code.** ~~***$14,972 – MI 1261852C – Local Rebates***~~ ~~*$14,972 for 7/1/22-3/31/23*~~ ~~***$3,743 – MI 1261853C – Local Rebates***~~

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				~~*$3,743 for 4/1/23-6/30/23*~~ ***$7,500 – MI 12618521 – Rebates Proviso*** *$7,500 for 7/1/22-3/31/23* ***$2,500 – MI 12618531 – Rebates Proviso*** *$2,500 for 4/1/23-6/30/23*
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. *Provide* any and all activity related to this Service Category 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	**Total reimbursement not to exceed *$8,200* ~~*$8,548*~~. See split out below by code.** ~~***$6,411 – MI 1261852C – Local Rebates***~~ ~~*$6,411 for 7/1/22-3/31/23*~~ ~~***$2,137 – MI 1261853C – Local Rebates***~~ ~~*$2,137 for 4/1/23-6/30/23*~~ ***$6,150 – MI 12618521 – Rebates Proviso*** *$6,150 for 7/1/22-3/31/23* ***$2,050 – MI 12618531 – Rebates Proviso*** *$2,050 for 4/1/23-6/30/23*
HIV Clinical Quality Management (CQM)/Improvement	CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction. Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public	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 Management Team.	Agency must adhere to DOH ID Reporting Requirements	**Total reimbursement not to exceed *$16,650* ~~*$13,320*~~. See split out below by code.** ~~***$13,320 – MI 1261852C – Local Rebates***~~ ~~*$13,320 for 7/1/22-3/31/23*~~

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. Performance measurement prioritization and alignment with other RWHAP Parts in the service area. Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)	Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.		~~***$3,330 – MI 1261853C – Local Rebates***~~ ~~*$3,330 for 4/1/23-6/30/23*~~ ***$12,488 – MI 12618521 – Rebates Proviso*** *$12,488 for 7/1/22-3/31/23* ***$4,162 – MI 12618531 – Rebates Proviso*** *$4,162 for 4/1/23-6/30/23*
Emergency Financial Assistance	Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. **Please note:** Any service(s) costing greater than $1000.00 must be pre-approved by DOH.	Agency must enter data into the approved DOH data system. *Provide* for each consumer receiving Emergency Financial Assistance within 48 business hours from the time of Client Intake. **Please note:** This task requires client level data to be entered into Provide	Agency must adhere to DOH ID Reporting Requirements	**Total reimbursement not to exceed *$1,200* ~~*$0.*~~ See split out below by code.** ~~***$0 MI 1261851C Local Rebates***~~ ~~*$0 for 1/1/22-3/31/22*~~ ~~***$0 MI 1261852C Local Rebates***~~ ~~*$0 for 4/1/22-6/30/22*~~ ***$900 – MI 12618521 – Rebates Proviso*** *$900 for 7/1/22-3/31/23* ***$300 – MI 12618531 – Rebates Proviso*** *$300 for 4/1/23-6/30/23*

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.

PROGRAM SPECIFIC REQUIREMENTS/NARRATIVE

1. **Definitions**
   a. CONTRACTOR – Entity receiving funds directly from Washington State Department of Health (DOH) for client services to prevent or treat conditions named in the statement of work

2. **Client Eligibility and re-certification –** Reference the Ryan White Part B, HIV Community Services (HCS) Manual for more information

3. **Title XIX HIV Medical Case Management –** Reference the HCS Manual and Infectious Disease Fiscal Manual for more information. Any funds generated from Title XIX must be used to support or enhance Medical Case Management activities.

4. **Fiscal Management –** Reference the Infectious Disease Fiscal Manual for more information.

5. **Participation in Quality Management/Improvement activities –** Reference the HCS Manual for more information. For information not available in the HCS manual, connect with your Office of Infectious Disease (OID) contract manager

6. **HIV Statewide Data System –** All services funded through Ryan Part B, Ryan White Rebates or Title XIX must have client level data entered into the Provide™ Database System

7. **HIV, HCV and STI Testing Services (removed if just a care contract)**
   a. HIV testing services must follow DOH Non-Clinical Testing Guidance and CDC Guidance for HIV Non-Clinical testing.
   b. All DOH-funded HIV & STI testing data must be entered into EvaluationWeb unless written exception is approved. All testing data must be entered by the 10th of each month for tests conducted the month prior (eg: all tests conducted in January but be entered by February 10th).
   c. HCV testing must follow the Hep C Overview Implementation plan. For more information contact your contract manager.
   d. Monthly data collection for Hep C testing submitted to DOH as well as the appropriate surveillance reporting form if applicable. Please contact the DOH OID Integrated Testing Coordinator for more information.
   e. Any funds generated from payment for services should be reinvested with program intent.
   f. All testing contractors will have Quality Assurance plans outlining their testing programs on file with the Office of Infectious Disease. Please contact the DOH OID Integrated Testing Coordinator for more information.
   g. HIV test kits and controls should be procured through DOH.
   h. Hepatitis C test kits and controls should be procured through DOH approved sources. Please contact the DOH OID Integrated Testing Coordinator for more information.
   i. STI (GC/CT) test kits should be procured through PHSKC Lab and CDD.
   j. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed for HIV, 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.
   k. In the event of a standalone HIV test, if STI testing is available at the agency, the reason for no accompanying STI test must be documented. If the agency does not offer STI and/or HCV testing, a referral for STI and/or HCV testing must be documented.
   l. Contractor will ensure that staff are licensed and available to perform HIV, Syphilis and HCV testing, as appropriate, using capillary and venous draws. Chlamydia and Gonorrhea testing can be accomplished by using DOH-supported self-collection kits provided by PHSKC or another lab.
   m. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing STI testing services must also attend and complete any additional training as determined necessary by DOH.
   n. For contractors offering HCV testing services, contractor must complete the DOH HCV testing and education course and be approved by the Office of Infectious Disease before providing HCV screening services. Please contact the DOH OID Testing Coordinator for more information.
   o. Contractor shall report all reactive HIV, STI and HCV results to their LHJ as required by rule and in the manner prescribed by the local health jurisdictions.
   p. Contractor must report all reactive HIV and Hep C results to DOH using the Preliminary Positive Reporting Form (provided by DOH), or the electronic equivalent, in the manner prescribed 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 EvaluationWeb. Preliminary Positive Reports must be submitted to DOH directly, not to local public health departments.
   q. Persons with a reactive test result must be provided with partner services (PS) that follow current CDC and WA DOH guidelines for HIV/STI/HCV partner services.

Contractors must refer people with reactive HIV/STI/HCV results to the local health jurisdiction for additional follow-up within 3 business days of a positive result. Please contact the DOH OID Testing Coordinator or your Local Health Jurisdiction for more information.

r. Contractor is expected to screen a minimum of 85% of testing clients. Screeners should be conducted for the following: PrEP eligibility, behavioral health, social services, benefits navigation (PrEP or health insurance), and risk reduction interventions. Please reference FY23 HIV community Services Prevention Implementation Guidelines for additional details about screeners.

8. HIV Community Services – Prevention Programs

a. HIV Community Services – Prevention programs must follow FY22 HIV Community Services- Prevention Implementation Guidelines.

b. All HIV Community Services – Prevention data, including individual level navigation services, outreach activities, and condom distribution, should be tracked through Provide unless written exception is approved. All client-level data must be entered into Provide™ within three (3) days of service provision.

c. HIV Community Services – Prevention data elements should be collected by all agencies funded to provide HIV Community Services- Prevention activities. These data elements may be referenced in FY23 HIV Community Services- Prevention Guidelines.

9. Reporting Requirements – Quarterly narrative reports are due on 25th of January, April, July, and October

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

a. 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. Opportunities for capacity building and technical assistance for subcontractors will be offered throughout the contract year by WA DOH and other regional or national capacity building organizations.

11. Participation in Ending the HIV Epidemic and End the Syndemic Planning & Activities (only for services in King county)

a. Ending the HIV Epidemic: A Plan for America (EtHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030**.** EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal. King County has been identified as one of the jurisdictions included in the ETE plan and Public Health Seattle & King County (PHSKC) is the lead agency in implementing this work. Subcontractors operating in King County will be expected to participate in ETE planning and activities in collaboration with PHSKC, as necessary, throughout the contract year.

12. Training requirements – Reference the HCS Manual for more information

13. Participation in Washington Syndemic Planning Process – Connect with your Office of Infectious Disease contract manager

14. Contract Management – Reference the HCS Manual and HCS Fiscal 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 31, 2023. 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 25th 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

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

d. Written Agreements

i. 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:

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

Technical assistance is available through DOH.

15. Content Review and Website Disclaimer Notice)

In accordance with all federal guidance, contractors receiving funds through DOH will submit all proposed written materials requiring review for HIV-related scientific or medical accuracy including written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications (e.g., Facebook, twitter) and other electronic communications, such as internet/webpages to the OID Content Review Committee. CONTRACTOR shall submit all materials to be reviewed for scientific or medical accuracy to:

Michael Barnes, Washington State Department of Health
PO Box 47841
Olympia, WA 98504-7841
Phone: 360-810-1880
Email: Michael.Barnes@doh.wa.gov

For social marketing campaigns and media strategies, please adhere to the program guidance on the review of HIV-related educational and informational materials for CDC assistance programs Program Guidance on the Review of HIV-related Educational and Informational Materials for CDC Assistance Programs

16. 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.

17. Confidentiality Requirements – Reference the HCS Manual for more information

18. Whistleblower

a. Whistleblower statue, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statue (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:

c. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;

d. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and,
e. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

19. 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 STI 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)

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Injury & Violence Prevention Overdose Data to Action - Effective September 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Period of Performance: September 1, 2022 through August 31, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Statement of Work Purpose: The purpose of this statement of work (SOW) is to is to add level funding for Overdose Data to Action (OD2A) Year 3 Supplement. Kitsap Public Health District will support Strategy 6 - Establishing Linkages to Care, Strategy 8 - Partnerships with Public Safety and First Responders, and Strategy 9 - Empowering Individuals to Make Safer Choices.

Revision Purpose: The purpose of this revision is to add $7,417 and $50,000 in redirected Y3 funds to Y4. An activity is being added under Strategy 6 and some minor changes are being made to other activities.

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
FFY22 OVERDOSE DATA TO ACTION PREV	77520272	93.136	333.93.13	09/01/22	08/31/23	50,000	57,417	107,417
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**50,000**	**57,417**	**107,417**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Strategy 6: Continue to expand the Peninsula Harm Reduction Network by engaging local healthcare providers, behavioral health, EMS, law enforcement, and other community members to partner on harm reduction and anti-stigma education and improve access to substance use disorder (SUD) treatment and comprehensive care for people who access syringe exchange services. Timeline: By the end of March 2023, LHJ will expand its network to include local health care providers and local EMS.	Progress report: Describe procedures, policies, participation in network and program design. Describe successes, challenges, and ongoing changes to program. Demonstrate how work aligns with OD2A logic model.	Quarterly progress reports to DOH for all tasks. Due Dates: September-November due December 9, 2022. December-February due March 10, 2023.	Monthly invoices for actual cost reimbursement will be submitted to DOH. Total of all invoices will not exceed ~~$50,000~~ *$107,417* through August 31, 2023.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	Strategy 9: Continue to convene monthly community-wide meetings with partners and potential partners to discuss stigma reduction education programs and overdose prevention strategies for our community. Timeline: Ongoing, monthly.	Progress report: *Share* outcomes of meetings and what strategies and educational programs are being implemented. Successes and challenges. Share materials with DOH. *Demonstrate how work aligns with OD2A logic model.*	March-May due June 9, 2023. June-August final report for this funding period due September 29, 2023.	(See Special Billing Requirements below.)
3.	Strategy 6: Conduct site visits with current and future syringe exchange sites to ensure they are following policies and procedures and collecting appropriate data for exchanges. Continue to provide support and guidance where needed. Timeline: site visits for existing sites will be completed annually. LHJ lead will continue to have monthly check-ins via Zoom or telephone, with the syringe exchange sites it contracts with.	Progress report: Report site visit outcomes, collected data and any important finds, updates or changes to policies. *Demonstrate how work aligns with OD2A logic model.*		
4.	Strategy 6: Will implement QA system checklist created in 2022 during site visits with existing syringe exchange sites. Timeline: The Q`A system checklist utilized annually during site visits beginning May 2022.	Progress report: Share progress with implementation of QA system. *Demonstrate how work aligns with OD2A logic model.*		
5.	*Strategy 6: Provide overdose education and naloxone distribution in the county to agencies for their staff, and community members for individual use. Includes visiting agencies to provide training and participating in community events. Timeline: Ongoing as requested by agencies or community members and as community events occur.*	*Progress report: Report on types of education provided and to whom and amount of naloxone that was distributed. Provide names of agencies that training was provided for and types of community events that were participated in. Demonstrate how work aligns with OD2A logic model.*		
~~5~~ *6.*	Strategy 8: Continue to build a relationship with EMS and other agencies/programs to begin discussing co-creating a post overdose outreach plan to help connect people who inject drugs with SUD treatment and other services after experiencing an overdose. Timeline: Ongoing - building these relationships will take time but the LHJ lead started that process in 2021/2022.	Progress report: *U*pdates on creation and implementation of plan. *Demonstrate how work aligns with OD2A logic model.*		
~~6~~ *7.*	Continue to participate in quarterly and monthly calls with DOH and LHJ's to share lessons learned and successes. Timeline: Ongoing.	Collaboration with grant partners and DOH to improve statewide efforts to address the opioid/all drug epidemic.		

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.

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

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):

- Subrecipients may not use funds for research.
- Subrecipients may not use funds for clinical care except as allowed by law.
- Subrecipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, subrecipients may not use funds to purchase furniture or equipment.
- No funds may be used for:
    - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
    - In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additional-requirements/index.html).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug "take back" programs or other drug disposal programs (e.g. drop boxes or disposal bags), or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this Notice of Funding Opportunity (NOFO).

Monitoring Visits (i.e., frequency, type, etc.):
DOH program staff may conduct site visits up to twice per funding year.

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

Special Instructions:
The following funding statement must be used for media (publications, presentations, manuscripts, posters, etc.) created using OD2A funding:
This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, NU17CE925007, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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)** 1

Period of Performance: January 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☐ Federal <Select One> ☒ State ☐ Other	☐ FFATA (Transparency Act) ☐ Research & Development	☐ Reimbursement ☒ Fixed Price

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 provide additional financial support from 01/01/23 through 06/30/23 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	0	25,878	25,878
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**25,877**	**25,878**	**51,755**

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, 2022~~3~~ thru June 30, 2022~~3~~	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 site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

***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 Billing Requirements: For January 1, 202~~2~~*3* thru June 30, 202~~2~~*3*, LHJ shall submit one invoice no later than June 30, 202~~2~~*3* and payment cannot exceed a maximum cumulative fee of $25,87~~7~~*8*.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective January 1, 2022

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

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

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to modify activities, deliverables, and deliverable due dates.

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 None	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	1,032,214	0	1,032,214
COVID19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	283,424	0	283,424
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**1,315,638**	**0**	**1,315,638**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. **Example 1:** Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	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
	Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services			
3.B	Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.	~~*Mid-term*~~ written report describing activity/activities and progress made to-date and strategies used (template to be provided)	June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.C	Catalog activities and conduct an evaluation of the strategies used	~~*Final*~~ written report, showing the strategies used and the final progress of the reach (template to be provided)	~~*December 31*~~ *June 30*, annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.D	~~*Between January 1, 2022, and December 31, 2022*~~ *As needed to meet community needs,* perform as a vaccine depot to provide COVID vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer. Immunization COVID-19 funding is specifically required to address COVID-19 vaccination activities. However, the funding can be leveraged to also address and incorporate other non-COVID vaccination activities concurrent to COVID-19 vaccination activities. For example, COVID vaccine storage and distribution may also support monkeypox vaccine storage and distribution, concurrently	a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.	~~a.~~ ~~*Complete by January 31 (if not previously submitted)*~~ *Submit upon completion* b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3.E	As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the	~~*Quarterly*~~ reports summarizing quantity, type, and frequency of activities	~~*March*~~ *December* 31~~,~~ ~~*annually*~~ June 30, ~~*annually*~~	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
	local health department or in collaboration with community partners. (see Restrictions on Funds below)			
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to *LHJ Guidance for COVID Initiatives Application* requirements and allowable/unallowable use of federal funds.	a. LHJ Incentive Plan Proposal b. ~~*Quarterly*~~ report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. ~~*March 31, Annually*~~ June 30, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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.

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 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

Restrictions on Funds:

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: TB Program - Effective July 1, 2022

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

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

Funding Source	Federal Compliance (check if applicable)	Type of Payment
☒ Federal Subrecipient ☐ State ☐ Other	☒ FFATA (Transparency Act) ☐ Research & Development	☒ Reimbursement ☐ Fixed Price

Period of Performance: July 1, 2022 through December 31, 2022

Statement of Work Purpose: This statement of work is to provide funding for 2022 U4U activities from the State TB Program for tuberculosis (TB) prevention and control

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	LHJ Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 TB UNITING FOR UKRAINE SUPP	18402204	93.116	333.93.11	07/01/22	12/31/22	0	7,500	7,500
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						**0**	**7,500**	**7,500**

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Provide TB screening, evaluation, IGRA, chest x-rays, and other clinical services as indicated, including treatment* for latent or active TB disease for newcomers from Ukraine. (*These federal dollars can be used to provide TB medications to TB patients)	Consolidated Contract "TB Deliverables Report" include aggregate information for all Ukrainians directly clinically served with these funds for 2022. This includes the number: evaluated, diagnosed with TB infection, started treatment, and completed treatment.	January 31, 2023	Payment for tasks will be reimbursed for actual expenses up to the maximum available within the FFY22 TB UNITING FOR UKRAINE SUPP funding period described in the Funding Table above. See below **Restrictions on Funds.**
2	For any 340B medication received the LHJ agrees to: • Maintain auditable records for a minimum of 3 years including a separate medication inventory	Summary of expired medications included in the Consolidated Contract "Deliverables Report" for 2022.	January 31, 2023	DOH TB Program provides without cost to LHJs.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	tracking system with records tied to patients receiving the medication. • Store 340B separately from non-340B medications. • Conduct regular annual internal audits of inventory and patient records to maintain HRSA standards and compliance regarding diversion and patient eligibility. • Participate in audits by DOH or HRSA of TB-related 340B practices and provide access to records demonstrating compliance with HRSA 340B regulations. • Will not bill Medicaid for any 340B TB medications provided by DOH TB Program. • Notify DOH TB Program of any medication loss or expiration of medications including any breach of 340B regulations. Notify DOH TB Program of changes regarding the prescribing provider within 10 days. And the prescribing provider must be either employed by or under contract with the LHJ.			
3	An LHJ using the VDOT tool, that DOH provides without cost, agrees to establish and follow a VDOT policy for their staff and patients based on VDOT best practice. This policy is developed and/or approved by the LHJ's Health Officer and/or TB Program Manager. Guidance and direction for this policy is posted on the TB Program's VDOT SharePoint page (Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere (sharepoint.com)).	Summary of VDOT treatment completion, with goal that your LHJ's completion rate is at least on par with in-person DOT, if not better.	Report due December 31, 2023 for 2023 TB activities; to be received by DOH by January 31, 2024	DOH TB Program provides without cost to LHJs.

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.

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

Program Manual, Handbook, Policy References:
TB Manual: Link to be provided on DOH Website (www.doh.wa.gov/tb) when revision is completed.
LHJ TB SharePoint pages: TB LHJ Home (sharepoint.com)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers

Restrictions on Funds (i.e., disallowed expenses or activities, indirect costs, etc.):
1. Emphasis must be given to directing the majority of funds to core TB control activities.
2. Federal Funds may not be used **except where noted:**
   - To supplant State or LHJ funds;
   - For inpatient care or construction or renovation of facilities;
   - To purchase treatment medications

Special References (i.e., RCWs, WACs, etc.):
TB Laws and Regulations (http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LawsGuidelines.aspx)
Health Officer Handbook: Washington State Tuberculosis Law Manual for Health Officers

Monitoring Visits (i.e., frequency, type, etc.):
The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the sub-awardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project.

Billing Requirements: Local Health Jurisdiction may bill monthly. Invoices must be received no more than 60 days after billing period.

IT PERSONAL SERVICES AGREEMENT

THIS AGREEMENT is entered into between CLALLAM COUNTY, a political subdivision of the State of Washington, (hereinafter called "County" or "Clallam County") and

Name: Kitsap Public Health District

Address: Norm Dicks Government Center
345 6th Street; Suite 300
Bremerton, WA 98337-1866

Phone №: 360-633-9239

(hereinafter called "Contractor").

This Agreement is comprised of:

☒ Attachment A - Scope of Work

☒ Attachment B – Compensation

☒ Attachment C - General Conditions

☒ Attachment D - Special Terms and Conditions

☐ Attachment E (specify) –

copies of which are attached hereto and incorporated herein by this reference as if fully set forth.

The term of this Agreement shall commence on the 1st day of January 2023 and shall, unless terminated as provided elsewhere in the Agreement, terminate on the 31st day of December 2023.

IN WITNESS WHEREOF, the parties have executed this Agreement on this day of January 2023.

CONTRACTOR

_____
Kitsap Public Health District

Print
name:_____

Title:
_____

Date:_____, 2023

CLALLAM COUNTY ADMINISTRATOR

_____

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE CLALLAM COUNTY PROSECUTING ATTORNEY

Originals: BOCC
Vendor
Initiating Department
Copies: 1 with Contract Summary

SCOPE OF WORK

Clallam County Health & Human Services utilizes Kitsap Health District Epidemiology Services for a variety of programs and services. In 2023, services shall include:

In addition, Kitsap Health District Epidemiology Services will provide support to develop and assist in implementing a monitoring and evaluation system for the Behavioral Health in-county funded and Behavioral Health funded providers/services to include:

Activity	Timeline/description	Duration/Frequency	Total hours	Who	Cost
Technical assistance (TA) to grantees for M&E development and refinement	January-December: Review, prep, and revise metrics with ongoing follow-up, data management	2 hours x project	38	Epidemiologist	$3,230
	January – December: Evaluation Meetings, TA to projects and data management	1.25 hours x project	23.75	Epidemiologist	$2,019
Set-up measures and manage electronic reporting platform	January – December	1.25 hours x project	23.75	Clerical	$1,496
Ongoing management of electronic reporting web platform and the addition of new features	January-December	24 hours split CJK	8	IT	$768
Quarterly report review and dashboard development, updates, Annual Report	January-December	6 hours x project	114	Epidemiologist	$9,690
Maintain 1/10th of 1% program dashboard	January – December	2 hours x project	38	Epidemiologist	$3,230
Participate in/present at 2 Advisory committee meetings	dates TBD	2 hours x 1 meeting	2	Epidemiologist	$170
Input/supervision	ongoing	1 hour x 12 months	12	Program Manager	$1,332
				ESTIMATE TOTAL:	**$21,935**

Total contract for the period January 1, 2023 – December 31, 2023 not to exceed $21,935.

COMPENSATION

1. ☐**a**. **FIXED FEE FOR SERVICE:** For services rendered, the County shall pay to the Contractor a fixed fee of DOLLARS ($) for the completed work set forth in Attachment A. Payments for completed tasks shall be made no more frequently than ☐ monthly; ☐ quarterly; ☐semi-annually; ☐ annually; ☐ at completion of project; ☐ other (specify) .

Each request for payment shall be supported by an invoice specifying the tasks completed up to the request for payment and the payment amount requested. In no event shall payment be sought in an amount which represents a percentage of the fee greater than the percentage of completed tasks.

OR

☒ **b. HOURLY RATES:** For services rendered, the County shall compensate the Contractor at the following hourly rates:

Name/Position	***Hourly Rate***
Program Manager (Supervisor)	$111.00
Epidemiologist (Evaluator)	$85.00
IT (Database developer)	$96.00
Clerical Staff	$63.00

Payments for completed tasks shall be made no more frequently than ☒ monthly; ☐quarterly; ☐semi-annually; ☐ annually; ☐at completion of project; ☐ other (specify) .

Each request for payment shall be supported by an invoice specifying: the name/position of the Contractor's employee if two or more are identified above; number of hours worked; completed tasks for which compensation is sought; estimated percentage of task completion; payment amount requested; other (specify) and **broken out by service area**.

In no event shall Contractor be compensated in excess of twenty one thousand nine hundred thirty five DOLLARS ($21,935) for the completed work set forth in Attachment "A".

2. AND

☐**a.** The compensation set forth herein includes, without limitation: labor, materials, equipment, travel, telephone, computer, copiers, and the like.

OR

☐ **b.** The County shall reimburse the Contractor for actual expenses incurred for travel, telephone, copiers, and computer. Reimbursement for airfare, mileage, meals and/or accommodations shall be at the same rate as that applicable to county employees traveling on county business.

OR

☒ **c.** Other (specify): Reimbursement for mileage at current Clallam County rate.

GENERAL CONDITIONS

1. Scope of Contractor's Services. The Contractor agrees to provide to the County services and any materials set forth in the project narrative identified as Attachment A during the agreement period. No material, labor, or facilities will be furnished by the County, unless otherwise provided for in the Agreement.

2. Accounting and Payment for Contractor Services. Payment to the Contractor for services rendered under this Agreement shall be as set forth in Attachment B. Unless specifically stated in Attachment B, the County will not reimburse the Contractor for any costs or expenses incurred by the Contractor in the performance of this contract.

   The County shall compensate the Contractor through the County voucher system for the Contractor's service pursuant to the fee schedule set forth in Attachment B.

3. Delegation and Subcontracting. Contractor's services are deemed personal and no portion of this contract may be delegated or subcontracted to any other individual, firm or entity without the express and prior written approval of the County Project Manager.

4. Independent Contractor. The Contractor's services shall be furnished by the Contractor as an independent contractor and nothing herein contained shall be construed to create a relationship of employer/employee or master/servant.

   The Contractor acknowledges that the entire compensation for this Agreement is specified in Attachment B and the Contractor is not entitled to any county benefits including, but not limited to: vacation pay, holiday pay, sick leave pay, medical, dental or other insurance benefits, or any other rights or privileges afforded to Clallam County employees. The Contractor represents that it maintains a separate place of business, serves clients other than the County, will report all income and expense accrued under this contract with the Internal Revenue Service on a business tax schedule, and has a tax account with the State of Washington Department of Revenue for payment of all sales and use and Business and Occupation taxes collected by the State of Washington.

   In the event that either the state or federal government determines that an employer/employee or master/servant relationship exists rather than an independent contractor relationship such that Clallam County is deemed responsible for federal withholding, social security contributions, workers compensation and the like, the Contractor agrees to reimburse Clallam County for any payments made or required to be made by Clallam County. Should any payments be due to the Contractor pursuant to this Agreement, the Contractor agrees that reimbursement may be made by deducting from such future payments a pro rata share of the amount to be reimbursed.

   Notwithstanding any determination by the state or federal government that an employer/employee or master/servant relationship exists, the Contractor, its officers, employees and agents, shall not be entitled to any benefits that Clallam County provides to its employees.

5. No Guarantee of Employment. The performance of all or part of this contract by the Contractor shall not operate to vest any employment rights whatsoever and shall not be deemed to guarantee any employment of the Contractor or any employee of the Contractor or any subcontractor or any employee of any subcontractor by the County at the present time or in the future.

6. Regulations and Requirements. This Agreement shall be subject to all federal, state, and local laws, rules, and regulations.

7. Right to Review. This contract is subject to review by any federal or state auditor. The County shall have the right to review and monitor the financial and service components of this program by whatever means are deemed expedient by the County Project Manager. Such review may occur with or without notice, and may include, but is not limited to, on-site inspection by County agents or employees, inspection of all records or other materials that the County deems pertinent to the

Agreement and its performance, and any and all communications with or evaluations by service recipients under this Agreement. The Contractor shall preserve and maintain all financial records and records relating to the performance of work under this Agreement for three (3) years after contract termination, and shall make them available for such review, within Clallam County, State of Washington, upon request, during reasonable business hours.

8. Modifications. Either party may request changes in the Agreement. Any and all agreed modifications shall be in writing, signed by each of the parties.

9. Termination for Default. If the Contractor defaults by failing to perform any of the obligations of the contract or becomes insolvent or is declared bankrupt or makes an assignment for the benefit of creditors, the County may, by depositing written notice to the Contractor in the U.S. Mail, postage prepaid, terminate the contract, and at the County's option, obtain performance of the work elsewhere. If the contract is terminated for default, the Contractor shall not be entitled to receive any further payments under the contract. Any extra cost or damage to the County resulting from such default(s) shall be deducted from any money due or coming due to the Contractor. The Contractor agrees to bear any extra expenses incurred by the County in completing the work, including all increased costs for completing the work, and all damage sustained, or which may be sustained by the County by reason of such default.

   If a notice of termination for default has been issued and it is later determined for any reason that the Contractor was not in default, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to the Termination for Public Convenience paragraph hereof.

10. Termination for Public Convenience. The County may terminate the contract in whole or in part whenever the County determines, in its sole discretion that such termination is in the interests of the County. Whenever the contract is terminated in accordance with this paragraph, the Contractor shall be entitled to payment for actual work performed for completed items of work. An equitable adjustment in the contract price for partially completed items of work will be made, but such adjustment shall not include provision for loss of anticipated profit on deleted or uncompleted work. Termination of this contract by the County at any time during the term, whether for default or convenience, shall not constitute a breach of contract by the County.

11. Termination Due to Insufficient Funds. If sufficient funds for payment under this contract are not appropriated or allocated or are withdrawn, reduced, or otherwise limited, the County may terminate this contract upon five (5) days written notice to the Contractor. No penalty or expense shall accrue to the County in the event this provision applies.

12. Termination Procedure. The following provisions apply in the event that this Agreement is terminated:

    (a) The Contractor shall cease to perform any services required hereunder as of the effective date of termination and shall comply with all reasonable instructions contained in the notice of termination, if any.

    (b) The Contractor shall provide the County with an accounting of authorized services provided through the effective date of termination.

    (c) If the Agreement has been terminated for default, the County may withhold a sum from the final payment to the Contractor that the County determines necessary to protect itself against loss or liability.

13. Defense and Indemnity Agreement.

    (a) The Contractor agrees to hold harmless, indemnify and defend the County, its officers, officials, employees and agents, from and against any and all claims, actions, suits, liability,

loss, expenses, damages and judgments of any nature whatsoever, including reasonable costs and attorneys' fees in defense thereof, for injury, sickness, disability or death to persons or damage to property (including loss of use thereof) or business (including economic loss), caused by or arising out of the Contractor's acts, errors or omissions in the performance of the Contract. Provided, however, that the Contractor's obligation under this provision will not extend to injury, sickness, disability, death or damage caused by or arising out of the sole negligence of the County, its officers, officials, employees or agents.

(b) With regard to any claim against the County, its officers, officials, employees and agents by any employee of the Contractor, subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, the indemnification obligation under this Section will not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Contractor or subcontractor under workers' compensation acts, disability benefit acts or other employee benefit acts. It is clearly agreed and understood by the parties to the Contract that the Contractor expressly waives any immunity the Contractor might have had under such laws. By executing the Contract, the Contractor acknowledges that the foregoing waiver has been mutually negotiated by the parties as is required by RCW 4.24.115, and that the provisions of this Section will be incorporated, as relevant, into any contract the Contractor makes with any subcontractor or agent performing work under the Contract.

(c) The Contractor's obligations under these provisions include, but are not limited to, investigating, adjusting and defending all claims alleging loss from action, error or omission, or breach of any common law, statutory or other delegated duty by the Contractor, the Contractor's employees, agents or subcontractors.

14. Industrial Insurance Waiver. With respect to the performance of this Agreement and as to claims against the County, its appointed and elected officers, agents and employees, the Contractor expressly waives its immunity under Title 51 of the Revised Code of Washington, the Industrial Insurance Act, as now or hereafter amended, for injuries to its employees and agrees that the obligations to indemnify, defend and hold harmless provided in this Agreement extend to any claim brought by or on behalf of any employee of the Contractor. Along with the other provisions of this Agreement, this waiver is mutually negotiated by the parties to this Agreement.

15. Venue and Choice of Law. In the event that any litigation should arise concerning the construction or interpretation of any of the terms of this Agreement, the venue of such action shall be in the courts of the State of Washington in and for the County of Clallam. This Agreement shall be governed by the law of the State of Washington.

16. Withholding Payment. In the event the County Project Manager determines that the Contractor has failed to perform any obligation under this Agreement within the times set forth in this Agreement, then the County may withhold from amounts otherwise due and payable to Contractor the amount determined by the County as necessary to cure the default, until the County Project Manager determines that such failure to perform has been cured. Withholding under this clause shall not be deemed a breach entitling Contractor to termination or damages, provided that the County promptly gives notice in writing to the Contractor of the nature of the default or failure to perform, and in no case more than ten (10) days after it determines to withhold amounts otherwise due. A determination of the County Project Manager set forth in a notice to the Contractor of the action required and/or the amount required to cure any alleged failure to perform shall be deemed conclusive, except to the extent that the Contractor acts within the times and in strict accord with the provision of the Disputes clause of this Agreement. The County may act in accordance with any determination of the County Project Manager which has become conclusive under this clause, without prejudice to any other remedy under the Agreement, to take all or any of the following actions: (1) cure any failure or default, (2) to pay any amount so required to be paid and to charge the same to the account of the Contractor, (3) to set off any amount paid or incurred from amounts due or to become due the Contractor. In the event the Contractor obtains relief upon a claim under the Disputes clause, no penalty or damages shall accrue to the Contractor by reason of good faith withholding by the County under this clause.

17. Rights and Remedies. The duties and obligations imposed by this Agreement and the rights and remedies available hereunder shall be in addition to and not a limitation of any duties, obligations, rights and remedies otherwise imposed or available by law.

18. Patent/Copyright Infringement. Contractor will defend, indemnify and save harmless County, its appointed and elected officers, agents and employees from and against all loss or expense, including but not limited to claims, demands, actions, judgments, settlements, attorneys' fees and costs by reason of any and all claims and demands upon the County, its elected or appointed officials or employees for damages because of the Contractor's alleged infringement on any patent or copyright. The Contractor will pay those costs and damages attributable to any such claims that are finally awarded against the County, its appointed and elected officers, agents and employees in any action. Such defense and payments are conditioned upon the following:

(a) That Contractor shall be notified promptly in writing by County of any notice of such claim.

(b) Contractor shall have the right, hereunder, at its option and expense, to obtain for the County the right to continue using the information, in the event such claim of infringement, is made, provided no reduction in performance or loss results to the County.

19. Disputes:

(a) General. Differences between the Contractor and the County, arising under and by virtue of the contract documents shall be brought to the attention of the County at the earliest possible time in order that such matters may be settled or other appropriate action promptly taken. The records, orders, rulings, instructions, and decision of the County Project Manager shall be final and conclusive 30 days from the date of mailing unless the Contractor mails or otherwise furnishes to the County Administrator a written notice of appeal. The notice of appeal shall include facts, law, and argument as to why the conclusions of the County Project Manager are in error.

In connection with any appeal under this clause, the Contractor and County shall have the opportunity to submit written materials and argument and to offer documentary evidence in support of the appeal. Oral argument and live testimony will not be permitted. The decision of the County Administrator for the determination of such appeals shall be final and conclusive. Reviews of the appellate determination shall be brought in the Superior Court of Clallam County within 15 days of mailing of the written appellate determination. Pending final decision of the dispute, the Contractor shall proceed diligently with the performance of this Agreement and in accordance with the decision rendered.

(b) Notice of Potential Claims. The Contractor shall not be entitled to additional compensation or to extension of time for (1) any act or failure to act by the County Project Manager or the County, or (2) the happening of any event or occurrence, unless the Contractor has given the County a written Notice of Potential Claim within 10 days of the commencement of the act, failure, or event giving rise to the claim, and before final payment by the County. The written Notice of Potential Claim shall set forth the reasons for which the Contractor believes additional compensation or extension of time is due, the nature of the cost involved, and insofar as possible, the amount of the potential claim. Contractor shall keep full and complete daily records of the work performed, labor and material used, and all costs and additional time claimed to be additional.

(c) Detailed Claim. The Contractor shall not be entitled to claim any such additional compensation, or extension of time, unless within 30 days of the accomplishment of the portion of the work from which the claim arose, and before final payment by the County, the Contractor has given the County a detailed written statement of each element of cost or other compensation requested and of all elements of additional time required, and copies of any supporting documents evidencing the amount or the extension of time claimed to be due.

20. Ownership of Items Produced. All writings, programs, data, art work, music, maps, charts, tables, illustrations, records or other written, graphic, analog or digital materials prepared by the Contractor and/or its consultants or subcontractors, in connection with the performance of this Agreement shall be the sole and absolute property of the County and constitute "work made for hire" as that phrase is used in federal and/or state intellectual property laws and Contractor and/or its agents shall have no ownership or use rights in the work.

21. Recovery of Payments to Contractor. The right of the Contractor to retain monies paid to it is contingent upon satisfactory performance of this Agreement, including the satisfactory completion of the project described in the Scope of Work (Attachment A). In the event that the Contractor fails, for any reason, to perform obligations required of it by this Agreement, the Contractor may, at the County Project Manager's sole discretion, be required to repay to the County all monies disbursed to the Contractor for those parts of the project that are rendered worthless in the opinion of the County Project Manager by such failure to perform.

    Interest shall accrue at the rate of 12 percent (12%) per annum from the time the County Project Manager demands repayment of funds.

22. Project Approval. The extent and character of all work and services to be performed under this Agreement by the Contractor shall be subject to the review and approval of the County Project Manager. For purposes of this Agreement, the County Project Manager is:

    Name: Kevin LoPiccolo

    Title: Director

    Address: 111 E. 3rd Street

    Telephone: 360-417-2523

    E-mail: klopiccolo@co.clallam.wa.us

    Fax: 360-452-9605

    In the event there is a dispute with regard to the extent and character of the work to be done, the determination of the County Project Manager as to the extent and character of the work to be done shall govern subject to the Contractor's right to appeal that decision as provided herein.

23. Non-Discrimination. The Contractor shall not discriminate against any person on the basis of race, creed, political ideology, color, national origin, sex, marital status, sexual orientation, age, or the presence of any sensory, mental or physical handicap.

24. Subcontractors. In the event that the Contractor employs the use of any subcontractors, the contract between the Contractor and the subcontractor shall provide that the subcontractor is bound by the terms of this Agreement between the County and the Contractor. The Contractor shall insure that in all subcontracts entered into, Clallam County is named as an express third-party beneficiary of such contracts with full rights as such.

25. No Third-Party Beneficiaries. This agreement is intended for the benefit of only the County and Contractor. This agreement does not confer any benefits, rights, or privileges upon any third party.

26. Standard of Care. The Contractor shall perform its duties hereunder in a manner consistent with that degree of care and skill ordinarily exercised by members of the same profession as the Contractor currently practicing under similar circumstances. The Contractor shall, without additional compensation, correct those services not meeting such a standard.

27. Time is of the Essence. Time is of the essence in the performance of this contract unless a more specific time period is set forth in either the Special Terms and Conditions or Scope of Work.

28. Notice. Except as set forth elsewhere in the Agreement, for all purposes under this Agreement, except service of process, any notices shall be given by the Contractor to the County Project Manager. Notice to the Contractor for all purposes under this Agreement shall be given to the person executing the Agreement on behalf of the Contractor at the address identified on the signature page.

29. Severability. If any term or condition of this contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition or application. To this end, the terms and conditions of this contract are declared severable.

30. Precedence. In the event of inconsistency in this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order:

    (a) Applicable federal, state, and local statutes, ordinances, and regulations;

    (b) Scope of Work (Attachment A) and Compensation (Attachment B);

    (c) Special Terms and Conditions (Attachment D); and

    (d) General Conditions (Attachment C).

31. Waiver. Waiver of any breach or condition of this contract shall not be deemed a waiver of any prior or subsequent breach. No term or condition of this contract shall be held to be waived, modified, or deleted except by an instrument, in writing, signed by the parties hereto.

32. Attorney Fees. In the event that litigation must be brought to enforce the terms of this agreement, the prevailing party shall be entitled to be paid reasonable attorney fees.

33. Construction. This agreement has been mutually reviewed and negotiated by the parties and should be given a fair and reasonable interpretation and should not be construed less favorably against either party.

34. Survival. Without being exclusive, Paragraphs 4, 7, 13-18, 20-21 and 30-34 of these General Conditions shall survive any termination, expiration, or determination of invalidity of this Agreement in whole or in part. Any other Paragraphs of this Agreement which, by their sense and context, are intended to survive shall also survive.

35. Entire Agreement. This written contract represents the entire Agreement between the parties and supersedes any prior statements, discussions or understandings between the parties except as provided herein.

SPECIAL TERMS AND CONDITIONS

☒ 1. Reporting. The Contractor shall submit written progress reports to the County Project Manager as set forth below:

☒ With each request for payment.

☐ Monthly.

☐ Quarterly.

☐ Semi-annually.

☐ Annually.

☐ Project completion.

☐ Other (specify):

Progress reports shall include, at a minimum, the following:

Reports shall include any problems, delays or adverse conditions which will materially affect the Contractor's ability to meet project objectives or time schedules together with a statement of action taken or proposed to resolve the situation. Reports shall also include recommendations for changes to the Scope of Work, if any. Payments may be withheld if reports are not submitted.

☒ 2. Insurance. The Contractor shall maintain in full force and effect during the term of this Agreement, and until final acceptance of the work, public liability and property damage insurance with companies or through sources approved by the state insurance commissioner pursuant to RCW Title 48, as now or hereafter amended. The County, its appointed and elected officials, agents and employees, shall be specifically named as additional insureds in a policy with the same company which insures the Contractor or by endorsement to an existing policy or with a separate carrier approved pursuant to RCW Title 48, as now or hereafter amended, and the following coverages shall be provided:

☒	COMMERCIAL GENERAL LIABILITY:		
	Bodily injury, including death	$1,000,000	per occurrence
		$2,000,000	aggregate
	Property damage	$	per occurrence
		$	aggregate
☒	ERRORS AND OMISSIONS or PROFESSIONAL LIABILITY with an Extended Reporting Period Endorsement (two year tail)	$500,000	per occurrence
☒	WORKERS COMPENSATION:	Statutory amount	

☒ AUTOMOBILE: coverage on owned, non-owned, rented and hired vehicles

Bodily injury, liability, including death	$1,000,000	per occurrence
	$2,000,000	aggregate
Property damage liability	$	per occurrence
	$	aggregate

☒ BUSINESS AUTOMOBILE LIABILITY: $1,000,000 per occurrence

If the Errors and Omissions or Professional Liability insurance obtained is an occurrence policy as opposed to a claims-made policy, the Extended Reporting Period Endorsement is not required.

Any such policy of insurance the Contractor is required to obtain and maintain pursuant to this Agreement shall be primary over any third party liability coverage provided to Clallam County by and through its membership in the Washington Counties Risk Pool or WCRP. The third party liability coverage provided by the WCRP to Clallam County shall be non-contributory with respect to any policy of insurance the Contractor is required to obtain and maintain pursuant to this Agreement. The County shall have no obligation to report occurrences unless a claim or lawsuit is filed with it and the County has no obligation to pay any insurance premiums.

Evidence of primary insurance coverage shall be submitted to the County Project Manager within 20 days of the execution of the Agreement. The Agreement shall be void ab initio if the proof of coverage is not timely supplied.

If the proof of insurance or certificate of coverage indicating the County is an "additional insured" to a policy obtained by the Consultant in order to comply with this agreement refers to an endorsement (by number, abbreviation or name) but does not provide the full text of that endorsement, then it shall be the obligation of the Consultant to obtain the full text of that endorsement and forward that full text to the County within 30 days of the execution of this Agreement.

The coverage limits identified herein shall not limit the potential liability of the Contractor and the Contractor's duty to defend, indemnify, and hold harmless shall apply to any liability beyond the scope of insurance coverage.

☐ 3. Liquidated Damages. For delays in timely completion of the work to be done or missed milestones of the work in progress, the Contractor shall be assessed Dollars ($) per day as liquidated damages and not as a penalty because the County finds it impractical to calculate the actual cost of delays. Liquidated damages will not be assessed for any days for which an extension of time has been granted. No deduction or payment of liquidated damages will, in any degree, release the Contractor from further obligations and liabilities to complete the entire project.

☐ 4. Other (specify):.

New or Renewed Contracts for the Period of 12/01/2022 through 12/31/2022

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Inactive (1 contracts)									
Olympic Educational Service District									
ID: 2309	Community Health, Nancy Acosta	Amendment	Closed		$54,750.00	12/07/22	11/12/21	10/31/22	
Description: The District to provide services, training, and technical assistance appropriate to the needs of Head Start, ECEAP, and Early Head Start staff and enrollees, including public health nurse support to the Early Head Start home-based services to 44 eligible families.									
Amendment 1: Adds $182.17 to cover final invoice.									
Active (5 contracts)									
DOH, Washington State									
ID: 2299	Administration, Keith Grellner	Amendment	Closed	12/06/22	$308,313.00	12/07/22	01/01/22	12/31/24	CLH31014
Description: Defines the joint and cooperative relationship and planning efforts between KPHD and DOH. The contract and all statements of work contained are intended to implement applicable objectives under the Public Health Improvement Plan and facilitate the delivery of public health services to the people of Washington.									
Amendment 9: Adds statements of work for Healthcare Associated Infections & Antimicrobial Resistance (HAI & AR). Amends statements of work for DCHS-ELC COVID-19 Response, Executive Office of Resiliency and Health Se4curity-PHEP, Office of immunization Regional Representatives, Supplemental Nutrition Assistance Program-Education and Youth Cannabis & Commervial Tobacco Prevention Program.									
Kitsap County Prosecuting Attorney									
ID: 2298	Administration, Keith Grellner	Amendment	Closed	11/01/22	$159.00	12/12/22	01/01/22	12/31/23	KC-582-21
Description: Legal Services									
Amendment 1 to extend the term throught December 31, 2023 and update the billable rate.									
Peninsula Community Health Services									
ID: 2302	Clinical Services, Elizabeth Davis	Contract for Services	Closed		$8,500.00	12/20/22	10/01/22	01/31/23	
Description: To engage high-risk patient populations to increase access to adult vaccines through trust, addressing misinformation, new models of vaccine access, and care delivery.									
Rachel Parsons									
ID: 2303	Parent/Child Health, Nancy Acosta	Contract for Services	Closed		$3,000.00	12/22/22	01/01/23	12/31/25	
Description: Consultant to provide nutrition consultation for qualifying Maternity support Services Clients to include travel to clients' residences, interfacing with clients, charting in Nightingale Notes, and participation in monthly conference sessions.									
Village Reach									
ID: 2307	Administration, Kandice Atisme-Bevins	Contract for Services	Closed		$37,279.00	12/19/22	01/01/23	12/31/23	
Description: Strategic Plan									

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Kitsap Public Health Board Meeting
Date: February 07, 2023

CONSENT AGENDA ITEM: Warrant and Electronic Fund Transfer (EFT) Registers

Approvals:

	Signature	Date
Administrator	Keith Grellner	1/31/2023
Finance Manager	Melissa Laird	1/31/2023

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	12/1/2022	$ 30,594.82
Accounts Payable	12/8/2022	78,841.14
Accounts Payable	12/15/2022	34,113.56
Accounts Payable	12/22/2022	43,385.39
Accounts Payable	12/29/2022	195,177.43
Accounts Payable Total		$ 382,112.34
Payroll	12/31/2022	548,196.01
Payroll PERS Payment	12/14/2022	131,674.80
Payroll Taxes	12/31/2022	208,557.49
Payroll Total		$ 888,428.30
	Grand Total	**$ 1,270,540.64**

Kitsap Public Health Board Action:

- ☐ Approve
- ☐ Deny
- ☐ Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		

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View Settlement Run

Settlement Run Information

Settlement Run	STL-00001689
Name	Kitsap Public Health District KC
Number	STL-00001689
Status	Complete
Date	12/01/2022
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currencies	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	30,594.82
Inbound Total	0.00
Expense Report Count	5
Miscellaneous Payment Request Count	3
Supplier Invoice Count	7

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/01/2022	5	3,554.96	USD	Payment Message: ID 1284 for Kitsap Public Health District on 12/01/2022	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	12/01/2022	3	409.71	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/01/2022	Successfully Completed

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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/01/2022	5	22,543.16	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/01/2022	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/01/2022	2	4,086.99	USD	Payment Message: ID 1283 for Kitsap Public Health District on 12/01/2022	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0003932	Kitsap Public Health District	Xinia Ebbay (434566)	Employee	EXP-0003932	11/23/2022	Mileage 1019-111522	45.69	USD
Expense Report: EXP-0003933	Kitsap Public Health District	Yolanda Fong (356883)	Employee	EXP-0003933	11/23/2022	Mileage 1020-110922, Conf 1106-110922	439.12	USD
Expense Report: EXP-0003934	Kitsap Public Health District	Jessica Guidry (355732)	Employee	EXP-0003934	11/23/2022	Regist. for Maria F. 110122, Supplies 111522	2,034.88	USD
Expense Report: EXP-0003935	Kitsap Public Health District	Siri Kushner (327580)	Employee	EXP-0003935	11/23/2022	Conf 1105-110922	505.27	USD
Expense Report: EXP-0003936	Kitsap Public Health District	Victoria Lehto (434317)	Employee	EXP-0003936	11/23/2022	Mileage 0901-103122	530.00	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-07165	Kitsap Public Health District	DAVE GHYLIN (Inactive)	MPR-07165	Check	POS Customer Refund	11/23/2022	120.00	USD
MPR-07179	Kitsap Public Health District	JANET BROWER (Inactive)	MPR-07179	Check	One-Time Payment	11/28/2022	105.00	USD
MPR-07180	Kitsap Public Health District	LISA LINDEN (Inactive)	MPR-07180	Check	One-Time Payment	11/28/2022	184.71	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-49805	Kitsap Public Health District	Anish Adhikari	Invoice #2 (08/12-11/18/22)	Anish Adhikari	Net 30	SINV-2022-49805	11/18/2022		12/18/2022	0.00	0.00	1,650.00	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-49806	Kitsap Public Health District	Canon Financial Services, Inc.	Invoice # 29515958	Canon Financial Services, Inc.	Net 30	SINV-2022-49806	11/12/2022		12/12/2022	0.00	0.00	1,043.07	USD
Supplier Invoice: SINV-2022-49807	Kitsap Public Health District	Griffen Caldwell, Inc	DEC 2022- DAY, BRAD	Griffen Caldwell, Inc	Net 30	SINV-2022-49807	11/16/2022		12/16/2022	0.00	0.00	1,060.00	USD
Supplier Invoice: SINV-2022-49808	Kitsap Public Health District	Lingo	BILL# 32968100 (NOV 2022)	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2022-49808	11/11/2022		12/11/2022	0.00	0.00	22.53	USD
Supplier Invoice: SINV-2022-49809	Kitsap Public Health District	Verizon Wireless	Invoice # 9920359073	Verizon Wireless - Remit-To: Verizon Wireless - Po Box 660108 Dallas Tx	Net 30	SINV-2022-49809	11/10/2022		12/10/2022	0.00	0.00	6,528.90	USD
Supplier Invoice: SINV-2022-49811	Kitsap Public Health District	Washington State University	Contract #2265 (OCTOBER 2022)	Washington State University	Net 30	SINV-2022-49811	11/23/2022		12/23/2022	0.00	0.00	3,043.92	USD
Supplier Invoice: SINV-2022-49908	Kitsap Public Health District	Hra Veba Trust	JULY 2020-FEBRUARY 2021	Hra Veba Trust	Net 30	SINV-2022-49908	11/28/2022		12/28/2022	0.00	0.00	13,281.73	USD

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/01/2022 09:51:59 AM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 1284 for Kitsap Public Health District on 12/01/2022	Successfully Completed

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Business Process	Status
Payment Message: ID 1283 for Kitsap Public Health District on 12/01/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/01/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/01/2022	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 12/01/2022	Successfully Completed
Remittance File: For Washington State University on 12/01/2022	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/01/2022 09:51 AM	12/01/2022 09:51 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001689	Completed	00:00:05	Kimberly Condon	

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Settlement Run Information

Settlement Run	STL-00001710
Name	Kitsap Public Health District KC
Number	STL-00001710
Status	Complete
Date	12/08/2022
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	78,841.14
Inbound Total	0.00
Expense Report Count	11
Miscellaneous Payment Request Count	1
Supplier Invoice Count	14

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	12/08/2022	1	30.63	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/08/2022	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/08/2022	10	1,391.14	USD	Payment Message: ID 1303 for Kitsap Public Health District on 12/08/2022	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	12/08/2022	1	535.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/08/2022	Successfully Completed

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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/08/2022	11	75,542.82	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/08/2022	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/08/2022	3	1,341.55	USD	Payment Message: ID 1302 for Kitsap Public Health District on 12/08/2022	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0003960	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0003960	12/01/2022	Mileage 1006-110422	165.88	USD
Expense Report: EXP-0003961	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0003961	12/01/2022	Mileage 1101-11222022	270.50	USD
Expense Report: EXP-0003964	Kitsap Public Health District	George Fine (421693)	Employee	EXP-0003964	12/01/2022	Mileage 1021-111922	34.56	USD
Expense Report: EXP-0003965	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0003965	12/01/2022	Mileage 1114-112122	30.63	USD
Expense Report: EXP-0003966	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0003966	12/01/2022	Mileage 1115-112122	22.00	USD
Expense Report: EXP-0003967	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0003967	12/01/2022	Mileage 1025-111722	113.75	USD
Expense Report: EXP-0003968	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0003968	12/01/2022	Mileage 1010-112222	146.00	USD
Expense Report: EXP-0003969	Kitsap Public Health District	Megan Moore (421227)	Employee	EXP-0003969	12/01/2022	Supplies 111022	168.89	USD
Expense Report: EXP-0003970	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0003970	12/01/2022	Mileage 112111922	169.25	USD
Expense Report: EXP-0003971	Kitsap Public Health District	Alena Schroeder (434395)	Employee	EXP-0003971	12/01/2022	Mileage 1108--111522	220.81	USD
Expense Report: EXP-0003972	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0003972	12/01/2022	Mileage 1116-112222	79.50	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-07413	Kitsap Public Health District	JAKE BERGMAN (Inactive)	MPR-07413	Check	POS Customer Refund	12/01/2022	535.00	USD

Supplier Invoices

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-50358	Kitsap Public Health District	Blue Sky Printing	INVOICE # 11236	Blue Sky Printing	Net 30	SINV-2022-50358	10/26/2022		11/25/2022	0.00	0.00	431.33	USD
Supplier Invoice: SINV-2022-50364	Kitsap Public Health District	Dell Marketing L.P.	INVOICE# 10631772156	Dell Marketing L.P.	Net 30	SINV-2022-50364	11/23/2022		12/23/2022	0.00	0.00	17,192.49	USD
Supplier Invoice: SINV-2022-50373	Kitsap Public Health District	FedEx	INVOICE # 7-957-58764	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2022-50373	11/25/2022		12/25/2022	0.00	0.00	58.10	USD
Supplier Invoice: SINV-2022-50374	Kitsap Public Health District	Naccho	2023 DUES	Naccho	Net 30	SINV-2022-50374	12/01/2022		12/31/2022	0.00	0.00	1,385.00	USD
Supplier Invoice: SINV-2022-50375	Kitsap Public Health District	OLSOS Scrip	INVOICE# 2 (NOV 2022)	OLSOS Scrip	Net 30	SINV-2022-50375	12/01/2022		12/31/2022	0.00	0.00	7,500.00	USD
Supplier Invoice: SINV-2022-50376	Kitsap Public Health District	Ozark Underground Laboratory	INVOICE# 221129WA44	Ozark Underground Laboratory	Net 30	SINV-2022-50376	11/29/2022		12/29/2022	0.00	0.00	300.00	USD
Supplier Invoice: SINV-2022-50377	Kitsap Public Health District	Quadient Leasing USA, Inc	INVOICE # N9675897	Quadient Leasing USA, Inc	Net 30	SINV-2022-50377	12/01/2022		12/31/2022	0.00	0.00	1,437.42	USD
Supplier Invoice: SINV-2022-50379	Kitsap Public Health District	Sanofi Pasteur, Inc	INVOICE # 919852662	Sanofi Pasteur, Inc	Net 30	SINV-2022-50379	11/15/2022		12/15/2022	0.00	0.00	846.59	USD
Supplier Invoice: SINV-2022-50381	Kitsap Public Health District	Staples	INV# 35223332524	Staples - Remit-To: Staples	Net 30	SINV-2022-50381	11/17/2022		12/17/2022	0.00	0.00	72.43	USD
Supplier Invoice: SINV-2022-50393	Kitsap Public Health District	Stericycle Inc	Invoice# 3006234337	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2022-50393	10/31/2022		11/30/2022	0.00	0.00	983.45	USD
Supplier Invoice: SINV-2022-50394	Kitsap Public Health District	US Bank National Association	Acct# 4246-0445-5568-8591 (NOV '2022)	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2022-50394	11/28/2022		12/28/2022	0.00	0.00	13,985.27	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-50396	Kitsap Public Health District	Wa State Dept Of Enterprise Services	INVOICE # 71140223-DOWLESS, K	Wa State Dept Of Enterprise Services - Remit-To: Seattle Po Box 84857	Net 30	SINV-2022-50396	11/23/2022		12/23/2022	0.00	0.00	169.00	USD
Supplier Invoice: SINV-2022-50457	Kitsap Public Health District	Bremerton Government Center Association	December 2022	Bremerton Government Center Association	Net 30	SINV-2022-50457	12/01/2022		12/31/2022	0.00	0.00	32,201.54	USD
Supplier Invoice: SINV-2022-50563	Kitsap Public Health District	Telelanguage LLC	Invoice # TL20001022	Telelanguage LLC	Net 30	SINV-2022-50563	12/02/2022		01/01/2023	0.00	0.00	321.75	USD

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/08/2022 10:10:42 AM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 1303 for Kitsap Public Health District on 12/08/2022	Successfully Completed
Payment Message: ID 1302 for Kitsap Public Health District on 12/08/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/08/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/08/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/08/2022	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 12/08/2022	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 12/08/2022	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 12/08/2022	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/08/2022 10:10 AM	12/08/2022 10:10 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001710	Completed	00:00:05	Kimberly Condon	

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Settlement Run Information

Settlement Run	STL-00001731
Name	Kitsap Public Health District KC
Number	STL-00001731
Status	Complete
Date	12/15/2022
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	34,113.56
Inbound Total	0.00
Expense Report Count	9
Miscellaneous Payment Request Count	1
Supplier Invoice Count	25

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/15/2022	9	982.45	USD	Payment Message: ID 1322 for Kitsap Public Health District on 12/15/2022	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	12/15/2022	1	200.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/15/2022	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/15/2022	20	22,686.01	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/15/2022	Successfully Completed

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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/15/2022	5	10,245.10	USD	Payment Message: ID 1321 for Kitsap Public Health District on 12/15/2022	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004013	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0004013	12/08/2022	Supplies 1026-112822	93.15	USD
Expense Report: EXP-0004014	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0004014	12/08/2022	Mileage 1101-112322	96.67	USD
Expense Report: EXP-0004015	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0004015	12/08/2022	Mileage 1122-112322	10.38	USD
Expense Report: EXP-0004016	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0004016	12/08/2022	Mileage 1108-111722	200.94	USD
Expense Report: EXP-0004017	Kitsap Public Health District	Talia Humphrey (434383)	Employee	EXP-0004017	12/08/2022	Mileage 1103-112222	218.88	USD
Expense Report: EXP-0004018	Kitsap Public Health District	Siri Kushner (327580)	Employee	EXP-0004018	12/08/2022	Mileage 11302022	55.00	USD
Expense Report: EXP-0004020	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0004020	12/08/2022	MILEAGE 1101-112922	58.50	USD
Expense Report: EXP-0004021	Kitsap Public Health District	Laura Westervelt (434382)	Employee	EXP-0004021	12/08/2022	Mileage 1109-113022, KPHD logo wear Jacket only	161.80	USD
Expense Report: EXP-0004022	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0004022	12/08/2022	Mileage 1129-120122	87.13	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-07562	Kitsap Public Health District	Victoria Jensen (Inactive)	MPR-07562	Check	POS Customer Refund	12/08/2022	200.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-51394	Kitsap Public Health District	Acranet Cbs Branch	Invoice # 21995	Acranet Cbs Branch	Net 30	SINV-2022-51394	11/30/2022		12/30/2022	0.00	0.00	79.00	USD
Supplier Invoice: SINV-2022-51395	Kitsap Public Health District	City of Bremerton	Invoice # BKAT000717	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2022-51395	12/08/2022		01/07/2023	0.00	0.00	443.08	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-51396	Kitsap Public Health District	Comcast	Acct# 8498-36-002-1644737	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2022-51396	12/01/2022		12/31/2022	0.00	0.00	671.28	USD
Supplier Invoice: SINV-2022-51397	Kitsap Public Health District	Comcast	INVOICE# 160693119	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2022-51397	12/08/2022		01/07/2023	0.00	0.00	498.98	USD
Supplier Invoice: SINV-2022-51398	Kitsap Public Health District	Dell Marketing L.P.	INVOICE # 10635069457	Dell Marketing L.P.	Net 30	SINV-2022-51398	12/01/2022		12/31/2022	0.00	0.00	4,546.59	USD
Supplier Invoice: SINV-2022-51400	Kitsap Public Health District	Environmental Systems Research Institute	INV# 94375779	Environmental Systems Research Institute	Net 30	SINV-2022-51400	11/23/2022		12/23/2022	0.00	0.00	4,531.80	USD
Supplier Invoice: SINV-2022-51401	Kitsap Public Health District	FedEx	INVOICE # 7-965-04469	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2022-51401	12/02/2022		01/01/2023	0.00	0.00	22.87	USD
Supplier Invoice: SINV-2022-51403	Kitsap Public Health District	Griffen Caldwell, Inc	JANUARY '23	Griffen Caldwell, Inc	Net 30	SINV-2022-51403	12/08/2022		01/07/2023	0.00	0.00	1,060.00	USD
Supplier Invoice: SINV-2022-51414	Kitsap Public Health District	Griffin Glen Apartments LLC	JANUARY 2023	Griffin Glen Apartments LLC	Net 30	SINV-2022-51414	12/08/2022		01/07/2023	0.00	0.00	1,282.00	USD
Supplier Invoice: SINV-2022-51415	Kitsap Public Health District	The Heights at Sheridan Road	JANUARY 2023	The Heights at Sheridan Road	Net 30	SINV-2022-51415	12/08/2022		01/07/2023	0.00	0.00	1,232.00	USD
Supplier Invoice: SINV-2022-51416	Kitsap Public Health District	Indigo Apartments	JANUARY 2023	Indigo Apartments	Net 30	SINV-2022-51416	12/08/2022		01/07/2023	0.00	0.00	1,100.00	USD
Supplier Invoice: SINV-2022-51417	Kitsap Public Health District	Jefferson County	OCT 2022	Jefferson County - Remit-To: Health/Human Svc	Net 30	SINV-2022-51417	12/08/2022		01/07/2023	0.00	0.00	4,487.72	USD
Supplier Invoice: SINV-2022-51418	Kitsap Public Health District	Kitsap County	DECEMBER 2022	Kitsap County - Remit-To: KC Information Services	Net 30	SINV-2022-51418	12/08/2022		01/07/2023	0.00	0.00	2,978.95	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-51420	Kitsap Public Health District	Kania, Sharon Faye	JANUARY 2023	Kania, Sharon Faye	Net 30	SINV-2022-51420	12/08/2022		01/07/2023	0.00	0.00	458.00	USD
Supplier Invoice: SINV-2022-51421	Kitsap Public Health District	Laboratory Corporation of America	INVOICE # 74243895	Laboratory Corporation of America	Net 30	SINV-2022-51421	11/26/2022		12/26/2022	0.00	0.00	38.25	USD
Supplier Invoice: SINV-2022-51422	Kitsap Public Health District	Microsoft Corporation	INV# E0600L8BUG	Microsoft Corporation - Remit-To: Microsoft Services Po Box 842103	Net 30	SINV-2022-51422	12/02/2022		01/01/2023	0.00	0.00	3,955.12	USD
Supplier Invoice: SINV-2022-51437	Kitsap Public Health District	Siena Holdings Llc	JANUARY 2023	Siena Holdings Llc	Net 30	SINV-2022-51437	12/08/2022		01/07/2023	0.00	0.00	733.00	USD
Supplier Invoice: SINV-2022-51438	Kitsap Public Health District	Silverdale Home Associates	JAANUARY 23	Silverdale Home Associates	Net 30	SINV-2022-51438	12/08/2022		01/07/2023	0.00	0.00	1,066.00	USD
Supplier Invoice: SINV-2022-51439	Kitsap Public Health District	Song, Chun Moo	JANUARY 2023	Song, Chun Moo	Net 30	SINV-2022-51439	12/08/2022		01/07/2023	0.00	0.00	570.00	USD
Supplier Invoice: SINV-2022-51440	Kitsap Public Health District	Staples	INVOICE # 3524696389	Staples - Remit-To: Staples	Net 30	SINV-2022-51440	12/08/2022		01/07/2023	0.00	0.00	604.04	USD
Supplier Invoice: SINV-2022-51442	Kitsap Public Health District	Stericycle Inc	INVOICE # 8002839019	Stericycle Inc - Remit-To: Shred-It C/O Stericycle Inc	Net 30	SINV-2022-51442	12/08/2022		01/07/2023	0.00	0.00	476.84	USD
Supplier Invoice: SINV-2022-51443	Kitsap Public Health District	United Business Machines Of Wa	INVOICE # 485295	United Business Machines Of Wa	Net 30	SINV-2022-51443	11/28/2022		12/28/2022	0.00	0.00	1,123.71	USD
Supplier Invoice: SINV-2022-51444	Kitsap Public Health District	Wex Bank	INVOICE # 85650814	Wex Bank	Net 30	SINV-2022-51444	12/06/2022		01/05/2023	0.00	0.00	471.17	USD
Supplier Invoice: SINV-2022-51445	Kitsap Public Health District	State of WA Dept of Licensing	CHANG, MARGO	State of WA Dept of Licensing - Remit-To: Notary PO Box 3777	Net 30	SINV-2022-51445	12/08/2022		01/07/2023	0.00	0.00	40.00	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-51643	Kitsap Public Health District	Toyota Financial Services	Acct# 03-0322-CU922-Dec 2022	Toyota Financial Services	Net 30	SINV-2022-51643	12/07/2022		01/06/2023	0.00	0.00	460.71	USD

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/15/2022 09:41:06 AM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 1322 for Kitsap Public Health District on 12/15/2022	Successfully Completed
Payment Message: ID 1321 for Kitsap Public Health District on 12/15/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/15/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/15/2022	Successfully Completed
Remittance File: For Acranet Cbs Branch on 12/15/2022	Successfully Completed
Remittance File: For United Business Machines Of Wa on 12/15/2022	Successfully Completed
Remittance File: For Environmental Systems Research Institute on 12/15/2022	Successfully Completed
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 12/15/2022	Successfully Completed
Remittance File: For Jefferson County - Remit-To: Health/Human Svc on 12/15/2022	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/15/2022 09:41 AM	12/15/2022 09:41 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001731	Completed	00:00:05	Kimberly Condon	

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Settlement Run Information

Settlement Run	STL-00001749
Name	Kitsap Public Health District KC
Number	STL-00001749
Status	Complete
Date	12/22/2022
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currencies	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	43,385.39
Inbound Total	0.00
Expense Report Count	21
Miscellaneous Payment Request Count	1
Supplier Invoice Count	14

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Check) for Kitsap County Claims Fund Warrant Account	Expense Payment	Kitsap County Claims Fund Warrant Account	Check	12/22/2022	1	83.13	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/22/2022	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/22/2022	20	3,284.63	USD	Payment Message: ID 1336 for Kitsap Public Health District on 12/22/2022	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	12/22/2022	1	250.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/22/2022	Successfully Completed

DocuSign Envelope ID: F13845F3-C3A7-4672-AE6A-087696154A92

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/22/2022	11	34,936.82	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/22/2022	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/22/2022	3	4,830.81	USD	Payment Message: ID 1337 for Kitsap Public Health District on 12/22/2022	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004074	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0004074	12/15/2022	Mileage 1004-112822	281.88	USD
Expense Report: EXP-0004076	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0004076	12/15/2022	Training 1025--102722	209.65	USD
Expense Report: EXP-0004077	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0004077	12/15/2022	Mileage 1115-120622	81.19	USD
Expense Report: EXP-0004078	Kitsap Public Health District	Xinia Ebbay (434566)	Employee	EXP-0004078	12/15/2022	Mileage 1118-120922	40.50	USD
Expense Report: EXP-0004079	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0004079	12/15/2022	Mileage 1122-120922	83.13	USD
Expense Report: EXP-0004080	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0004080	12/15/2022	Mileage 110322	5.00	USD
Expense Report: EXP-0004081	Kitsap Public Health District	Gabrielle Hadly (434294)	Employee	EXP-0004081	12/15/2022	Travel 1129-120122	970.40	USD
Expense Report: EXP-0004083	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0004083	12/15/2022	Mileage 1201-120622	37.00	USD
Expense Report: EXP-0004084	Kitsap Public Health District	Dayna Katula (393427)	Employee	EXP-0004084	12/15/2022	KPHD Logo Wear for Dayna & Margo	88.42	USD
Expense Report: EXP-0004086	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0004086	12/15/2022	Mileage 1118-120622	117.50	USD
Expense Report: EXP-0004087	Kitsap Public Health District	Karina Mazur (388104)	Employee	EXP-0004087	12/15/2022	Mileage 0923-110222, Supplies 1007-100922	168.23	USD
Expense Report: EXP-0004088	Kitsap Public Health District	Crystal Nuno (405301)	Employee	EXP-0004088	12/15/2022	Mileage 1103-112222	348.13	USD
Expense Report: EXP-0004089	Kitsap Public Health District	Tameka Phelps (434295)	Employee	EXP-0004089	12/15/2022	Mileage 1101-112922	73.38	USD
Expense Report: EXP-0004090	Kitsap Public Health District	Deborah Rassa (433650)	Employee	EXP-0004090	12/15/2022	Supplies 0604-071422	30.84	USD
Expense Report: EXP-0004094	Kitsap Public Health District	Emmy Shelby (434658)	Employee	EXP-0004094	12/15/2022	RN Renewal license	135.00	USD
Expense Report: EXP-0004096	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0004096	12/15/2022	Mileage 1206-121322	164.19	USD

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Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004097	Kitsap Public Health District	Tobbi Stewart (423168)	Employee	EXP-0004097	12/15/2022	Mileage 111822	10.63	USD
Expense Report: EXP-0004098	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0004098	12/15/2022	Mileage 1017-113022	366.25	USD
Expense Report: EXP-0004099	Kitsap Public Health District	Lisa Warren (434273)	Employee	EXP-0004099	12/15/2022	Mileage 1109-112322	36.19	USD
Expense Report: EXP-0004100	Kitsap Public Health District	Mark Wickhamshire (434070)	Employee	EXP-0004100	12/15/2022	Mileage 1114-113022	76.25	USD
Expense Report: EXP-0004101	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0004101	12/15/2022	Mileage 1129-120722	44.00	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-07738	Kitsap Public Health District	Judy Wieck (Inactive)	MPR-07738	Check	One-Time Payment	12/15/2022	250.00	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-52369	Kitsap Public Health District	Assoc of Washington Cities	Invoice # 112163	Assoc of Washington Cities	Net 30	SINV-2022-52369	12/15/2022		01/14/2023	0.00	0.00	500.00	USD
Supplier Invoice: SINV-2022-52370	Kitsap Public Health District	Blue Dot Investments, Llc	715 Pacific Lot / Jan-Dec 2023	Blue Dot Investments, Llc	Net 30	SINV-2022-52370	12/14/2022		01/13/2023	0.00	0.00	20,160.00	USD
Supplier Invoice: SINV-2022-52371	Kitsap Public Health District	Comcast	Acct# 8498-36-002-0701975 (Dec 2023)	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2022-52371	12/09/2022		01/08/2023	0.00	0.00	233.88	USD
Supplier Invoice: SINV-2022-52372	Kitsap Public Health District	Iron Mountain	Invoice # 202639002	Iron Mountain - Remit-To: PO Box 601002	Net 30	SINV-2022-52372	12/15/2022		01/14/2023	0.00	0.00	213.89	USD
Supplier Invoice: SINV-2022-52373	Kitsap Public Health District	Lingo	Bill# 33036067	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2022-52373	12/11/2022		01/10/2023	0.00	0.00	12.31	USD
Supplier Invoice: SINV-2022-52374	Kitsap Public Health District	Loomis	Invoice # 13137930	Loomis - Remit-To: Palatine, Il	Net 30	SINV-2022-52374	12/01/2022		12/31/2022	0.00	0.00	582.00	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-52375	Kitsap Public Health District	ODP Business Solutions, LLC	Invoice # 280194037001	ODP Business Solutions, LLC	Net 30	SINV-2022-52375	12/15/2022		01/14/2023	0.00	0.00	72.35	USD
Supplier Invoice: SINV-2022-52376	Kitsap Public Health District	Olympic NW Property Management	January 2023	Olympic NW Property Management	Net 30	SINV-2022-52376	12/15/2022		01/14/2023	0.00	0.00	387.10	USD
Supplier Invoice: SINV-2022-52377	Kitsap Public Health District	Race Forward	2023 Membership	Race Forward	Net 30	SINV-2022-52377	12/15/2022		01/14/2023	0.00	0.00	1,000.00	USD
Supplier Invoice: SINV-2022-52378	Kitsap Public Health District	Jessica Matias	1011-111022	Jessica Matias	Net 30	SINV-2022-52378	12/15/2022		01/14/2023	0.00	0.00	400.00	USD
Supplier Invoice: SINV-2022-52379	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	1101-11302022	Spectra Laboratories - Kitsap, LLC	Net 30	SINV-2022-52379	11/30/2022		12/30/2022	0.00	0.00	3,411.80	USD
Supplier Invoice: SINV-2022-52380	Kitsap Public Health District	Stericycle Inc	Invoice # 3006272732	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2022-52380	11/30/2022		12/30/2022	0.00	0.00	919.01	USD
Supplier Invoice: SINV-2022-52383	Kitsap Public Health District	VectorUSA	Invoice # 94880	VectorUSA	Net 30	SINV-2022-52383	12/15/2022		01/14/2023	0.00	0.00	5,400.33	USD
Supplier Invoice: SINV-2022-52449	Kitsap Public Health District	Verizon Wireless	Account # 9922739286	Verizon Wireless - Remit-To: Verizon Wireless - Po Box 660108 Dallas Tx	Net 30	SINV-2022-52449	12/10/2022		01/09/2023	0.00	0.00	6,474.96	USD

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/22/2022 10:16:31 AM		Kimberly Condon (434280)	1	
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

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Related Business Processes History

Business Process	Status
Payment Message: ID 1337 for Kitsap Public Health District on 12/22/2022	Successfully Completed
Payment Message: ID 1336 for Kitsap Public Health District on 12/22/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/22/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/22/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 12/22/2022	Successfully Completed
Remittance File: For Assoc of Washington Cities on 12/22/2022	Successfully Completed
Remittance File: For Spectra Laboratories - Kitsap, LLC on 12/22/2022	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 12/22/2022	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/22/2022 10:16 AM	12/22/2022 10:16 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001749	Completed	00:00:05	Kimberly Condon	

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Settlement Run Information

Settlement Run	STL-00001766
Name	Kitsap Public Health District KC
Number	STL-00001766
Status	Complete
Date	12/29/2022
Include Payments On Behalf Of	No
Exclude Negative Payments	No
Express Settlement	No

Additional Information

Organization	Kitsap Public Health District
Currency	USD
Filters Used	

Payment Information

Display Currency	USD
Outbound Total	195,177.43
Inbound Total	0.00
Expense Report Count	6
Miscellaneous Payment Request Count	1
Supplier Invoice Count	22

Payment Groups

Payment Groups

View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	12/29/2022	6	771.99	USD	Payment Message: ID 1356 for Kitsap Public Health District on 12/29/2022	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	12/29/2022	1	569.09	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/29/2022	Successfully Completed
Supplier Payment(Check) for Kitsap County Claims Fund Warrant Account	Supplier Payment	Kitsap County Claims Fund Warrant Account	Check	12/29/2022	21	193,283.77	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/29/2022	Successfully Completed

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View	Category	Bank Account	Payment Type	Date	Payments	Amount	Currency	Business Process	Status
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	12/29/2022	1	552.58	USD	Payment Message: ID 1355 for Kitsap Public Health District on 12/29/2022	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0004147	Kitsap Public Health District	Lindsey Camarena (434136)	Employee	EXP-0004147	12/21/2022	Mileage 110422-Supplies 121522	24.47	USD
Expense Report: EXP-0004148	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0004148	12/21/2022	MILEAGE 1107-121622	419.88	USD
Expense Report: EXP-0004149	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0004149	12/21/2022	MILEAGE 1214-121522	30.13	USD
Expense Report: EXP-0004150	Kitsap Public Health District	Alena Schroeder (434395)	Employee	EXP-0004150	12/21/2022	Mileage 1122-121322	151.13	USD
Expense Report: EXP-0004151	Kitsap Public Health District	Mindy Tonti (434149)	Employee	EXP-0004151	12/21/2022	Mileage 1116-113022	55.94	USD
Expense Report: EXP-0004152	Kitsap Public Health District	Hannah Vinyard (434364)	Employee	EXP-0004152	12/21/2022	Mileage 1031-120922	90.44	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-07814	Kitsap Public Health District	DYNAMIC COLLECTORS, INC (Inactive)	MPR-07814	Check	One-Time Payment	12/27/2022	569.09	USD

Supplier Invoices

Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-53040	Kitsap Public Health District	Blue Sky Printing	Invoice # 11799	Blue Sky Printing	Net 30	SINV-2022-53040	12/15/2022		01/14/2023	0.00	0.00	163.99	USD
Supplier Invoice: SINV-2022-53041	Kitsap Public Health District	Kitsap County	Contract 2263-Aug-Sept 2022	Kitsap County - Remit-To: KC Human Services	Net 30	SINV-2022-53041	12/22/2022		01/21/2023	0.00	0.00	5,481.23	USD
Supplier Invoice: SINV-2022-53042	Kitsap Public Health District	Marvin Williams Recreation Center	Rental date 01/17/2023	Marvin Williams Recreation Center	Net 30	SINV-2022-53042	12/22/2022		01/21/2023	0.00	0.00	367.87	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-53043	Kitsap Public Health District	Microsoft Corporation	Invoice# E0600LF6PQ	Microsoft Corporation - Remit-To: Microsoft Services Po Box 842103	Net 30	SINV-2022-53043	12/17/2022		01/16/2023	0.00	0.00	62.07	USD
Supplier Invoice: SINV-2022-53044	Kitsap Public Health District	Staples	Inv#3525694259	Staples - Remit-To: Staples	Net 30	SINV-2022-53044	12/16/2022		01/15/2023	0.00	0.00	761.81	USD
Supplier Invoice: SINV-2022-53045	Kitsap Public Health District	United Business Machines Of Wa	Invoice # 486493	United Business Machines Of Wa	Net 30	SINV-2022-53045	12/15/2022		01/14/2023	0.00	0.00	552.58	USD
Supplier Invoice: SINV-2022-53046	Kitsap Public Health District	Wa State Dept Of Enterprise Services	Invoice # 71140518-Moen, Anne	Wa State Dept Of Enterprise Services - Remit-To: Seattle Po Box 84857	Net 30	SINV-2022-53046	12/13/2022		01/12/2023	0.00	0.00	282.00	USD
Supplier Invoice: SINV-2022-53240	Kitsap Public Health District	American Family Life Assurance Company	PR - DECEMBER 2022	American Family Life Assurance Company	Net 30	SINV-2022-53240	12/27/2022		01/26/2023	0.00	0.00	1,780.23	USD
Supplier Invoice: SINV-2022-53244	Kitsap Public Health District	WA State Employment Security	PR- DECEMBER 2022	WA State Employment Security	Net 30	SINV-2022-53244	12/27/2022		01/26/2023	0.00	0.00	4,604.04	USD
Supplier Invoice: SINV-2022-53245	Kitsap Public Health District	Health Equity	PR DECEMBER 2022	Health Equity	Net 30	SINV-2022-53245	12/27/2022		01/26/2023	0.00	0.00	303.33	USD
Supplier Invoice: SINV-2022-53246	Kitsap Public Health District	Hra Veba Trust	PR - DECEMBER 2022	Hra Veba Trust	Net 30	SINV-2022-53246	12/27/2022		01/26/2023	0.00	0.00	9,299.29	USD
Supplier Invoice: SINV-2022-53249	Kitsap Public Health District	Nationwide Retirement Solutions	PR - DECEMBER 22	Nationwide Retirement Solutions	Net 30	SINV-2022-53249	12/27/2022		01/26/2023	0.00	0.00	5,595.00	USD
Supplier Invoice: SINV-2022-53250	Kitsap Public Health District	Prof & Technical Eng XPH	PR DECEMBER 22	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2022-53250	12/27/2022		01/26/2023	0.00	0.00	3,613.32	USD
Supplier Invoice: SINV-2022-53251	Kitsap Public Health District	Prof & Technical Eng XPH	PR- DECEMBER 22	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2022-53251	12/27/2022		01/26/2023	0.00	0.00	31.00	USD

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Supplier Invoice	Company	Supplier	Supplier's Invoice Number	Payee	Payment Terms	Document Number	Invoice Date	Discount Date	Due Date	Discount Taken	Withheld Tax Amount	Amount to Pay	Currency
Supplier Invoice: SINV-2022-53252	Kitsap Public Health District	Voya Institutional Trust Company	PR - DECEMBER '22	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2022-53252	12/27/2022		01/26/2023	0.00	0.00	275.00	USD
Supplier Invoice: SINV-2022-53253	Kitsap Public Health District	WA State Dept of Labor & Industries	PR- DECEMBER 22	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022	Net 30	SINV-2022-53253	12/27/2022		01/26/2023	0.00	0.00	4,799.84	USD
Supplier Invoice: SINV-2022-53254	Kitsap Public Health District	Wash State Dept Of Retirement	PR- DECEMBER '22	Wash State Dept Of Retirement	Net 30	SINV-2022-53254	12/27/2022		01/26/2023	0.00	0.00	14,199.88	USD
Supplier Invoice: SINV-2022-53255	Kitsap Public Health District	Wa Health Care Authority - Uniform	PR- DECEMBER '22	Wa Health Care Authority - Uniform	Net 30	SINV-2022-53255	12/27/2022		01/26/2023	0.00	0.00	124,367.76	USD
Supplier Invoice: SINV-2022-53256	Kitsap Public Health District	Vimly Benefit Solutions Inc	PR- DECEMBER '22	Vimly Benefit Solutions Inc	Net 30	SINV-2022-53256	12/27/2022		01/26/2023	0.00	0.00	5,495.03	USD
Supplier Invoice: SINV-2022-53257	Kitsap Public Health District	Whit-Delta Dental Of Washington	PR- DECEMBER 22	Whit-Delta Dental Of Washington	Net 30	SINV-2022-53257	12/27/2022		01/26/2023	0.00	0.00	11,358.31	USD
Supplier Invoice: SINV-2022-53283	Kitsap Public Health District	Quest Diagnostics	INVOICE # T1453017	Quest Diagnostics	Net 30	SINV-2022-53283	11/30/2022		12/30/2022	0.00	0.00	187.77	USD
Supplier Invoice: SINV-2022-53379	Kitsap Public Health District	Drayton Jackson	BOH Stipend Oct-Dec 2022	Drayton Jackson	Net 30	SINV-2022-53379	12/27/2022		01/26/2023	0.00	0.00	255.00	USD

Process History

Settlement Run Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	12/29/2022 10:04:43 AM		Kimberly Condon (434280)	1	

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Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	To Do: Settlement Run has Payment Handling Instruction	Not Required				0	
Settlement Run Event	To Do: AP Wire was Settled	Not Required				0	
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	

Related Business Processes History

Business Process	Status
Payment Message: ID 1356 for Kitsap Public Health District on 12/29/2022	Successfully Completed
Payment Message: ID 1355 for Kitsap Public Health District on 12/29/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 12/29/2022	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 12/29/2022	Successfully Completed
Remittance File: For United Business Machines Of Wa on 12/29/2022	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
12/29/2022 10:04 AM	12/29/2022 10:04 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00001766	Completed	00:00:06	Kimberly Condon	

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Kitsap Public Health District - Monthly (Regular) (Pay Group Detail)
12/01/2022 - 12/31/2022 (Monthly) (Period)

Employee	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Abazi (427227) Ornela	173.33	5,575.00			4,157.12
Abney (4563) Beverly	173.33	5,355.00			3,681.28
Acosta (278956) Nancy	173.33	9,221.00			5,729.06
Ader (413193) Sam	173.33	5,674.00			3,834.00
Ahlin (434420) Zachary	173.33	4,669.00			3,535.52
Albi (434601) Colin	10.00	365.00			262.63
Anderson (419470) Amy	173.33	6,861.00			4,533.91
Archer (434384) James	173.33	4,006.00			3,035.97
Arias (433900) Jordan	173.33	6,010.00			4,315.13
Armstrong (434291) Jami	173.33	5,555.00			3,978.67
Atisme-Bevins (433909) Kandice	173.33	7,587.00			5,476.33
Banigan (215189) Leslie	173.33	7,284.00			5,237.26
Baum (434397) Rudy	173.33	5,147.00			3,802.03
Bazzell (328436) Richard	173.33	7,284.00			5,102.60
Bell (419805) Gus	162.67	6,940.24			4,885.54
Berger (407902) Angeline	173.33	5,451.00			3,886.13
Bierman (404611) Dana	156.00	7,528.00			5,668.61
Borja (426250) Windie	173.33	5,844.00			4,078.86
Boysen-Knapp (2058) Karen	156.00	5,995.00			3,950.73
Bronder (434436) Christine	173.33	4,669.00			3,555.47
Brown (271677) Steven	173.33	9,221.00			5,199.52
Burchett (409212) Brian	173.33	5,404.00			3,950.85
Burke (434463) Lenore	173.33	3,996.00			2,866.26
Burns (434416) Anne	173.33	7,193.00			4,983.57
Burton (434296) Callie	173.33	3,806.00			2,867.46
Byrd (434085) Stephanie	173.33	3,996.00			3,277.53
Camarena (434136) Lindsey	176.83	7,997.69			5,868.56
Camarena (434536) Daniel	173.33	5,248.00			3,351.78
Chang (411387) Margo	173.33	4,452.00			3,110.70
Ciulla (400655) Laura	86.67	3,879.00			2,065.83
Collins (434101) Lori	173.33	6,379.00			4,658.46
Crow (433648) Kayla		-			-
Davis (433997) Elizabeth	173.33	7,966.00			5,586.77
Deseamus (434593) Dara	173.33	4,235.00			3,219.68
Dowless (340919) Kelly	173.33	7,306.00			5,020.34
Duren (430735) Ashley	173.33	5,833.00			4,275.83
Ebbay (434566) Xinia	173.33	6,389.00			4,696.42
Evans (4565) Eric	173.33	10,674.00			2,780.12
Fergus (434648) Maria	173.33	4,671.00			3,030.95
Fine (421693) George	86.67	2,187.00			1,699.94
Fisk (321284) April	173.33	8,458.00			5,145.53
Fong (356883) Yolanda	173.33	11,208.00			7,477.88
Forte (434150) Harrison	173.33	5,404.00			3,653.70
Giuntoli (337331) Paul	173.33	7,284.00			4,424.58
Gonzalez (401905) Anna	22.49	988.22			886.07
Grellner (1264) Keith	173.33	13,351.00			9,235.05
Gress (421427) Nicole	136.00	3,793.04			3,069.53
Griego (410072) Yaneisy	173.33	5,138.00			3,949.35
Guidry (355732) Jessica	173.33	9,221.00			6,469.86
Hadly (434294) Gabrielle	173.33	9,221.00			6,315.06
Hartman (434642) Melissa	173.33	5,532.00			4,128.28
Holdcroft (270783) Jodie	173.33	7,284.00			4,827.58
Holdcroft (4579) Grant	173.33	9,221.00			5,293.96
Holt (2726) Karen	173.33	9,682.00			6,268.10
Howard Lindquist (434057) Anne	138.66	4,340.00			3,468.71
Howarth (434500) Rosalie	173.33	5,147.00			4,026.51
Hughes (434256) Jakob	173.33	5,147.00			3,808.23
Humphrey (434383) Talia	173.33	5,018.00			3,876.81
Hunter (409213) Kari	173.33	9,221.00			5,955.45
Inouye (434255) Wendy	173.33	8,458.00			5,848.74
Jenkins (434053) Andrea	140.64	3,096.37			2,394.49
Johanson (400651) Krista	173.33	4,857.00			3,630.12
Jones (358933) Kimberly	173.33	9,221.00			6,206.19
Katula (393427) Dayna	173.33	8,364.00			4,912.52
Kench (245476) Donald	173.33	4,285.00			2,651.75
Kiess (250913) John	173.33	11,208.00			8,105.35

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Employee	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kindschy (421430) Brandon	173.33	5,958.00			4,200.63
Kinnear (434099) Sarah	173.33	5,480.00			4,220.32
Knoop (16125) Melina	173.33	7,284.00			4,963.01
Kruse (243184) Charles	173.33	7,385.00			4,792.27
Kushner (327580) Siri	173.33	10,674.00			6,767.06
Laird (416539) Melissa	173.33	10,166.00			6,379.01
Lehto (434317) Victoria	173.33	4,902.00			3,749.43
Lytle (285038) Ross	173.33	7,284.00			5,295.53
Madden (434318) Shannon	173.33	3,996.00			2,935.38
May (434674) Martha	173.33	4,494.00			3,187.92
Mazur (388104) Karina	173.33	7,808.00			5,090.50
McMillan (434052) Michelle	173.33	5,451.00			3,940.90
Moen (279971) Anne	173.33	6,661.00			4,548.78
Moontree (406607) Kaela	173.33	5,425.00			3,820.42
Moore (421227) Megan	156.00	5,995.00			4,068.42
Moore (434254) Alexandra	173.33	4,902.00			3,715.93
Morris (312378) Dawn	173.33	6,882.00			4,812.66
Morris (434567) Amanda	172.33	3,972.95			3,189.75
Morrow (433895) Nathan	173.33	16,464.00			11,040.65
Nguyen (295033) Loan	173.33	5,100.00			3,689.05
Nguyen (434026) Kevin	173.33	4,687.00			3,269.07
Nielson (434638) Brian	163.33	5,112.00			3,742.20
Noble (3128) Gregoria	173.33	5,404.00			3,533.80
North (22459) Edwin	173.33	10,166.00			351.28
Nuno (405301) Crystal	173.33	6,897.00			3,727.16
O'Brien (433907) Melissa	173.33	4,669.00			3,708.42
Onarheim (426938) Carin	173.33	5,069.00			3,691.28
Pandino (419118) Linda	173.33	4,857.00			3,654.08
Perales (434396) Sydney	173.33	5,018.00			3,894.69
Perry (306605) Rachel	173.33	4,406.00			3,250.83
Phelps (434295) Tameka	173.33	6,235.00			4,481.41
Plemmons (433994) Suzanne	44.00	2,345.20			1,666.59
Power (434293) Allison	173.33	7,306.00			5,162.09
Preston (434195) Anne-Lisa	173.33	6,311.00			4,686.81
Quist-Therson (419860) Nii	180.58	8,652.80			6,214.08
Rassa (433650) Deborah	133.89	4,700.88			3,749.76
Rhea (324654) Susan	173.33	4,406.00			3,356.92
Ridge (267073) Betti	173.33	7,446.00			4,992.94
Rork (404613) Ian		-			-
Schroeder (434395) Alena	173.33	4,464.00			3,404.86
Shelby (434658) Emmy	166.63	5,453.16			4,602.77
Shuhler (425553) Yana	173.33	4,116.00			2,995.27
Simmons (434365) Nolan	173.33	5,147.00			3,914.90
Smith (361388) Terri	173.33	8,142.00			5,672.21
Sooter (427776) Thaddeus	173.33	8,055.00			5,686.97
Stedman (347366) Kelsey	173.33	9,221.00			6,085.89
Stewart (423168) Tobbi	175.33	6,061.11			4,401.48
Tiemeyer (433908) Alexandra	173.33	7,193.00			5,005.90
Tjemsland (433192) Amanda	173.33	6,627.00			4,652.86
Tonti (434149) Mindy	173.33	4,464.00			3,553.77
Tran (434316) Meghan	173.33	4,687.00			3,761.48
Turner (1682) Denise	173.33	5,355.00			3,265.93
Van Ort (392243) Susan	173.33	7,284.00			4,949.66
Vinyard (434364) Hannah	173.33	4,669.00			3,561.80
Wagner (426251) Mary	121.34	2,797.00			2,004.34
Warren (434273) Lisa	173.33	7,395.00			5,965.06
Wellborn (14545) Brian	158.75	3,949.42			2,540.23
Wendt (397255) Jan	173.33	7,395.00			5,514.36
Westervelt (434382) Laura	173.33	5,674.00			4,064.80
White (434641) Erica	173.33	5,754.00			4,345.76
Whitford (434292) Tiffany	173.33	3,996.00			2,941.44
Wickhamshire (434070) Mark	86.67	1,984.00			1,594.55
Winchester (431493) Layken	173.33	4,902.00			3,538.45
Winters (426939) Christopher	173.33	5,425.00			4,020.82
Wyatt (434415) Janet	116.08	4,952.71			3,362.60
	21,320.54	797,134.79	0.00	0.00	548,196.01

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Kitsap County Treasurer's Office

Cash Transmittal

Withdrawal Receipt #R00213289

Approved: 12/14/2022

GL Date: 12/14/2022

Total Amount: $131,674.80

Request Details

Request ID	213305
Type	Withdrawal
Owner	Beverly Abney
Organization	Kitsap Public Health District
Approved By	Debbie Waterbury
Comments	

ACH/EFT Transaction

Purpose	Date	Reference	Payee	Description	Amount	Memo
ACH/EFT	12/14/2022	95969	Wa State Dept of Retirement Systems	November 2022 PERS	$131,674.80	PERS Payment

Line Items

Line	Amount	Memo	Program	Account
1	$131,674.80	PERS 2&3	95969 - Kitsap Public Health District	2315:Employee Benefits Payable

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Employee ID	Deduction	Deductio	Lookup	Group	Plan	Amount
		W_FW Total				92,570.67
					Federal Total	92,570.67
		W_MED Total				11,342.34
		W_MEDER Total				11,342.34
					Medicare Total	22,684.68
		W_OAS Total				46,651.07
		W_OASER Total				46,651.07
					SS Total	93,302.14
					Grand Total	208,557.49