

**Kitsap Public Health District
Consent Agenda
November 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 15 (2370)	CLH31014 Amendment 15	WA State Dept. of Health <i>Consolidated Contract</i>	Amendment	01/01/2022-12/31/2024	\$450,948	\$0
Description: Adds statements of work for HIV Client Services-HOPWA and amends statements of work for Executive Office of Resiliency & Health Security-WFD LHJ, Infectious Disease Prevention Services-Ryan White Part B, Office of Drinking Water Group A Program, Office of Immunization COVID-19 Vaccine, OSS LMP Implementation, and Supplemental Nutrition Assistance Program-Education and adds an additional \$450,948 in funding for a revised maximum consideration of \$17,733,851.						
2369	NA	United Business Machines of Washington <i>Copier Lease and Maintenance</i>	Contract	10/26/2023-10/25/2028	\$0	\$80,993
Description: Five-year, month-to-month copier lease and maintenance using the State Master Contract.						
2371	NA	Kitsap Board of Health <i>Employment Agreement</i>	Agreement	11/08/2023-12/31/2026	\$0	\$514,798
Description: Blue shading indicates the agreement was approved in person on October 24th by Board Chair Becky Erickson and is on the November Consent Agenda for Board affirmation. Formalizes the employment agreement between the Kitsap Public Health Board and Yolanda Fong for the position of Administrator of the Kitsap Public Health District.						

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

CONTRACT NUMBER: CLH31014

AMENDMENT NUMBER: 15

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:
HIV Client Services-HOPWA - Effective September 1, 2023
- Amends Statements of Work for the following programs:
Executive Office of Resiliency & Health Security-WFD LHJ - Effective July 1, 2023
Infectious Disease Prevention Services-Ryan White Part B - Effective July 1, 2023
Office of Drinking Water Group A Program - Effective January 1, 2022
Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
OSS LMP Implementation - Effective July 1, 2023
Supplemental Nutrition Assistance Program-Education - Effective January 1, 2022

Deletes Statements of Work for the following programs:

2. Exhibit B-15 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-14 Allocations as follows:

- Increase of **\$450,948** for a revised maximum consideration of **\$17,733,851**.
- 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)

Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community Hlth Pgms (inc. Admin) & 36% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only Chart of Accounts		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Start Date	Funding Period End Date	Funding Period Start Date	Funding Period End Date			
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		
FFY24 SNAP Ed Prog Mgnt Admin IAR	NGA Not Received	Amd 15	10.561	333.10.56	10/01/23	09/30/24	10/01/23	09/30/24	\$127,434	\$127,434	\$127,434
Hous. Opp. for Ppl w/AIDS CARES COVID-19	WA-H2001W074	Amd 4	14.241	333.14.24	01/01/22	06/30/23	01/01/22	06/30/23	\$11,418	\$11,418	\$11,418
FFY23 Housing People with AIDS Formula HUD	NGA Not Received	Amd 15	14.241	333.14.24	09/01/23	06/30/24	08/10/23	08/09/26	\$112,764	\$112,764	\$346,932
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$23,000	\$126,989	
FFY22 Housing People with AIDS Formula HUD	WAH21-F999	Amd 10, 14	14.241	333.14.24	10/01/22	08/31/23	09/12/22	09/11/25	\$103,989		
FFY21 Housing People with AIDS Formula	WAH21-F999	Amd 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		
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 11	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$25,000	\$25,000	\$50,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$25,000	\$25,000	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 14	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$295,345	\$295,345	\$790,580
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$295,345	\$295,345	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/21	06/30/23	\$4,176	\$4,176	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/23	\$195,714	\$195,714	
FFY22 TB Uniting for Ukraine Supp	NU52PS910221	Amd 10, 13	93.116	333.93.11	07/01/22	09/30/23	05/21/22	09/30/23	\$7,500	\$7,500	\$7,500
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 10	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$57,417	\$107,417	\$127,324
FFY22 Overdose Data to Action Prev	NU17CE925007	Amd 7	93.136	333.93.13	09/01/22	08/31/23	09/01/22	08/31/23	\$50,000		
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		
FFY24 CDC PPHF Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$250	\$2,750	\$2,750
FFY24 CDC PPHF Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,500		

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					Start Date	End Date	Start Date	End Date			
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$1,613	\$17,747	\$17,747
FFY24 CDC VFC Ops	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$16,134		
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$2,800	\$30,800	\$30,800
FFY24 CDC IQIP Regional Rep	NH23IP922619	Amd 13	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$28,000		
FFY23 PPHF Ops	NH23IP922619	Amd 7	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$2,500	\$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
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, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	(\$199,494)	\$2,720,344	\$2,720,344
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 11	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$2,919,838		
FFY21 SHARP HAI ELC	NU50CK000515	Amd 9	93.323	333.93.32	09/01/22	07/31/24	08/01/21	07/31/24	\$192,500	\$192,500	\$192,500
FFY21 CDC COVID-19 PHWFD-LHJ	NU90TP922181	Amd 15	93.354	333.93.35	07/01/23	06/30/24	07/01/23	06/30/24	\$200,000	\$200,000	\$200,000
FFY23 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 12	93.387	333.93.38	04/29/23	04/28/24	04/29/23	04/28/24	\$24,482	\$24,482	\$73,446
FFY22 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 5, 9	93.387	333.93.38	04/29/22	04/28/23	04/29/22	04/28/23	\$24,482	\$24,482	
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$24,482	\$24,482	
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 11	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$2,000	\$82,000	\$149,000
FFY22 Phys Actvty & Nutrition Prog	NU58DP006504	Amd 7	93.439	333.93.43	09/30/22	09/29/23	09/30/22	09/29/23	\$80,000		
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		
FFY24 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 14	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$159,854	\$159,854	\$292,145
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 14	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	(\$27,563)	\$132,291	
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$159,854		
FFY22 HRSA MCHBG Special Proj	B04MC45251	Amd 14	93.994	333.93.99	07/01/23	09/30/23	10/01/22	09/30/23	\$37,563	\$37,563	\$37,563

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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	\$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 13	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$20,000	\$20,000	\$40,000
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$20,000	\$20,000	
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$33,333	\$33,333	\$104,166
Small Onsite Management (ALEA)		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$33,333	\$33,333	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$15,000	\$15,000	
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500	\$22,500	
Small Onsite Management (GFS)		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	(\$8,334)	\$0	\$0
Small Onsite Management (GFS)		Amd 13	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334		
SFY24 Dedicated Cannabis Account		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$247,509	\$247,509	\$495,018
SFY23 Dedicated Cannabis Account		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$247,509	\$247,509	
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$132,277	\$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	
SFY24 Tobacco Prevention Proviso		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/24	\$100,530	\$100,530	\$294,530
SFY23 Tobacco Prevention Proviso		Amd 7, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$4,000	\$194,000	
SFY23 Tobacco Prevention Proviso		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/22	06/30/23	\$190,000		
SFY24 Youth Tobacco Vapor Products		Amd 13	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$38,402	\$38,402	\$104,106
SFY23 Youth Tobacco Vapor Products		Amd 5, 9	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$38,402	\$38,402	
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$27,302	\$27,302	
SFY25 Wastewater Management-GFS		Amd 15	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$8,334	\$8,334	\$38,334
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$30,000	\$30,000	
HIV Local Proviso-RW Grant Year 2023		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$30,814	\$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	

**EXHIBIT B-15
ALLOCATIONS
Contract Term: 2022-2024**

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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 Rebate		Amd 13	N/A	334.04.98	07/01/23	12/31/23	07/01/23	12/31/23	\$313,800	\$313,800	\$1,118,585
RW FFY23 Grant Year Local (Rebate)		Amd 7	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$9,940	\$126,086	
RW FFY23 Grant Year Local (Rebate)		Amd 5	N/A	334.04.98	04/01/23	06/30/23	04/01/23	06/30/23	\$116,146		
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 12	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$250,000	\$2,719,000	\$4,064,000
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		
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	
FPHS-Local Health Jurisdiction		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,180,000	\$3,649,000	\$3,649,000
FPHS-Local Health Jurisdiction		Amd 13	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$2,469,000		
YR 25 SRF - Local Asst (15%) SS		Amd 15	N/A	346.26.64	01/01/24	12/31/24	07/01/23	06/30/25	\$10,750	\$10,750	\$43,500
YR 25 SRF - Local Asst (15%) SS		Amd 14	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$500	\$13,750	
YR 25 SRF - Local Asst (15%) SS		Amd 11	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$13,250		
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 7	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,500	\$19,000	
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$17,500		
YR 25 SRF - Local Asst (15%) TA		Amd 11	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$2,000	\$2,000	\$3,000
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	
TOTAL									\$17,733,851	\$17,733,851	
Total consideration:	\$17,282,903									GRAND TOTAL	\$17,733,851
	\$450,948										
GRAND TOTAL	\$17,733,851									Total Fed	\$7,372,825
										Total State	\$10,361,026

Kitsap Public Health District

**EXHIBIT B-15
ALLOCATIONS**
Contract Term: 2022-2024

Page 6 of 45
Contract Number: CLH31014
Date: October 1, 2023

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)
Indirect Rate January 1, 2023-December 31, 2023: 30.08% Admin & Facilities; 30.08% Community Hlth Pgms (inc. Admin) & 36% Environmental Hlth Pgms (inc. Admin)

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #**	BARS Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Funding Period Start Date	Chart of Accounts Funding Period End Date			

*Assistance Listing Number fka Catalog of Federal Domestic Assistance

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

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

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
WFD LHJ - Effective July 1, 2023

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
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: July 1, 2023 through July 31, 2024

Statement of Work Purpose: The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2024. LHJs will not be provided a fund allocation. Program will review invoices and manage use of funds across all LHJs who want to access these funds. Timely invoicing of costs by LHJs to DOH is essential. The program also asks LHJs to inform DOH as soon as possible if they do not plan to invoice for any of these funds.

Revision Purpose: The purpose of this revision is to add funds to the statement of work. There was a change to the process described in the Note above. The Program decided to add funds to these statements of work.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY21 CDC COVID-19 PHWFD-LHJ	3192621G	93.354	333.93.35	07/01/23	06/30/24	0	200,000	200,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	200,000	200,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by September 15, 2023, and any changes within 30 days of the change.	September 15, 2023 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	December 31, 2023, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.</p>			
<p>3</p>	<p>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ COVID-19 prevention, preparedness, response, and recovery initiatives.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> • Costs including, wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. • Costs of contractors and contracted staff. <p>Notes:</p> <ul style="list-style-type: none"> • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.) 	<p>Implementation Plan</p> <p>Data on form provided by DOH.</p>	<p>December 31, 2023, or sooner.</p> <p>January 10, 2024 July 10, 2024</p>	
<p>4</p>	<p>Data collection, as applicable, based on activities LHJ has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> • Total new hires 	<p>Data on form provided by DOH.</p>	<p>January 10, 2024 July 10, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Describe challenges or experiences that have impacted progress toward achieving set hiring goals. • Describe promising practices or activities that should be considered for sustained funding. • Explain your approach and mitigation plans to address challenges in meeting these hiring goals. • Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. • Administrative Support Staff – New Hires • Professional or Clinical Staff – New Hires • Disease Investigation Staff – New Hires • Program Management Staff – New Hires • Existing Staff budget for this funding. <p>Note: Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024.</p>			

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

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

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).

- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.
(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

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

DOH Program Name or Title: HIV Client Services-HOPWA - Effective September 1, 2023

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
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: September 1, 2023 through June 30, 2024

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

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY23 HSNG-PPL W/AIDS FORMULA HUD	12660231	14.241	333.14.24	09/01/23	06/30/24	0	112,764	112,764
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	112,764	112,764

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Provide funding to help the housing needs of persons with HIV/AIDS or related diseases and their families.</p> <p>The outcome of this performance-based grant is safe, affordable and stable housing for the clients of the Housing Opportunities for Persons with AIDS (HOPWA) Program.</p> <p>Services are restricted to households with at least one person who has HIV/AIDS and whose total household income is less than 80% of the Area Median Income (AMI) as defined by Housing and Urban Development (HUD).</p>	<p>-Perform prompt housing inspections.</p> <p>-Make prompt rent and deposit payments to landlords and make utility payments to utility companies.</p> <p>-Develop housing plans for clients receiving housing assistance [Short-Term Rent, Mortgage and Utility (STRMU), Tenant-Based Rental Assistance (TBRA), and Facility Based Housing] and update housing plans at least annually.</p>	<p>Required reports are to be submitted in a timely manner.</p> <p>DOH may delay payment until the reports are received or recapture unclaimed funds.</p>	<p>Administrative: \$6,723</p> <p>Support Services: \$4,166</p> <p>STRMU: \$21,875</p> <p>Tenant Based Rental Assistance:</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		-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. -Submission of Consolidated Annual Performance Report (CAPER) by requested due date. -Submission of Monitor responses by the due date requested.		\$80,000 TOTAL: \$112,764

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

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, 2024**. 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 confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

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

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

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

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

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

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

DOH Program Name or Title: Infectious Disease Prevention Services-Ryan White Part B - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Funding Source <input type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Period of Performance: July 1, 2023 through December 31, 2023

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 human immunodeficiency virus (HIV) care continuum for SFY24.

Revision Purpose: Replace TBD MI code with new MI 12618530 and remove LOCAL from the MI title to match the title in the 2025 biennium chart of accounts.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
RW FFY23 GRANT YEAR REBATE	12618530	N/A	334.04.98	07/01/23	12/31/23	313,800	0	313,800
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						313,800	0	313,800

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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.	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 DOH HIV Community Services Program Manager. Agency must track and report data within the Provide database any and all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).	Client level data and any interaction must be entered into Provide within 5 business days as a progress log. <ul style="list-style-type: none"> Agency must complete eligibility assessment annually. Comprehensive assessment must be completed within the first 30 days of 	Total reimbursement not to exceed \$232,058. \$232,058 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate \$232,058 for 7/1/2023 – 12/30/2023

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>7) treatment adherence counseling. 8) client specific advocacy or review of utilization of services. 9) benefits counseling.</p> <p>ROIs must be obtained for DOH, HCA, and HIV medical provider.</p> <p>Contractor must bill Title XIX monthly and report to DOH on the expense summary form. Any exceptions require prior approval from DOH HIV Community Services Program Manager.</p>		<p>completing intake and updated every five years unless significant changes have occurred with the client.</p> <ul style="list-style-type: none"> • ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months. Medical appointments must be reported at minimum annually. 	
<p>Outreach Services – Peer Navigation</p>	<p>Outreach Services provide the following activities: 1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services. 3) Peer Navigators must be added to the clients Care Team in Provide database. 4) Peer Navigators will participate in ISP development and review.</p> <p>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously as some information is needed to facilitate any necessary follow-up and care.</p>	<p>Agency must track and report client level data within the Provide database any and all Performance Measures related to this Service Category as directed by DOH Quality Management Team (CQM).</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log.</p> <p>ISP and ISP goal developments must be completed before outreach services are delivered and reviewed a minimum every six months.</p>	<p>Total reimbursement not to exceed \$50,374.</p> <p>\$50,374 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate</p> <p>\$50,374 for 7/1/2023 – 12/30/2023</p>
<p>Food Bank</p>	<p>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).</p> <p>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,¹ vouchers, coupons, or tickets that can be</p>	<p>Agency must track and report client level data within the Provide database any and all activity related to this Service Category.</p> <p>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to a small and attractive items policy.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹Services provided must include the dollar amount of the service provided</p>	<p>Total reimbursement not to exceed \$5,000.</p> <p>\$5,000 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate</p> <p>\$5,000 for 7/1/2023 – 12/30/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p>¹ Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</p>			
Housing	<p>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.</p> <p>Rent and utilities – One-time payments are unallowable and must be reported under emergency financial assistance.</p>	<p>Agency must track and report client level data within the Provide database any and all activity related to this Service Category.</p> <p>Housing plan must be updated annually and reviewed quarterly.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹Services provided must include the dollar amount of the service provided.</p>	<p>Total reimbursement not to exceed \$4,800.</p> <p>\$4,800 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate</p> <p>\$4,800 for 7/1/2023 – 12/30/2023</p>
Linguistic Services	<p>Provision of interpretation and translation services, both oral and written, to eligible clients. Services are provided by a qualified linguistic services provider as a part of HIV service delivery between the healthcare provider and the client. Services are provided when necessary to facilitate communication between the provider and client or to support delivery of HIV Community Services.</p>	<p>Agency must track and report client level data within the Provide database any and all activity related to this Service Category.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	<p>Total reimbursement not to exceed \$0.00.</p> <p>\$0.00 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
				\$0.00 for 7/1/2023 – 12/30/2023
Medical Transportation	<p>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:</p> <ol style="list-style-type: none"> 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. <p>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,¹ vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p>¹ Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</p>	<p>Agency must track and report client level data within the Provide database any and all activity related to this Service Category.</p> <p>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to small and attractive items policy.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹Services provided must include the dollar amount of the service provided.</p>	<p>Total reimbursement not to exceed \$1,855.</p> <p>\$1,855 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate</p> <p>\$1,855 for 7/1/2023 – 12/30/2023</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
HIV Clinical Quality Management (CQM)/ Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p> <p>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.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p>	<p>Agency must track and report within the Provide database any and all Performance Measures related to this service category as directed by DOH Quality Management Team.</p> <p>Agency must submit an Annual CQM Plan as directed by DOH Quality Management Team.</p> <p>Agency must request client/patient feedback by establishing either; a) Annual Client Satisfaction Survey’s b) Consumer/Client Advisory Board that meets quarterly.</p> <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p>	<p>Agency must submit quarterly reports to.</p> <p>3rd Quarter 7/1 – 9/30/2023 Due 10/30/2023</p> <p>4th Quarter 10/1 – 12/31/2023 Due 1/30/2024</p>	<p>Total reimbursement not to exceed \$7,713.</p> <p>\$7,713 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate</p> <p>\$7,713 for 7/1/2023 – 12/30/2023</p>
Emergency Financial Assistance	<p>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.</p> <p>Any service(s) costing greater than \$1,000 must be pre-approved by DOH.</p>	<p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹Services provided must include the dollar amount of the service provided.</p>	<p>Total reimbursement not to exceed \$12,000.</p> <p>\$12,000 – MI 12618TBD 12618530 – RW FFY23 Grant Local Year Rebate</p> <p>\$12,000 for 7/1/2023 – 12/30/2023</p>

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

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

Program Specific Requirements

1. Definitions

CONTRACTOR – For the purposes of this Statement of Work Only, the 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 will be referred to as contractor.

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. Ryan White is a payer of *Last Resort* and Title XIX must be billed monthly unless prior approval for a different frequency of billing is granted by DOH – Reference the [HCS Manual](#)

4. Participation in Quality Management/Improvement activities – Reference the [HCS Manual](#) for more information. For information not available in the HCS manual, connect with your OID contract manager.

5. 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

6. CLAS Standards – The CONTRACTOR will comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards (1, 5-9). [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(allianceforclas.org\)](#)

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

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

[Ending the HIV Epidemic: A Plan for America \(EHE\)](#) 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.

9. Program Organization – The CONTRACTOR must provide a full updated organizational chart, including Board of Directors is applicable, and staffing plan referencing positions described in the budget narrative. The CONTRACTOR must provide job descriptions for any new or changed positions in the updated organizational chart.

10. Training Requirements – Reference the [HCS Manual](#) for more information

11.-Contract Management – Reference the [HCS Manual](#) for more information

a. Fiscal Guidance – Reference the OID Fiscal Manual for more detailed information.

- i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by January 31, 2024. 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 complete and correct A19 invoice vouchers amounts billable to DOH under this statement of work and Expense Summary backup form. All A19 invoice vouchers must be submitted by the 25th of the following month.
- The CONTRACTOR must provide all backup documentation as required based on the assigned risk level. Risk assessments are completed at the beginning of a new contract. Contact your contract manager if you are unaware your assigned risk level.
 - DOH may ask for additional backup information to pay invoices based on the needs of the funding sources supporting the work.
 - **Allocating Costs and Indirect** –
 - If allocating costs, the CONTRACTOR must have a documented allocation methodology that is reviewed and approved by DOH Staff. DOH is not able reimburse allocated costs without an approved plan on file.
 - If charging indirect costs, the CONTRACTOR must have a current federally negotiated rate or 10% De Minimus certification of file with DOH. DOH is not able reimburse indirect costs without an approved indirect cost rate or 10% De Minimus certification on file.
- 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 store gift cards or voucher programs to assure that recipients cannot readily convert vouchers into cash.
- Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services are allowable as incentives for eligible program participants.
 - General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.
 - The CONTRACTOR must ensure that a policy for managing gift cards with strong internal controls is in place.
- ix) **Travel** – Out of state travel requires prior approval from DOH. *Reference the OID Fiscal Manual for more information*
- x) **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.
- xi) **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.
- xii) **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)

xiii) **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 outside of the Psychosocial Support or CQM tasks. 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.

- The CONTRACTOR shall follow [Healthy Nutrition Guidelines for Meetings and Events | Washington State Department of Health](#) when purchasing food and refreshments for approved meetings.
- 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 **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 partners to document how services and activities will be coordinated with funded Medical HIV Case Management services and activities:

1. HIV service providers providing case management, outreach services, or other support services.
2. Medical Providers providing services to agency's medical case management clients.
3. Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR.

Technical assistance is available through DOH.

12. Youth and Peer Outreach Workers

For purposes of this agreement, the term "youth" applies to persons under the age of 18. All programs, including CONTRACTORS, 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.

Confidentiality Requirements – Reference the [HCS Manual](#) for more information

13. 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:
 - 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.

14. 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:

(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)

15. Ryan White Rebate Funding – For the purposes of this contract, all Ryan White Rebate funds received by the contractor shall be treated in the same fashion as federal funds and must follow the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.

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

DOH Program Name or Title: Office of Drinking Water Group A Program - Effective January 1, 2022.

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

SOW Type: Revision **Revision # (for this SOW)** 5

Period of Performance: January 1, 2022 through December 31, 2024

Funding Source <input checked="" type="checkbox"/> Federal Contractor <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems

Revision Purpose: The purpose of this revision is to extend the period of performance from December 31, 2023 to December 31, 2024, and provide additional Sanitary Survey funding. In addition, this revision updates the Master Index Title removing (FO-SW) from YR 25 SRF and updates the Master Index code from 24239225 to 24119225.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
YR 24 SRF - LOCAL ASST (15%) (FO-SW) SS	24239224	N/A	346.26.64	01/01/22	12/31/22	19,000	0	19,000
YR 24 SRF - LOCAL ASST (15%) (FO-SW) TA	24239224	N/A	346.26.66	01/01/22	12/31/22	1,000	0	1,000
YR 25 SRF - LOCAL ASST (15%) SS	24119225	N/A	346.26.64	01/01/23	12/31/23	13,750	0	13,750
YR 25 SRF - LOCAL ASST (15%) TA	24119225	N/A	346.26.66	01/01/23	12/31/23	2,000	0	2,000
YR 25 SRF - LOCAL ASST (15%) SS	24119225	N/A	346.26.64	01/01/24	12/31/24	0	10,750	10,750
						0	0	0
TOTALS						35,750	10,750	46,500

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Trained LHJ staff will conduct sanitary surveys of small community and non-community Group A water systems identified by the DOH Office of Drinking Water (ODW) Regional Office.</p> <p>See Special Instructions for task activity.</p> <p>The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical</p>	<p>Provide Final* Sanitary Survey Reports to ODW Regional Office. Complete Sanitary Survey Reports shall include:</p> <ol style="list-style-type: none"> Cover letter identifying significant deficiencies, significant findings, observations, recommendations, and referrals for further ODW follow-up. Completed Small Water System checklist. 	<p>Final Sanitary Survey Reports must be received by the ODW Regional Office within 30 calendar days of conducting the sanitary survey.</p>	<p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$250 for each sanitary survey of a non-community system with three or fewer connections.</p> <p>Upon ODW acceptance of the Final Sanitary Survey Report, the LHJ shall be paid \$500 for each sanitary survey of a non-community system with four or more connections and each community system.</p> <p>Payment is inclusive of all associated costs such as travel, lodging, per diem.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	assistance to small community and non-community Group A water systems.	3. Updated Water Facilities Inventory (WFI). 4. Photos of water system with text identifying features 5. Any other supporting documents. *Final Reports reviewed and accepted by the ODW Regional Office.		Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI. Payment is inclusive of all associated costs such as travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed SPI Report within the 2-working day deadline. Late or incomplete reports may not be accepted for payment.
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office. See Special Instructions for task activity.	Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows: <ul style="list-style-type: none"> • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750 Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem. Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline. Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 attend periodic required survey training as directed by DOH. See Special Instructions for task activity.	For training attended in person, prior to attending the training, submit an “Authorization for Travel (Non-Employee)” DOH Form 710-013 to the ODW Program Contact for approval (to ensure enough funds are available).	Annually	For training attended in person, LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website http://www.ofm.wa.gov/resources/travel.asp

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

Data Sharing

The Office of Drinking Water will share water system information and files with the local health jurisdiction to support the work identified in this statement of work. To request water system data please contact the regional office with the name of the water system, water system ID#, specific information being requested and any timeline requirements. If allowable, please give administrative staff 3 to 5 business days to provide records.

Program Manual, Handbook, Policy References: Field Guide (DOH Publication 331-486).

Special References:

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

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

Special Billing Requirements

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of ~~\$32,750~~ **\$43,500** for **Task 1**, and **\$3,000** for **Task 2, Task 3 and Task 4** combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

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

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

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

Special Instructions

Task 1

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

- No more than 8 surveys of non-community systems with three or fewer connections be completed between January 1, 2022 and December 31, 2022.

- No more than **34** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2022 and December 31, 2022.
- No more than **3** surveys of non-community systems with three or fewer connections be completed between January 1, 2023 and December 31, 2023.
- No more than **26** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2023 and December 31, 2023.
- *No more than 1 survey of non-community systems with three or fewer connections be completed between January 1, 2024 and December 31, 2024.*
- *No more than 21 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2024 and December 31, 2024.*

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

Task 2

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

Task 3

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

Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work.

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

**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)** 6

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

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	1,032,214	0	1,032,214
COVID19 CDC 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
	<p>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</p>			
3.B	<p>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.</p>	<p>Written report describing activity/activities and progress made to-date and strategies used (template to be provided)</p>	<p>June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.C	<p>Catalog activities and conduct an evaluation of the strategies used</p>	<p>Written report, showing the strategies used and the final progress of the reach (template to be provided)</p>	<p>June 30, annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.D	<p>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.</p> <p>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</p>	<p>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.</p>	<p>a. 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)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.E	<p>As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends) or adjust vaccine delivery approaches to optimize access. 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 local health department or in collaboration with community partners. (see Restrictions on Funds below)</p>	<p>Reports summarizing quantity, type, and frequency of activities</p>	<p>December 31 and June 30, annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
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. Report that summarizes quantity of incentives purchased and distributed	a. Prior to implementing b. 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: OSS LMP Implementation - Effective July 1, 2023

Local Health Jurisdiction Name: Kitsap Public Health District

Contract Number: CLH31014

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

Period of Performance: July 1, 2023 through December 31, 2024

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work is to fund implementation of the on-site sewage system (OSS) local management plan (LMP).

Note: Statements of work with GFS funds must exhaust those funds before billing ALEA funds. GFS funds in the 07/01/23-06/30/24 funding period cannot roll over into the next funding period. This funding allocation is for the 2023-2025 state biennium. New statements of work with a period of performance of January 1, 2025 to June 30, 2025 will be issued in the next consolidated contract term.

Revision Purpose: Updating GFS funding code. The funding source remains the same but the coding has changed.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change None	Total Allocation
				Start Date	End Date			
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/23	06/30/24	33,333	0	33,333
SMALL ONSITE MANAGEMENT (ALEA)	26705100	N/A	334.04.93	07/01/24	12/31/24	33,333	0	33,333
SMALL ONSITE MANAGEMENT (GFS)	26701100	N/A	334.04.93	07/01/24	12/31/24	8,334	-8,334	0
SFY25 WASTEWATER MANAGEMENT-GFS	26701150	N/A	334.04.93	07/01/24	12/31/24	0	8,334	8,334
						0	0	0
						0	0	0
TOTALS						75,000	0	75,000

GOALS & MEASURABLE OBJECTIVES

This table summarizes starting and target metrics achieved by implementing the tasks below. This data is reported on an ongoing basis in the semiannual progress reports.

Description (e.g., "OSS compliance")	Units (e.g. "systems")	Starting Amount	Targets
OSS compliant with inspections in Marine Recovery Areas (MRAs) and/or Sensitive Areas (SA)	Number of OSS	2600	3000
OSS compliant with inspections countywide	Number of OSS	28000	30000
OSS failures identified/corrected in MRA/SA	Number of OSS failures identified and repaired/replaced	0/0	75%
OSS failures identified/corrected countywide	Number of OSS failure identified and repaired/replaced	0/0	75%

Task #	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Task 1. Grant Administration This task is to fund the required financial and reporting activities necessary to meet state DOH and Auditor requirements including administration of LHJ local management plan and OSS LMP grant program.				
1.1	Bi-monthly Invoicing and Progress Reports DOH Consolidated Contracts (ConCon) requires billing within 60 days of completing work. LHJ will submit invoices through the ConCon process and will send progress reports and deliverables to the LMP Contract Manager. Invoices must be submitted at least bi-monthly (per ConCon requirements) but no more frequently than monthly. Invoices will be reviewed for consistency with progress. The LMP Contract Manager may require monthly invoices.	Bimonthly/Monthly invoices	Bimonthly/monthly for duration of contract period	Reimbursement up to \$0 based on actual costs.
1.2	Semi-Annual Progress Reports Reporting periods are semiannually from January 1 – June 30 and July 1 – December 31. Progress reports include data described in the outcome column.	Data about the following: <ul style="list-style-type: none"> • Qualitative: <ul style="list-style-type: none"> ○ Summary of work ○ Barriers to LMP Implementation • Quantitative: <ul style="list-style-type: none"> ○ OSS inventory metrics ○ Enforcement actions ○ Outreach and Education efforts 	Due July 15 and December 31 for the duration of the contract period	
Task 2. Local Management Plan Implementation This task includes all work done to implement the county’s LMP excluding grant management tasks and inspection rebates/incentives.				
2.1	Operations and Maintenance Program Administration <ul style="list-style-type: none"> • Mail inspection reminders to homeowners as needed. • Inspection compliance tracking/mapping • Failure and repair tracking/mapping • Compliance enforcement • Complaint response • O&M data reports about inventory and deficiencies 	a. Enforcement Protocol b. Data on the following: <ul style="list-style-type: none"> • Number of OSS with current inspections • Number of OSS failures and calculated risk using DOH-provided risk assessment. • Number of repairs 	a. September 1, 2023 b. Report in semi-annual progress report in Subtask 1.2.	Reimbursement up to \$52,500 based on actual costs.
Task 4. Indirects: Indirect rates can only be charged to this work if the LHJ has a current approved rate on file with DOH.				
3.1	Indirect rate on TMDC at a rate of 30.08% . Annual rate may change during contract period.	Submit current approved indirect rate to DOH Grants Management Office for approval.	Before indirects can be approved for reimbursement	Reimbursement up to \$22,500 based on actual costs.

Budget	
Category	Amount
Personnel/Salaries	\$34,965
Fringe Benefits	\$17,535
Travel	\$0
Supplies	\$0
Contracts	\$0
Other	\$0
• Registration Fees	
Total Direct Charges	\$52,500
Indirect Charges (federally approved rate)	\$22,500
TOTAL – Not to Exceed	\$75,000

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.

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

DOH Program Name or Title: Supplemental Nutrition Assistance Program-Education - 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
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2022 through December 31, 2024

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

Revision Purpose: The purpose of this revision is to add FFY24 SNAP Ed Program Management Admin IAR funds, remove completed deliverable due dates for FFY23 and add deliverable due dates for the FFY24 funding period.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 IAR SNAP ED PROG MGNT-REGION 5	76701939	10.561	333.10.56	01/01/22	09/30/22	98,016	0	98,016
FFY23 IAR SNAP ED PROG MGNT-REGION 5	76701949	10.561	333.10.56	10/01/22	09/30/23	115,813	0	115,813
FFY24 SNAP ED PROG MGNT ADMIN IAR	76701940	10.561	333.10.56	10/01/23	09/30/24	0	127,434	127,434
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						213,829	127,434	341,263

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1.0	Project Planning, Implementation, and Performance For SNAP-Ed, the Subrecipient will develop, implement, and evaluate a SNAP-Ed project included in the Washington SNAP-Ed State Plan approved by Department of Social and Health Services (DSHS) and United States Department of Agriculture (USDA); and, as described in the Subrecipient’s project work	<ol style="list-style-type: none"> Project provides 100% of SNAP-Ed activities at eligible sites and/or with eligible audiences. On-time delivery, implementation, and evaluation of Project activities as scheduled in approved state plan and project work plan. Project plan supports at least one State SNAP-Ed goal as selected by Subrecipient. 	Due: per the approved work plan and per the required due dates during the federal fiscal year, and no later than 09/30/ 23 24, 10/01/ 23 24 to 12/31/24 TBD.	Reimbursement upon on-time receipt and approval of acceptable deliverables/outcomes for the funding period will not exceed \$213,829 \$341,263. Kitsap

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>plan approved by Department of Health (DOH).</p>	<p>4. Demonstrates progress towards project objective(s), and additional project goal(s) determined by Subrecipient are demonstrated and reported.</p> <p>5. Project maintains cost-effectiveness per current approved cost-effective measure provided by DOH or DSHS.</p> <p>MEASURE Sites and audiences included in Project by Subrecipient documented as approved eligible sites or audiences.</p> <p>Documented required reporting by Subrecipient of the delivery, implementation, and evaluation of approved Project activities in the required PEARS online reporting modules, where relevant to Project (Program Activities, PSE Site Activities, Indirect Activities, Coalitions, Partnerships, and Success Stories), and in a progress report form/system approved by DOH.</p> <p>Documented reviews of Subrecipient Project activities through required reporting and project and fiscal monitoring reviews and reports.</p> <p>Cost per reach meets current cost-effective measure when reviewed by DOH.</p>		<p>Public Health District will be paid the allowable costs incurred based on their approved budget and program allowability. See special billing requirements section.</p> <p>**NOTE: The DOH SNAP-Ed program will deny payment for any costs not submitted by the required due dates without prior DOH approval in writing.</p>
1.1	<p>Project Progress: Monitoring and Compliance For SNAP-Ed, the Subrecipient will demonstrate satisfactory progress of the approved Project as documented in DOH SNAP-Ed progress reports, progress reviews, and project and fiscal monitoring reports.</p> <p>Monitoring of Subrecipient Project progress includes but is not limited to the following activities:</p> <ul style="list-style-type: none"> i. one-on-one progress reviews with DOH, ii. progress reports submitted to DOH, iii. project monitoring completed with DOH or DSHS or USDA, and iv. project monitoring site visits completed by SNAP-Ed statewide initiative teams. 	<ul style="list-style-type: none"> 1. On-time delivery of proposed list of Project site(s) or audience(s) to DOH. 2. All sites and/or audiences are determined to be eligible per current SNAP-Ed eligibility guidance and DOH process before programming begins with site(s) or audience(s). 3. Demographic data of class participants is collected and reported for all direct education strategies. 4. On-time reporting of actual participant reach to DOH in approved method/form. 5. Intervention strategies implemented as planned or using approved alternate strategies. 6. Approved evaluation plans and methods implemented for the project (e.g. pre and post surveys for direct education; PSE assessments). 7. Evaluation results are used to report progress and outcomes of project, and to adapt the project as needed. 	<p>Due: Progress reviews. Occur at minimum once a fiscal year, and no later than 09/30/2024 10/01/2024 to 12/31/24 TBD.</p> <p>Due: Project monitoring. Occurs at minimum once within every other fiscal year. If project monitoring documents major deficiencies or corrective action, the Subrecipient will be monitored again within the fiscal year. Project monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p>	<p>See payment information as referenced in task number 1.0</p>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>Satisfactory progress of the Subrecipient’s Project includes progress shown in the following areas and documented in reporting and/or monitoring completed:</p> <ol style="list-style-type: none"> 1. Progress demonstrated in achieving goal(s) outlined in the project. 2. Progress demonstrated in achieving objective(s) outlined in the project’s interventions. 3. Progress demonstrated in creating a sustainable project. 4. Progress demonstrated in engaging or involving the community in project planning, implementation, and/or evaluation. 5. Progress demonstrated in working with DSHS community services offices (CSOs). 6. Progress demonstrated in promoting available Federal, state, or local fruit and vegetable incentive programs to SNAP clients. 7. Progress demonstrated in using strategies that are evidence-based and delivered with fidelity, where applicable. 8. Compliance with current SNAP-Ed financial and cost policy guidance and 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance). 	<ol style="list-style-type: none"> 8. Strategy as feasible for working with one or more CSOs implemented and demonstrated to increase knowledge, awareness, or participation of SNAP-Ed eligible audience. 9. Strategy for promoting available Federal, state, or local fruit and vegetable incentive program(s) is implemented and demonstrated to increase knowledge, awareness, or participation of program(s) in SNAP-Ed eligible audience. 10. Direct education strategies only: Statewide SNAP-Ed Curriculum team or DOH monitoring reviews show education delivered with fidelity, with no major deficiencies. If major deficiencies documented, corrected properly within timeline required. 11. Compliance maintained with current SNAP-Ed financial and cost policy guidance, 2 CFR 200 federal Uniform Administrative Requirements (OMB guidance) and related DOH SNAP-Ed fiscal policy and procedures. <p>MEASURE</p> <p>Progress reviews – documentation of one-on-one meeting(s) with DOH SNAP-Ed staff person(s) and Subrecipient completed in person, web conference, phone, or via email as needed. Documentation of progress review notes.</p> <p>Project monitoring – completed in person, web conference, phone, or via email as needed. Completion of on-site program observations where applicable. Completion of project monitoring report forms, with monitoring results documented and provided to Subrecipient.</p> <p>Fiscal monitoring – documentation of completed fiscal reviews scheduled by SNAP-Ed fiscal analyst or DOH fiscal monitoring unit, with corresponding reports where applicable. Fiscal monitoring completed in person, web conference, phone, or via email as needed.</p>	<p>Due: Fiscal monitoring. Each Subrecipient receives one (1) annual fiscal monitoring visit every other year, unless Subrecipient monitoring results in corrective action or finding, in which case Subrecipient will be monitored again the following year. Fiscal monitoring can be scheduled more frequently if deemed necessary by DOH, or if agreed upon by both parties.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2.0	<p>Evaluation Data and Reports For SNAP-Ed, the Subrecipient will report progress of the approved project and work plan, including ongoing evaluation of the project and outcomes, using an approved form/system on a regular basis that will at a minimum include:</p> <ol style="list-style-type: none"> 1. Progress reports 2. Reporting in PEARS online reporting system of all SNAP-Ed activities <p>SNAP-Ed activities implemented and evaluation of the project and outcomes are reported in an online program evaluation and reporting system (PEARS) through the following required modules as appropriate for the approved project: Program Activity (direct education), Indirect Activity (health promotion, indirect education channels), PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing.</p> <p>The following evaluation activities and information are required based on the Subrecipient’s approved project and work plan.</p> <ul style="list-style-type: none"> • Formative evaluation • Process evaluation • Outcome evaluation • Qualitative evaluation • Evaluation of PSE strategies <p>Please Note: the deliverables may change based on state SNAP-Ed Evaluation guidance, DSHS, or USDA requirements.</p> <p>Please Note: Topics included in Progress Report subject to change based on Department of Health (DOH), Department of Social and Health Services (DSHS), Washington SNAP-Ed (WA SNAP-Ed), or United States Department of Agriculture (USDA) Food and Nutrition Services (USDA) requirements.</p>	<p>On-time and correct submission of reporting, data, and materials for all SNAP-Ed funded activities implemented, including:</p> <ol style="list-style-type: none"> 1. Progress for all intervention strategies reported for approved project plan. 2. All evaluation results reported for approved project plan (formative, process, outcome, qualitative, PSE). 3. Success stories reported for approved project plan describing progress or success of project activities, or positive change or improvement in SNAP-Ed eligible site(s) or audience(s). 4. Required release form(s) for all photos submitted. 5. Direct education strategies only: All required information for scheduled direct education lessons submitted to Statewide SNAP-Ed Curriculum team, using approved form/system, by dates required. <p>On-time and correct submission of required evaluation data for direct education strategies into PEARS electronically, or using approved reporting method, according to time frame provided, including:</p> <ol style="list-style-type: none"> 6. Direct education strategies only: Pre-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the pre-test survey. 7. Direct education strategies only: Post-test surveys for each project class series are entered into PEARS by Subrecipient no later than two weeks after completion of the post-test survey. 8. Direct education strategies only: Demographic cards for each class series are entered into PEARS by Subrecipient no later than two weeks after collection of the demographic cards. <p>MEASURE Documentation showing completion of progress report and submission to DOH on or before the required due dates, or by approved extension date.</p> <p>Completion of required evaluation data in progress reports and PEARS electronically, or using approved</p>	<p>Quarterly Progress Reports: Due at minimum quarterly, and no later than 10 calendar days after the end of the quarter, except for the last month of the FFY which is due by 9/15/23. If the 10th calendar day falls on a weekend day, the report is due the next business day.</p> <ul style="list-style-type: none"> • 1st Progress report due 1/17/23 1/10/24 • 2nd Progress report due 4/14/23 4/10/24 • 3rd Progress report due 7/17/23 7/10/24 • Final Progress report due 9/15/2324 or follow close-out procedures. • FFY 2425 TBD <p>PEARS: Project evaluation and reporting required between 10/1/2223 to 9/15/2324.</p> <ul style="list-style-type: none"> • Direct education strategies only: PEARS Program Activities module updated with completed activities no later than two (2) weeks after services are provided. • Due: PEARS Indirect Activities, PSE Site Activities, Partnerships, Coalitions, Success Stories, and Social Marketing modules completed no later than the last business day of the month following when the activity took place, except for the last month of the FFY which is due by 9/15/2324. • Jan 2023 by 2/28/23 	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<p>reporting method/form, on or before the required due dates, or by approved extension date.</p> <p>Direct education strategies only:</p> <ol style="list-style-type: none"> 1. Entry of required SNAP-Ed participant surveys into PEARS using DOH approved method, on or before the required due dates or by approved extension date. 2. Completion of required evaluation data into PEARS electronically, or using approved reporting method, on or before the required due dates for data entry, or by approved extension date. 	<ul style="list-style-type: none"> • Feb 2023 by 3/31/23 • Mar 2023 by 4/28/22 • Apr 2023 by 5/31/23 • May 2023 by 6/30/23 • Jun 2023 by 7/31/23 • Jul 2023 by 8/31/23 • Aug 2023 by 9/15/23 • <i>September: 10/31/23</i> • <i>October: 11/30/23</i> • <i>November: 12/31/23</i> • <i>December: 1/31/24</i> • <i>January: 2/28/24</i> • <i>February: 3/31/24</i> • <i>March: 4/30/24</i> • <i>April: 5/31/24</i> • <i>May: 6/30/24</i> • <i>June: 7/31/24</i> • <i>July: 8/31/24</i> • <i>August: 9/15/24</i> • Final data entry for all activities not already reported, due by 9/15/2324, or follow close-out schedule. • FFY2425 TBD <p>SNAP-Ed Direct education conducted between 01/01/2223 and 9/15/2324. FFY2425 TBD</p> <ul style="list-style-type: none"> • Direct education strategies only: Completed Pre- and post-test surveys are entered into PEARS database by Subrecipient no later than two weeks after completion of the survey. All completed pre- and post-test surveys must be entered by Subrecipient, no later than COB 9/15/23, or follow close-out schedule. 	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3.0	<p>Civil Rights Training All SNAP-Ed funded staff must complete training each fiscal year in civil rights. *See special requirements section- Civil Rights</p> <p>Documentation must include:</p> <ul style="list-style-type: none"> • Training and source • Who attended • Date completed 	<p>On-time completion of an approved Civil Rights training for all SNAP-Ed funded staff.</p> <p>MEASURE Submission of documentation showing completed Civil Rights training for all SNAP-Ed funded staff on or before the required due date.</p>	<p>Due: 01/01/2324 for all SNAP-Ed funded staff. FFY2425 TBD. New hires to complete within 30 days of hire.</p>	<p>See payment information as referenced in task number 1.0</p>
3.1	<p>Other Required Training and Meetings The following trainings or meetings are required for <u>all Subrecipients</u> when provided by DOH or WA SNAP-Ed for the staff listed. Unless more staff attendance is required, minimum of one (1) staff person required to attend to satisfy requirements. Multiple staff may attend if costs for attendance are covered in Subrecipient’s annual budget.</p> <ul style="list-style-type: none"> • Fiscal training – fiscal agent <u>or</u> project coordinator, whoever is most responsible for creating and monitoring budget, procurements, invoices, budget decisions, or budget amendments for the SNAP-Ed program. • Food handler training – all staff who will handle, prepare, cook, assemble, and/or serve food or drink to participants or the public. • Training on data collection and reporting – project coordinator <u>or</u> any staff person responsible for collecting, reporting, or entering SNAP-Ed related data. • Regional meeting(s), when provided – project coordinator <u>or</u> any qualified designated staff person. • Annual State SNAP-Ed forum, when provided - project coordinator <u>or</u> any qualified designated staff person. • SNAP-Ed Curriculum training (either in person or online) (only required for 	<p>On-time completion of all required trainings by required SNAP-Ed staff.</p> <p>Attendance of required or appropriate staff person(s) at all required meetings.</p> <p>Demonstration of satisfactory understanding of the information and concepts included in required trainings.</p> <p>SNAP-Ed Curriculum: On-time completion of required training for specific curriculum to be used in direct education strategy by project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</p> <p>Food handler training: Completion of a Washington State authorized food handler or food worker training by all staff who will handle and serve food to the public.</p> <p>Coordinator meetings: Attendance of project coordinator or qualified, designated staff person to at least 50% of all coordinator meetings provided.</p> <p>Regional meetings: Attendance of project coordinator or qualified, designated staff person to at least 50% of all regional meetings provided.</p> <p>State Forum: Attendance of project coordinator or qualified, designated staff person to all state forums provided.</p> <p>SNAP-Ed Systems Approaches for Healthy Communities: Demonstrate satisfactory understanding of the information and concepts included in the training. Satisfactory application of knowledge and skill learned from training to SNAP-Ed project, as needed.</p>	<p>Fiscal: Annually, and no later than March 31, 202324. FFY2425 TBD.</p> <p>SNAP-Ed Curriculum: New direct education staff trained within 30 days for specific curriculum to be used in direct education strategy, or before providing SNAP-Ed direct education activities to SNAP-Ed audience. Project coordinator <u>or</u> qualified designated staff person to complete additional SNAP-Ed Curriculum training when new information is provided for specific curriculum to be used in direct education strategy.</p> <p>Data collection and reporting: Annually, or more often as needed. If approved data collection system changes, every SNAP-Ed funded staff member entering data will be required to complete training on any new expectations or system changes on the day of, or within 30 days of when the training is provided.</p> <p>State Forum: Annually, when provided, and no later than 9/30/234. FFY2425 TBD</p>	<p>See payment information as referenced in task number 1.0</p>

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
	<p>direct education strategies) – project coordinator <u>or</u> qualified designated staff person responsible for delivering SNAP-Ed curricula to SNAP-Ed eligible audience.</p> <ul style="list-style-type: none"> • SNAP-Ed Systems Approaches for Healthy Communities training (online or in person, when provided) - project coordinator <u>and</u> all staff involved in planning, implementing, and evaluating SNAP-Ed project activities. • Project coordinator meetings (conference calls or in person) –project coordinator <u>or</u> qualified designated staff person. 	<p>If required meeting or training is <u>not provided</u>, Subrecipient is not required to make up requirements for attendance and will be in compliance. Attendance at required meetings and completion of required trainings required only when provided.</p> <p>MEASURE Documentation showing required person(s) and date(s) of attendance for all web-based and in-person required meetings.</p> <p>Documentation showing required person(s); date(s) of attendance; and completion of training for all web-based and in-person required trainings.</p> <p>Documentation of satisfactory understanding gained from required trainings, and application of applicable knowledge and skills in progress reviews and/or monitoring reports.</p>	<p>Coordinator meetings: Completed on dates scheduled by DOH, when provided.</p> <p>Regional meetings: Completed on dates scheduled by DOH, when provided.</p> <p>SNAP-Ed systems approaches training <u>online</u>: All SNAP-Ed funded staff with programmatic responsibilities will complete at least once. New hires to take within 6 months of start date.</p>	
4.0	<p>SNAP-Ed Inventory SNAP-Ed Subrecipients are required by regulation to keep an up-to-date inventory list that includes all non-capital equipment, approved capital equipment, purchased curriculum, and other SNAP-Ed purchased items that are not disposable. This list should include items purchased in prior fiscal years still in use and in possession of the Subrecipient. This list should be updated per the due dates required. Agencies are required to follow the DOH SNAP-Ed Inventory policy and procedure.</p> <p>*See special requirements section - Monitoring</p>	<p>On-time updates to SNAP-Ed inventory list.</p> <ol style="list-style-type: none"> 1. Inventory list updated per due dates required. 2. Inventory list contains complete list of all items purchased with SNAP-Ed funds in current fiscal year and previous fiscal years still in use and in possession of the Subrecipient. <p>MEASURE Completed documentation showing updated SNAP-Ed inventory using approved form/system provided.</p>	<p>Due: Inventory list is required to be updated at minimum annually and no later than 9/15/23²⁴. FFY24²⁵ TBD.</p> <p>At the time of a fiscal or project monitoring review, or when requested, an up-to-date inventory list must be made available.</p>	See payment information as referenced in task number 1.0
5.0	<p>SNAP-Ed A19 Invoices Subrecipients must use the A19 invoice form specific to the DOH SNAP-Ed program. This document will be sent to all Subrecipients prior to October 31st of the current fiscal year.</p>	<p>On-time delivery of correct completion of SNAP-Ed A19 invoices, using the current form for the fiscal year.</p> <p>On-time delivery of detailed ledger supporting the costs to be reviewed by SNAP-Ed program via the most current submission procedure before approval of payment.</p>	<p>Due: Monthly - Submit invoices to DOH no later than 30 calendar days after the end of the preceding month. (E.g. October A19 invoice submitted no later than November 30)</p> <ul style="list-style-type: none"> • January: 2/28/23 • February: 3/31/23 	See payment information as referenced in task number 1.0

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
		<p>Complete documentation of all actual costs incurred shall be accompanied by the Subrecipient’s financial system report. If Subrecipient does not have a financial reporting system, the Subrecipient must check with the DOH SNAP-Ed program for further guidance.</p> <p>MEASURE SNAP-Ed invoices (A19) with all documented costs and any required accompanying materials received at DOH by due dates required, or by approved extension date.</p>	<ul style="list-style-type: none"> • March: 4/28/23 • April: 5/31/23 • May: 6/30/23 • June: 7/31/23 • July: 8/31/23 • August: 9/29/23 • September: 10/31/23 • October: 11/30/23 • November: 12/31/23 • December: 1/31/24 • January: 2/28/24 • February: 3/30/24 • March: 4/30/24 • April: 5/30/24 • May: 6/30/24 • June: 7/31/24 • July: 8/31/24 • August: 9/30/24 • September: 10/31/24 <p>Final invoice is due November 30th, 202324, or follow close-out schedule. FFY2425 TBD.</p> <p style="text-align: center;">Or</p> <p>*If pre-approved in writing by DOH, agencies can submit invoices every two months. Upon approval, a list of submission dates will be provided.</p>	

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

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 LHM and this statement of work will be made available on [USASpending.gov](https://www.usaspending.gov) by DOH as required by P.L. 109-282.

Program Specific Requirements/Narrative

- Contractor shall ensure, and shall require of its subcontractor, that services provided by the subcontractor are provided in accordance with the terms and conditions of the Contract; and Contractor is responsible for the acts and omissions of the subcontractor.
- Contractor shall ensure that the subcontractor and subcontractor's staff who will have unsupervised access to children or vulnerable adults served under the Contract have each completed and received a satisfactory background check before providing services to DSHS clients, as required under the Contract.
- Contractor shall ensure that the subcontractor has and maintains insurance with the same types and limits of coverage as required of the Contractor under the Contract.
- Contractor is responsible to ensure that all terms, conditions, assurances, and certifications set forth in this Contract are included in the subcontract, including all confidentiality and data security requirements.
- All contract terms in the above-referenced contract remain in full force and effect and nothing in this Checklist shall be construed as waiver of terms in the above-referenced Contract.

Contract Noncompliance and Corrective Action (see CFR § 200.338 Remedies for noncompliance)

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

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

Additional Details Regarding Deliverables

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

Monitoring Expectations

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

Staff Requirements

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

Project Coordinator Requirements

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

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

Communication Requirements

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

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

SNAP-Ed Assurances:

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

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

- Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.
- All materials developed with SNAP- Ed funds include the appropriate USDA non-discrimination statement and credit SNAP as a funding source in standard font that is easily readable.

SNAP-Ed Statewide Initiatives

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

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

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

Health and Safety

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

Audits

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

Indirect Rate/Allocation Plan

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

Annual Civil Rights Training Requirement (see USDA Instruction Number 113-1 Chapter XI <http://www.fns.usda.gov/sites/default/files/113-1.pdf> “Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Local agencies are responsible for training their sub recipients, including ‘frontline staff.’ ‘Frontline staff’ who interact with program applicants or participants, and those persons who supervise ‘frontline staff’ must be provided civil rights training an annual basis.”

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

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

Travel

The Subrecipient is expected to comply with the Office of Financial Management's Travel Management Requirement and Restrictions as found in policy 10.10 (<http://www.ofm.wa.gov/policy/10.htm>), with the travel requirements found in the current year's SNAP-Ed federal guidance, and with any travel related DOH SNAP-Ed policy and procedures. If the Subrecipient organization's travel related policy and procedures are in conflict with any of the aforementioned travel related federal or state policies and procedures, the Subrecipient organization will follow the stricter of the travel related policy and procedures unless otherwise approved and allowable by DOH or higher authority.

Amendments

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

Overtime

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

Special Funding Requirements

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

Special Billing Requirements

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

- Subrecipients who receive a rating of “High” from the DOH Federal Subrecipient Risk Assessment Tool.

BUDGET	
Source	Amount
USDA	\$213,829 \$341,263

SUMMARY PAGE

Pricing Option 1: Contract Annual Cost

60-month Contract: \$ 1,349.89 x 12 Months = \$16,198.68 x Five Years = \$80,993.40

60-month Maintenance Plan: \$ _____
(Contract Equipment,)

Cost of Copies: C5850 / C5840 .045 color & .006 B&W – 4945 .007
(If not included in Maintenance Plan)

Total cost over 60 months: \$ 80,993.40 Plus CPC Maintenance

Quotes for other costs:


Cost to move a copier: \$ No Charge

Cost of any supplies not included in Maintenance Plan: \$ N/A All Included

Cost of copies in excess of contract: \$ See Above

Shipping cost for supplies, if any: \$ No Charge

Submitted by: Todd Gregg Date: 10.25-2023

Signature:  Title: President

Telephone: 425-827-0611 Fax: 425-827-2672

E-mail: tgregg@ubmofwa.com



420-1 copy room, 4th floor

Equipment Description		60 Month FMV Lease
3826C002AA	Canon imageRUNNER Advance DX C5850i [50 PPM A3 Color Multifunction Machine]	\$ 131.90
4030C002BA	Cassette Feed Unit-AQ1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
0607C002AA	Paper Deck Unit-F1 [Large Capacity Paper Side Paper Deck 8 ½ x 11 Only]	\$ 30.64
3999C002AA	Staple Finisher-AB2 [2 Tray, 3,250 Sheet Capacity With 50 Sheet Staple Capacity]	\$ 35.50
4003C002AA	Buffer Pass Unit-P1 [Attachment Kit for Staple Finisher-AB1]	\$ 3.90
0126C001AA	2/3 Hole Puncher Unit-A1	\$ 12.42
	TOTALS	\$ 235.53
	COST PER PAGE BLACK & WHITE	.006
	COST PER PAGE COLOR	.045



339-1 eh pods, 3rd floor

Equipment Description		60 Month FMV Lease
3827C002AA	Canon imageRUNNER Advance DX C5840i [40 PPM A3 Color Multifunction Machine]	\$ 107.11
4030C002BA	Cassette Feed Unit-AQ1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
0607C002AA	Paper Deck Unit-F1 [Large Capacity Paper Side Paper Deck 8 ½ x 11 Only]	\$ 30.64
4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50
	TOTALS	\$ 176.42
	COST PER PAGE BLACK & WHITE	.006
	COST PER PAGE COLOR	.045



420-2 copy room, 4th floor

Equipment Description		60 Month FMV Lease
3827C002AA	Canon imageRUNNER Advance DX C5840i [40 PPM A3 Color Multifunction Machine]	\$ 107.11
4030C002BA	Cassette Feed Unit-AQ1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50
	TOTALS	\$ 145.78
	COST PER PAGE BLACK & WHITE	.006
	COST PER PAGE COLOR	.045



417-1 mail room, 4th floor

Equipment Description		60 Month FMV Lease
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 83.62
4917C002AA	Cassette Feed Unit-AW1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50
4919C001AA	Supe G3 Fax Board BH1	\$ 11.68
	TOTALS	\$ 133.97
	COST PER PAGE BLACK & WHITE	.007



419-1 PCH Pods, 4th floor

Equipment Description	60 Month FMV Lease
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5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 83.62
4917C002AA	Cassette Feed Unit-AW1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50
4919C001AA	Supe G3 Fax Board BH1	\$ 11.68
	TOTALS	\$ 133.97
	COST PER PAGE BLACK & WHITE	.007



309-1 clinic, 3rd floor

Equipment Description	60 Month FMV Lease

5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 83.62
4917C002AA	Cassette Feed Unit-AW1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50
4919C001AA	Supe G3 Fax Board BH1	\$ 11.68
	TOTALS	\$ 133.97
	COST PER PAGE BLACK & WHITE	.007



402-1 accounting, 4th floor

Equipment Description		60 Month FMV Lease
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 83.62

4917C002AA	Cassette Feed Unit-AW1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50
4919C001AA	Supe G3 Fax Board BH1	\$ 11.68
	TOTALS	\$ 133.97
	COST PER PAGE BLACK & WHITE	.007



336-1 Clerical, 3rd floor

Equipment Description		60 Month FMV Lease
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 83.62
4917C002AA	Cassette Feed Unit-AW1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17

4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50
4919C001AA	Supe G3 Fax Board BH1	\$ 11.68
	TOTALS	\$ 133.97
	COST PER PAGE BLACK & WHITE	.007



330-1 EH Front counter, 3rd floor

Equipment Description		60 Month FMV Lease
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 83.62
4917C002AA	Cassette Feed Unit-AW1 [2 x 550 Sheet Paper Drawer up to 12 x 18]	\$ 21.17
4000C002BA	Inner Finisher-L1 [50 Sheet Capacity Stapling Finisher]	\$ 17.50

	TOTALS	\$ 122.30
	COST PER PAGE BLACK & WHITE	.007



PROPOSED EQUIPMENT PRICING SUMMARY

Equipment Description		60 Month FMV Lease
3826C002AA	Canon imageRUNNER Advance DX C5850i [50 PPM A3 Color Multifunction Machine]	\$ 235.53
3827C002AA	Canon imageRUNNER Advance DX C5840i [40 PPM A3 Color Multifunction Machine]	\$ 176.42
3827C002AA	Canon imageRUNNER Advance DX C5840i [40 PPM A3 Color Multifunction Machine]	\$ 145.78
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 133.97

5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 133.97
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 133.97
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 133.97
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 133.97
5970C002AA	Canon imageRUNNER Advance DX 4945i [45 PPM A3 B&W Multifunction Machine]	\$ 122.30
	TOTALS	\$ 1,349.89

Transaction Notes:

- UBM will store and assume all shipping cost of equipment back to the leasing company.

HDD Removal:

- Removal and Replacement of 9 HDD \$ 4,050.00

Sanitization Process

- Canon Data Sanitization Process \$ No Charge

Best practices, and often company policies, usually recommend that systems be completely wiped by the system administrator prior to the device being reallocated to a new location or prior to the end of lease or at the end of its lease. The Hard Disk Drive/Solid State Drive Initialize feature, which is standard on all imageRUNNER ADVANCE systems, overwrites all user data areas on the hard disk/solid-state drive.

Overwrite mode supported for the HDD Initialize function include:

- *Overwrite once with null (default)*
- *Overwrite once with random data*
- *Overwrite three times with random data*
- *Overwrite three times in the following order (DoD Standard):*
 - *Fixed value*
 - *Complement number of fixed value*
 - *Random data*
- *Overwrite nine times with random data*

Overwrite mode supported for the SSD Initialize function include:

- *Overwrite once with null*

Overwritten information includes:

- *Data stored in Mail Boxes and Advanced Box*
- *Data stored in Fax/I-Fax Inbox (Confidential Fax Inbox/Memory RX Inbox)*
- *Address data stored in the Address Book*
- *Scan settings registered for the Sending function*
- *Mode Memory settings registered for the Copy or Mail Box function*
- *MEAP applications*
- *Data saved from MEAP applications*
- *The password for the SMS (Service Management Service) login service of MEAP*
- *User authentication information registered in the Local Device Authentication system of UA or SSO-H (Single Sign-On H)*
- *Unsent documents (reserved documents and documents set with the Delayed Send mode)*
- *Job history*
- *Settings/Registration settings*
- *Forms registered for the Superimpose Image mode*
- *Registered forwarding settings*
- *Key Pair and Server Certificate registered in [Certificate Settings] in [Device Management] in Management Settings (from the Settings/Registration screen)*

EMPLOYMENT AGREEMENT
Between
KITSAP PUBLIC HEALTH BOARD
And
YOLANDA FONG, RN, MN, PHNA-BC

The Kitsap Public Health Board (hereinafter referred to as the “Board”) and Yolanda Fong, RN, MN, PHNA-BC (hereinafter referred to as the “Employee”) agree as follows regarding the terms and conditions of the Employee’s employment:

1. Scope of Employment

The Board will employ the Employee as the Administrator of the Kitsap Public Health District (hereinafter referred to as the “District”). The Employee’s duties are more fully described in Attachment A to this Agreement (the District’s Job Classification for Administrator) and in RCW 70.05. The Employee will use her best efforts, skills, and abilities in performing the duties of such employment.

2. Term of Employment

The Employee will serve in the position of Administrator until her position is modified or terminated in accordance with Section 8 or 9 of this Agreement and RCW 70.05.040. This Agreement is in effect from November 8, 2023, until December 31, 2026.

3. Compensation of Employee

(a) Wages. The Employee will be paid at a salary rate of \$12,650 per month effective November 8, 2023. Such salary will be paid subject to applicable deductions and withholdings, and on the District’s regular payroll schedule. For the term of this contract, the Employee will receive any market-based, wage adjustments, or general increases consistent with the adjustments and increases made to the wages of the District’s other non-union, exempt-status employees. Effective January 1, 2025, the Employee, with sustained satisfactory performance, will receive a market-based wage adjustment of 5%, in addition to any general increases or adjustments approved for January 1, 2025, as specified above. (See Item 5, Performance Review) Any additional adjustments to the Employee’s salary are at the discretion of the Board and based on successful performance.

(b) Workweek. The basic workweek is 40 hours.

(c) Expenses. The Board will reimburse the Employee for all other work-related expenses incurred during the term of his employment as allowed by and pursuant to the District’s general expense reimbursement policies.

(d) Health Benefits. The Board will provide health care coverage for the Employee in the same manner as provided for the District’s other non-union exempt-status employees.

(e) Leave. The Employee will receive the same leave benefits as outlined in the District’s Personnel Manual for the District’s other non-union exempt-status employees. The Employee may carry over a maximum of three-hundred sixty (360) hours of general leave from one calendar year to the next. The Employee will receive compensation for a maximum of two hundred and forty (240) hours of accrued, but unused, general leave at the termination of his employment with the District.

(f) Holidays. The Board provides paid leave on the following holidays: New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Native American Heritage Day, (the Friday after Thanksgiving), Christmas, and one floating holiday of the Employee's choice. If a holiday falls on a Saturday, it shall be observed the preceding Friday. If a holiday falls on a Sunday, it shall be observed on the following Monday.

(g) Retirement Benefits. The Employee will contribute to and receive retirement benefits pursuant to the Washington Public Employees' Retirement System (PERS).

(h) Other Benefits. For the duration of his employment with the District, the Employee will receive other benefits that are provided either currently or in the future to the District's other non-union exempt-status employees.

4. Professional Development

The Board will reimburse the Employee for the costs associated with attending job-related professional and continuing education training programs as provided in the District's annual budget. Such training includes up to \$5,000.00, specifically, for a Professional executive leadership coach, provided said training is concluded within the first two (2) years of this employment contract.

5. Performance Review

The Employee will receive a formal performance review prior to January 1, 2025, and at the end of this Agreement.

6. Nondiscrimination

The Employee will comply with all federal, state, and local laws that prohibit discrimination or harassment in employment.

7. Integration

This Agreement contains the entire agreement concerning the employment of Employee, and supersedes all previous communications, representations, or agreements, either verbal or written, between the parties. The parties stipulate that there are no promises, terms, conditions, representations, or obligations other than those specifically set forth in this document.

8. Termination

The Board will provide the Employee with written notice of any disciplinary action that may include termination as a sanction. Prior to terminating the Employee, the Board will also provide the Employee with a hearing and an opportunity to be heard regarding any alleged disciplinary infractions or performance issues that may result in termination.

9. Notice of Employee's Intention to Terminate

In the event that the Employee terminates his employment with the District for any reason, the Employee agrees to provide the Board with sixty (60) days advance written notice. If the Employee fails to provide the Board with sixty (60) days advance written notice, the Board will

not compensate the Employee for the value of any accrued but unused leave in accordance with Paragraph 3(e) of this Agreement.

10. Notice of Employer’s Intention to Terminate Modification

In the event that the Board terminates the Employee for convenience (as opposed to termination for “just cause”), the Board will provide, in addition to the notice and hearing required under RCW 70.05.050, ninety (90) days advance written notice to the Employee. At the Board’s option, the Board may pay the Employee three (3) months of severance pay in lieu of ninety (90) days notice. For the purposes of this Agreement, “just cause” is any reason for which any other District non-union non-exempt employee may be discharged, as more fully described in the District’s Personnel Manual in effect at the time of the termination. Additionally, the Board agrees to pay six (6) months COBRA coverage on behalf of Employee for Employee and covered dependents upon termination. Employee will not be entitled to severance pay should the Employee be terminated for “just cause” or resign.

11. Modification

This agreement may be amended or modified only in writing by the Board and signed by the current chair of the Board.

12. Severability Venue

If any provision of this Agreement is held invalid, the remainder of the Agreement, and the remaining rights and obligations of the parties, shall be construed and enforced as if the Agreement did not contain the invalid part.

13. Venue

This Agreement shall be governed by the laws of the State of Washington, both as to interpretation and performance, and any action at law, suit in equity, or other proceeding for the enforcement of this Agreement or any provision thereof shall be instituted only in the courts of the State of Washington, County of Kitsap.

14. Extraneous Representations

The Employee has read and understands the whole of the above Agreement and states that no representation, promise, or agreement not expressed in this document has been made to induce the Employee to enter into it.

Dated this ____ day of _____, 2023. **Dated** this ____ day of _____, 2023.

EMPLOYEE

KITSAP PUBLIC HEALTH BOARD

Yolanda Fong, RN, MN, PHNA-BC

Becky Erickson, Chair

Attachment A ADMINISTRATOR

DEFINITION

Under policy direction from the Kitsap Public Health Board (“Board”), the Administrator serves as executive secretary and administrative officer for the Board and is responsible for overseeing the District’s business operations and such other administrative duties required by the Board and pursuant to RCW 70.05.045, except for duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable state law. The Health Officer and Administrator positions collaborate constructively to achieve the District’s vision, mission, strategic plan, and policy direction from the Board. The Administrator is responsible for the administration of all programs and functions of the district, including, but not limited to, entering into contracts with third parties and other agencies within the budget set by the Public Health Board, hiring and firing of personnel, and purchasing needed supplies and equipment. The incumbent directs and supervises the Administrative Services Division, the Community Health Division, and the Environmental Health Division, and oversees the Public Health Infrastructure Division, in collaboration with the appropriate Division Director, and is responsible for developing and implementing the District’s annual budget as approved by the Board. The incumbent is expected to apply a full working knowledge of local public health programs, laws and regulations, and modern management practices and principles to varied and complex work situations. Duties require innovative leadership and active collaboration with a wide range of strategic partners and stakeholders, and managing a dynamic organization to address public health issues in a rapidly changing community environment. The Administrator is responsible for collaborating with the Health Officer, Division Director, and Program Managers to provide administrative support to operationalize health policy objectives. The Health Officer and Administrator positions are intended to support each other and serve as back-up to each other as needed to fulfill the District’s vision and mission.

DISTINGUISHING CHARACTERISTICS

Appointed by and reporting directly to the Board, the incumbent serves as the executive secretary and administrative officer for the Board, and exercises guidance and oversight over District administrative operations and such other administrative duties required by the Board. This classification is distinguished from the Health Officer who has powers and duties set forth under state law and who oversees community health assessment, public health policy development and implementation, and assurance of health service delivery. Although the Administrator may delegate some responsibilities to fellow members of the Executive Leadership Team, the executive secretary and administrative officer responsibilities performed for the Board, and the administration of the District’s business operations and activities, are ultimately the responsibility of the Administrator, except for those duties and responsibilities assigned to the Health Officer in RCW 70.05.070 and other applicable state law. This description reflects the general concept and intent of the classification and should not be construed as a detailed statement of all the work requirements that may be inherent in the position.

ESSENTIAL FUNCTIONS

- Oversees administration of all programs and functions of the district, including, but not limited to, entering into contracts with third parties and other agencies within the budget set by the Health

Board, hiring and firing of personnel, and purchasing needed supplies and equipment to carryout Health District functions.

- Directs, manages, coordinates, and evaluates the day-to-day administrative and business operations of a comprehensive countywide public health agency that effectively identifies and addresses the needs of a diverse population.
- Oversees tasks related to effective administration of the District, such as human resources and support services management, financial management, facilities management, information technology management, efficient use of resources and technology, legal compliance, and timely execution of administrative programs and activities performed by the agency.
- Develops and implements strategic short- and long-range plans, programs, goals, and objectives. Facilitates and coordinates cooperative planning in conjunction with other entities. Reviews and updates planning recommendations. Balances fiscal impact, agency and employee resources, , and legal implications when collaborating with the Health Officer to develop and implement public health policies and strategies.
- Participates as a member of the Executive Leadership Team, overseeing the planning, development, and implementation of District administrative, legal, and personnel policies, procedures, and regulations.
- Advises the Board and Board committees on public health infrastructure needs at the District and in the community and makes recommendations to the Board on administrative aspects of policies and programs. Ensures the provision of expert public health advice and leadership to support and inform an evidence-based approach to planning, developing, and delivering public health services and programs.
- Establishes effective performance measurement criteria to plan and evaluate public health services consistent with state mandates and public policy parameters in collaboration with the Executive Leadership Team. Oversees continuous quality improvement agency wide. Assures and measures District conformance with state public health standards and national accreditation requirements.
- Directs activities ensuring efficient and effective use of available personnel, funds, materials and space and in compliance with guidelines, procedures and regulations. Collaborates and confers with Health Officer and appropriate Division Director on program definition, priorities and administration.
- Promotes teamwork within the agency. Identifies trends and problems hindering progress and develops and implements recommendations for problem resolution.
- Oversees the preparation of and justifies the agency budget. Monitors and maintains revenues and expenditures within budget guidelines. Monitors cash flow to assure solvency and monitors the District's debt repayments. Implements cost-effective measures and uses resources and technology effectively to increase productivity. Negotiates and manages contracts for services and agreements between the District and outside entities or consultants to provide public health services to or for community and private nonprofit and health care organizations. Assures grant and contract compliance.
- Oversees human resources programs and activities agency wide. Participates as a member of the Executive Leadership Team to select new employees. Assigns, supervises, and evaluates work consistent with assigned job classification. Establishes performance standards. Conducts and/or reviews performance evaluations to guide the development of employees and provide a record of performance and ensure consistent evaluations throughout the agency. Assists the Human Resources Manager in interpreting and applying collective bargaining agreements and personnel policies. Reviews, revises and authorizes consistent employment actions. Initiates, documents and implements disciplinary actions. Resolves and documents grievances, works in conjunction with the Human Resources Manager concerning grievances and other sensitive personnel matters.

- In collaboration with the Health Officer, oversees the District's safety and risk management programs, to include identifying and assessing the risk of loss, selecting appropriate risk management techniques, monitoring, and administering insurance coverage and claims.
- On an ongoing basis, reviews, interprets and prepares data to analyze and makes recommendations about which programs and/or major project proposals should be initiated, modified or dropped. Recommends and implements changes in staffing and structure consistent with changing public health roles, funding, and agency goals and objectives. Sets administrative policy, assesses and assures compliance, and assures equitable interpretation and application of regulations. Assures appropriate policies, procedures and tasks are created, updated, and followed.
- Represents the District on/at national, state, county, community, and other committees/task forces, associations, and meetings. Serves on various District and other governmental management teams and related community-wide committees. Provides high-level public health expertise and perspective regarding a wide range of issues. Provides public information in a courteous manner and emphasizes public accountability and a positive service approach.
- Responds to or supervises the resolution of the most sensitive or complex inquiries, complaints, emergencies or requests for information from other agencies and the public in a courteous manner. Emphasis public accountability, a positive public service approach, and the delivery of the highest professional level of patient care consistent with standards and requirements.
- Reports for scheduled work with regular, reliable, and punctual attendance.
- Performs other duties as assigned.

REQUIRED KNOWLEDGE & ABILITIES

Knowledge of:

- Principles and practices of public health and the social determinants of health, including current trends in policy, research, treatment, prevention, education, and related issues.
- Current principles and practices of public health administration, incorporating knowledge of community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology, and emergency preparedness.
- Community needs, resources, and organizations related to public health.
- Major types of services performed and responsibilities in public health and environmental health activities.
- Principles and practices of public administration and management.
- Applicable laws, rules, regulations, ordinances, and policies.
- Safety precautions, practices, and procedures applicable to public health.

Ability to:

- Strategically plan, prioritize, coordinate, organize, and evaluate staffing and services. Train, direct, and coach staff. Administer and change plans, policies, and work plans.
- Use tact, discretion, respect, persuasion, diplomacy, and courtesy to gain the cooperation of others and establish and maintain effective teams and a professional relationship and rapport with public officials, representatives of other entities, coworkers, employees, and diverse members of the public.
- Apply sound judgment and problem-solving techniques to evaluate operations, to make reasoned, timely and consistent decisions, and to facilitate the effective resolution of problems, grievances, and complaints.
- Provide leadership and maintain a high level of personal and professional integrity and honesty.

- Estimate and analyze revenues, costs, and effectiveness of programs. Monitor and interpret fiscal and statistical information.
- Maintain current knowledge for assigned areas and adapt to new technologies, keeping personal and team technical skills up-to-date, and using technology to increase productivity.
- Listen attentively and communicate effectively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, including oral presentations before groups on a variety of complex and sensitive public health issues.
- Demonstrate cultural competency, interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences.
- Fulfill the commitment of the District to provide outstanding and effective customer service.
- Assure that absolute confidentiality is maintained as required and sensitive information is handled appropriately.
- Read, understand, interpret, and apply appropriately the terminology, instructions, policies, procedures, legal requirements, and regulations pertinent to area of assignment.
- Organize, prioritize, and coordinate work assignments; work effectively in a multi-task environment; take appropriate initiative; apply good judgment and logical thinking to obtain potential solutions to problems; resolve complex public health problems and make major decisions involving the implementation or interpretation of policies and regulations within the scope of knowledge and authority or refer to the appropriate person.
- Initiate, prepare, and direct preparation of comprehensive charts, records, reports, materials, correspondence, and other documents relevant to area of assignment.
- Proficiently operate computers, related software, and other office equipment with sufficient speed and accuracy to accomplish assignments in a timely manner.
- Work effectively in a dynamic environment that is constantly changing, resulting in continually re-evaluating and shifting priorities.
- Work both independently and within a collaborative team-oriented environment; contribute openly, respectfully disagree, understand the ideas of others, listen well, and work for consensus.

WORK ENVIRONMENT & PHYSICAL DEMANDS

- Work is performed primarily indoors in an office environment, with occasional travel to attend meetings, conferences, seminars, etc.
- Requires the ability to communicate with others orally, face to face, and by telephone. Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various District locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Essential duties may involve occasional kneeling, squatting, crouching, stooping, crawling, standing, bending, and climbing (to stack, store or retrieve supplies or various office equipment).
- May be assigned to provide on-call coverage, which may include evenings, weekends, and holidays.
- Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet District needs, which may include evenings, weekends, and holidays.
- This is an overtime-exempt position, which may require working beyond the normally scheduled workweek, modifying existing work schedules, or flexing hours.
- Duties require carrying a cell phone or other electronic device as well as being on call on a 7/24-hours basis (for Regional Duty Officer assigned shifts).

- Exposure to individuals from the public who are upset, angry, agitated, and sometimes hostile, requiring the use of conflict management and coping skills.
- Frequently required to perform work in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience, and courtesy at all times.
- The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- May be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.
- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle when a District fleet vehicle is not available for use, and proof of appropriate auto insurance.

EDUCATION & EXPERIENCE REQUIREMENTS

- Bachelor's degree from an accredited institution in public administration, public health or a closely related field; and
- Ten (10) years of progressively responsible experience in public health management or health services management/administration, of which at least five (5) years have been of recent relevant management experience.
- Master's degree from an accredited institution in a job-related field is preferred and may substitute for up to two years of the experience requirement.
- Alternatively, an equivalent combination of education, experience, and professional certification may be qualifying, provided the individual's background demonstrates evidence of the knowledge, skills, and abilities required to perform the duties of the position.

LICENSES, CERTIFICATIONS & OTHER REQUIREMENTS

- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle, and proof of appropriate auto insurance.

JOB CLASS INFORMATION & DISCLAIMERS

FLSA Status	Exempt
EEO Category	Officials and Administrators
Bargaining Unit Status	Executive Management
Classification History	The "Director of Health/Health Officer" job classification formerly held by one individual was replaced by two classifications, "Administrator" and "Health Officer," effective October 1, 2013
Adopted	November 5, 2013

New or Renewed Contracts for the Period of 09/01/2023 through 09/30/2023

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID
Active (5 contracts)									
DOE, Washington State									
ID: 2358	Solid and Hazardous Waste, Steve Brown	Contract for Services	Closed	09/05/23	\$237,643.00	09/13/23	07/01/23	06/30/25	SWMLSWFA-20
<i>Description: KPHD to provide solid waste complaint response and compliance enforcement activities as required by law and related regulations.</i>									
.....									
DOH, Washington State									
ID: 2361	Administration, Keith Grellner	Amendment	Closed	09/05/23	\$11,891,139.00	09/06/23	01/01/22	12/31/24	CLH31014
<i>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.</i>									
<i>Amendment 14</i>									
.....									
Jefferson County Public Health									
ID: 2356	Parent/Child Health, Yolanda Fong	Amendment	Closed	09/05/23	\$191,868.00	09/05/23	07/01/21	06/30/24	N-21-060
<i>Description: Nurse Family Partnership. KPHD and Jefferson County Public Health will share NFP staff, training, and supervision through the Department of Children, Youth, and Families (DCYF) Grant. KPHD will function as a subcontractor to JCPH and provide NFP services in Kitsap County.</i>									
<i>Amendment 1: Extends agreement through 06/30/2023 and increases amount to KPHD by \$191,868.</i>									
<i>Amendment 2: Extends agreement through 06/30/2024 and increases amount to KPHD by \$191,868.</i>									
.....									
Olympic Educational Service District									
ID: 2360	Community Health, Nancy Acosta	Contract for Services	Closed	09/05/23	\$54,750.00	09/07/23	11/01/23	10/31/24	
<i>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.</i>									
.....									
Washington State University									
ID: 2348	Health Promotion, Dana Bierman	Amendment	Closed	07/11/23	\$90,000.00	09/13/23	06/01/22	06/30/24	142908-001
<i>Description: The District requires the expertise of this Contractor to develop and implement cannabis intervention strategies to prevent and reduce cannabis use by youth in Clallam County.</i>									
<i>Amendment 1: adds \$50,000 and extends term to 06/30/2024</i>									
.....									

**Kitsap Public Health Board Meeting
Date: November 7, 2023**

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

Approvals:

	Signature	Date
Administrator	<i>Keith Grullner</i>	10/30/2023
Finance Manager	<i>Melissa Laird</i>	10/30/2023

Recommended Motion: Approval

Items:

Type	Warrant/EFT Date	Total Amount
Accounts Payable	9/7/2023	\$ 39,308.79
Accounts Payable	9/14/2023	55,926.48
Accounts Payable	9/21/2023	30,304.39
Accounts Payable	9/28/2023	217,142.79
Vital Stats Transfer	9/20/2023	25,130.00
Accounts Payable Total		\$ 367,812.45
Payroll	9/30/2023	533,954.81
Payroll Taxes	9/29/2023	204,500.30
Payroll PERS Payment	9/11/2023	122,784.63
Payroll Total		\$ 861,239.74
	Grand Total	\$ 1,229,052.19

Kitsap Public Health Board Action:

- Approve
- Deny
- Table / Continue

	Signature	Date
Kitsap Public Health Board Chair		



View Settlement Run

Settlement Run Information

Settlement Run Name STL-00002555
Kit sap Public Health District HH
Number STL-00002555
Status Complete
Date 09/07/2023
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kit sap Public Health District
Currencies USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 39,308.79
Inbound Total 0.00
Expense Report Count 17
Miscellaneous Payment Request Count 1
Supplier Invoice Count 5

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	09/07/2023	1	54.37	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/07/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	09/07/2023	16	3,460.61	USD	Payment Message: ID 2031 for Kitsap Public Health District on 09/07/2023	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	09/07/2023	1	800.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/07/2023	Successfully Completed



View Settlement Run

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	09/07/2023	3	34,042.08 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/07/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/07/2023	2	951.73 USD	USD	Payment Message: ID 2030 for Kitsap Public Health District on 09/07/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0006438	Kitsap Public Health District	Sam Ader (413193)	Employee	EXP-0006438	08/31/2023	Mileage 0706-082923, NEHA Membership Renewal	424.88 USD	USD
Expense Report: EXP-0006439	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0006439	08/31/2023	Mileage 0814-082423	152.62 USD	USD
Expense Report: EXP-0006440	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0006440	08/31/2023	Mileage 0712-082223	169.78 USD	USD
Expense Report: EXP-0006441	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0006441	08/31/2023	Mileage 0822-082423	54.37 USD	USD
Expense Report: EXP-0006442	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0006442	08/31/2023	Mileage 0821-082423	25.22 USD	USD
Expense Report: EXP-0006446	Kitsap Public Health District	Thomas Jury (434709)	Employee	EXP-0006446	08/31/2023	Mileage 0802-083023	462.63 USD	USD
Expense Report: EXP-0006448	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0006448	08/31/2023	Mileage 0815-082323	72.71 USD	USD
Expense Report: EXP-0006449	Kitsap Public Health District	Anne Moen (279971)	Employee	EXP-0006449	08/31/2023	Mileage/ Travel 0710-71823	130.57 USD	USD
Expense Report: EXP-0006450	Kitsap Public Health District	Alexandra Moore (434254)	Employee	EXP-0006450	08/31/2023	Mileage 0719-082123	343.88 USD	USD
Expense Report: EXP-0006451	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0006451	08/31/2023	Mileage 0821-082523	159.95 USD	USD
Expense Report: EXP-0006452	Kitsap Public Health District	Mindy Tontfi (434149)	Employee	EXP-0006452	08/31/2023	Mileage 0722-081623	39.30 USD	USD
Expense Report: EXP-0006453	Kitsap Public Health District	Susan Van Ort (392243)	Employee	EXP-0006453	08/31/2023	Mileage 0706-071823	94.98 USD	USD
Expense Report: EXP-0006454	Kitsap Public Health District	Jan Wendt (397255)	Employee	EXP-0006454	08/31/2023	Mileage 0809-081823	57.64 USD	USD
Expense Report: EXP-0006455	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0006455	08/31/2023	0810-082223	173.31 USD	USD
Expense Report: EXP-0006462	Kitsap Public Health District	Dana Bierman (404611)	Employee	EXP-0006462	09/01/2023	Supplies 083123	30.58 USD	USD
Expense Report: EXP-0006463	Kitsap Public Health District	Maria Fergus (434648)	Employee	EXP-0006463	09/01/2023	Mileage 0111-082623, Supplies	753.53 USD	USD



View Settlement Run

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0006464	Kitsap Public Health District	Jakob Hughes (434256)	Employee	EXP-0006464	09/01/2023	Mileage 0801-082923	369.03	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-11821	Kitsap Public Health District	JERRY P. MENESES (Inactive)	MPR-11821	Check	One-Time Payment	08/31/2023	800.00	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-2023-82315	Kitsap Public Health District	ODP Business Solutions, LLC	INVOICE # 326230123001	ODP Business Solutions, LLC	Net 30	SINV-2023-82315	08/16/2023		09/15/2023	0.00	0.00	908.17	USD
Supplier Invoice: SINV-2023-82323	Kitsap Public Health District	United Business Machines Of Wa	Invoice # 501648	United Business Machines Of Wa	Net 30	SINV-2023-82323	08/28/2023		09/27/2023	0.00	0.00	921.62	USD
Supplier Invoice: SINV-2023-82327	Kitsap Public Health District	US Bank National Association	ACCT# 4246-0445-5568-8591 (AUGUST 2023)	US Bank National Association - Remit-To: US Bank Junior Dist's Only	Net 30	SINV-2023-82327	08/25/2023		09/24/2023	0.00	0.00	32,603.91	USD
Supplier Invoice: SINV-2023-82333	Kitsap Public Health District	FedEx	INVOICE# 8-235-65497	FedEx - Remit-To: PO Box 371461 Pittsburgh	Net 30	SINV-2023-82333	08/25/2023		09/24/2023	0.00	0.00	30.11	USD
Supplier Invoice: SINV-2023-82337	Kitsap Public Health District	Washington State Public Health Assoc	INVOICE # 6636 / HARMON, WILLIAM	Washington State Public Health Assoc	Net 30	SINV-2023-82337	08/31/2023		09/30/2023	0.00	0.00	530.00	USD

Process History

Settlement Run Process History					
Process	Step	Status	Completed On	Person (Up to 5)	Comment
Settlement Run Event	Settlement Run Event	Step Completed	09/07/2023 09:43:44 AM	Heather Hunsaker (434069)	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



View Settlement Run

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	To Do: Wire Payment Settled	Not Required				0	
Related Business Processes History							
Business Process				Status			
Payment Message: ID 2031 for Kitsap Public Health District on 09/07/2023							
Payment Message: ID 2030 for Kitsap Public Health District on 09/07/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/07/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/07/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/07/2023							
Remittance File: For United Business Machines Of Wa on 09/07/2023							
Remittance File: For FedEx - Remit-To: PO Box 371461 Pittsburgh on 09/07/2023							

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
09/07/2023 09:43 AM	09/07/2023 09:43 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002555	Completed	00:00:06	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run STL-00002578
Name Kitsap Public Health District HH
Number STL-00002578
Status Complete
Date 09/14/2023
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 55,926.48
Inbound Total 0.00
Expense Report Count 10
Miscellaneous Payment Request Count 2
Supplier Invoice Count 20

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	09/14/2023	10	1,957.13	USD	Payment Message: ID 2052 for Kitsap Public Health District on 09/14/2023	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	09/14/2023	2	800.00	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/14/2023	Successfully Completed



View Settlement Run

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	09/14/2023	17	50,571.12 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/14/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/14/2023	3	2,598.23 USD	USD	Payment Message: ID 2053 for Kitsap Public Health District on 09/14/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0006506	Kitsap Public Health District	Jessica Guidry (355732)	Employee	EXP-0006506	09/06/2023	Supplies 0817-081823	264.69 USD	USD
Expense Report: EXP-0006507	Kitsap Public Health District	Wendy Inouye (434255)	Employee	EXP-0006507	09/06/2023	Conference 0815-081723	438.43 USD	USD
Expense Report: EXP-0006508	Kitsap Public Health District	Melissa Laird (416539)	Employee	EXP-0006508	09/06/2023	GFOA Membership dues 23/24	160.00 USD	USD
Expense Report: EXP-0006509	Kitsap Public Health District	Martha May (434674)	Employee	EXP-0006509	09/06/2023	Mileage 0829083123	31.83 USD	USD
Expense Report: EXP-0006510	Kitsap Public Health District	Nathan Morrow (433895)	Employee	EXP-0006510	09/06/2023	Mileage 082323	11.79 USD	USD
Expense Report: EXP-0006532	Kitsap Public Health District	Brian Burchett (409212)	Employee	EXP-0006532	09/08/2023	Mileage 0606-082423	717.09 USD	USD
Expense Report: EXP-0006533	Kitsap Public Health District	Kimberly Jones (358933)	Employee	EXP-0006533	09/08/2023	Mileage 0811-083123	26.20 USD	USD
Expense Report: EXP-0006534	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0006534	09/08/2023	Mileage 0829-083123	90.26 USD	USD
Expense Report: EXP-0006535	Kitsap Public Health District	Erica White (434641)	Employee	EXP-0006535	09/08/2023	Supplies 090123	21.84 USD	USD
Expense Report: EXP-0006536	Kitsap Public Health District	Ian Rork (404613)	Employee	EXP-0006536	09/08/2023	WALPA Conference 10/2023	195.00 USD	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-11833	Kitsap Public Health District	Ken Hall (Inactive)	MPR-11833	Check	One-Time Payment	09/06/2023	400.00 USD	USD
MPR-11834	Kitsap Public Health District	David McKay (Inactive)	MPR-11834	Check	One-Time Payment	09/06/2023	400.00 USD	USD

Supplier Invoices



View Settlement Run

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-2023-82817	Kitsap Public Health District	City of Bremerton	INV# BKAT000781	City of Bremerton - Remit-To: Finance Dept BKAT	Net 30	SINV-2023-82817	09/01/2023		10/01/2023	0.00	0.00	487.83	USD
Supplier Invoice: SINV-2023-82819	Kitsap Public Health District	Comcast	Invoice # 181632518	Comcast - Remit-To: PO Box 37601	Net 30	SINV-2023-82819	09/01/2023		10/01/2023	0.00	0.00	516.23	USD
Supplier Invoice: SINV-2023-82821	Kitsap Public Health District	Comcast	Acct# 8498 36 002 1644737 (SEPTEMBER 2023)	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2023-82821	09/01/2023		10/01/2023	0.00	0.00	457.06	USD
Supplier Invoice: SINV-2023-82843	Kitsap Public Health District	Crossroads 360, LLC	OCTOBER 2023-HELLER, R	Crossroads 360, LLC	Net 30	SINV-2023-82843	09/05/2023		10/05/2023	0.00	0.00	882.00	USD
Supplier Invoice: SINV-2023-82844	Kitsap Public Health District	Griffin Glen Apartments LLC	OCTOBER 2023-WALDRON W	Griffin Glen Apartments LLC	Net 30	SINV-2023-82844	09/05/2023		10/05/2023	0.00	0.00	1,360.00	USD
Supplier Invoice: SINV-2023-82845	Kitsap Public Health District	The Heights at Sheridan Road	OCTOBER 2023-HOWE, R.	The Heights at Sheridan Road	Net 30	SINV-2023-82845	09/05/2023		10/05/2023	0.00	0.00	661.00	USD
Supplier Invoice: SINV-2023-82846	Kitsap Public Health District	Indigo Apartments	OCTOBER 2023/KORNEGAY	Indigo Apartments	Net 30	SINV-2023-82846	09/05/2023		10/05/2023	0.00	0.00	1,100.00	USD
Supplier Invoice: SINV-2023-82847	Kitsap Public Health District	Kania, Sharon Faye	OCTOBER 2023	Kania, Sharon Faye	Net 30	SINV-2023-82847	09/05/2023		10/05/2023	0.00	0.00	635.00	USD
Supplier Invoice: SINV-2023-82848	Kitsap Public Health District	Daniel R. Niblock	OCTOBER 2023-HERRICK, P	Daniel R. Niblock	Net 30	SINV-2023-82848	09/05/2023		10/05/2023	0.00	0.00	1,080.00	USD
Supplier Invoice: SINV-2023-82849	Kitsap Public Health District	Silverdale Home Associates	OCTOBER 2023-PHILLIPS, H.	Silverdale Home Associates	Net 30	SINV-2023-82849	09/05/2023		10/05/2023	0.00	0.00	1,214.00	USD
Supplier Invoice: SINV-2023-82850	Kitsap Public Health District	Teledanguage LLC	INV# 0310070823	Teledanguage LLC	Net 30	SINV-2023-82850	09/01/2023		10/01/2023	0.00	0.00	13.50	USD



View Settlement Run

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-2023-82851	Kitsap Public Health District	Washington Home Solutions	OCTOBER 2023- INOCENTE, B.	Washington Home Solutions	Net 30	SINV-2023-82851	09/06/2023		10/06/2023	0.00	0.00	705.00	USD
Supplier Invoice: SINV-2023-82852	Kitsap Public Health District	United Business Machines Of Wa	INVOICE # 501938	United Business Machines Of Wa	Net 30	SINV-2023-82852	09/01/2023		10/01/2023	0.00	0.00	666.93	USD
Supplier Invoice: SINV-2023-83154	Kitsap Public Health District	Acranet Cbs Branch	Invoice # 24118	Acranet Cbs Branch	Net 30	SINV-2023-83154	09/01/2023		10/01/2023	0.00	0.00	159.50	USD
Supplier Invoice: SINV-2023-83156	Kitsap Public Health District	Blue Sky Printing	#15062-15083	Blue Sky Printing	Net 30	SINV-2023-83156	09/05/2023		10/05/2023	0.00	0.00	572.65	USD
Supplier Invoice: SINV-2023-83159	Kitsap Public Health District	Bremerton Government Center Association	Invoice #1080	Bremerton Government Center Association	Net 30	SINV-2023-83159	09/01/2023		10/01/2023	0.00	0.00	34,195.58	USD
Supplier Invoice: SINV-2023-83161	Kitsap Public Health District	Sanofi Pasteur, Inc	Invoice # 921087988	Sanofi Pasteur, Inc	Net 30	SINV-2023-83161	09/08/2023		10/08/2023	0.00	0.00	1,632.17	USD
Supplier Invoice: SINV-2023-83162	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	Invoice # 23-06685	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2023-83162	09/01/2023		10/01/2023	0.00	0.00	1,771.80	USD
Supplier Invoice: SINV-2023-83167	Kitsap Public Health District	VectorUSA	Invoice # 97895	VectorUSA	Net 30	SINV-2023-83167	09/05/2023		10/05/2023	0.00	0.00	5,052.75	USD
Supplier Invoice: SINV-2023-83169	Kitsap Public Health District	Microsoft Corporation	INVOICE # E06000TZQW	Microsoft Corporation - Remit-To: Microsoft Services Po Box 842103	Net 30	SINV-2023-83169	09/08/2023		10/08/2023	0.00	0.00	6.35	USD

Process History

Settlement Run Process History



View Settlement Run

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	09/14/2023 09:58:59 AM		Heather Hunsaker (434069)	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							
				Status			
Payment Message: ID 2052 for Kitsap Public Health District on 09/14/2023							
Payment Message: ID 2053 for Kitsap Public Health District on 09/14/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/14/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/14/2023							
Remittance File: For Acranet Cbs Branch on 09/14/2023							
Remittance File: For United Business Machines Of Wa on 09/14/2023							
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 09/14/2023							

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
09/14/2023 09:58 AM	09/14/2023 09:58 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002578	Completed	00:00:12	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run Name STL-00002603
Number Kitsap Public Health District HH
Status STL-00002603
Date Complete
Include Payments On Behalf Of No
Exclude Negative Payments Yes
Express Settlement No

Additional Information

Organization Kitsap Public Health District
Currency USD
Filters Used

Payment Information

Display Currency USD
Outbound Total 30,304.39
Inbound Total 0.00
Expense Report Count 16
Miscellaneous Payment Request Count 5
Supplier Invoice Count 17

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	09/21/2023	1	94.32 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/21/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	09/21/2023	15	2,396.16 USD	USD	Payment Message: ID 2073 for Kitsap Public Health District on 09/21/2023	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	09/21/2023	5	2,420.00 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/21/2023	Successfully Completed



View Settlement Run

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	09/21/2023	15	15,215.41 USD	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/21/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/21/2023	1	10,178.50 USD	USD	Payment Message: ID 2072 for Kitsap Public Health District on 09/21/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0006562	Kitsap Public Health District	Leslie Banigan (215189)	Employee	EXP-0006562	09/12/2023	Mileage 0501-072423	154.71 USD	USD
Expense Report: EXP-0006563	Kitsap Public Health District	Paul Ciuntoli (337331)	Employee	EXP-0006563	09/12/2023	Mileage 0825-090523	94.32 USD	USD
Expense Report: EXP-0006564	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0006564	09/12/2023	Mileage 0825-090723, NEHA Membership '23/24	163.54 USD	USD
Expense Report: EXP-0006565	Kitsap Public Health District	Brandon Kindschy (421430)	Employee	EXP-0006565	09/12/2023	Mileage 0802-081623	37.07 USD	USD
Expense Report: EXP-0006566	Kitsap Public Health District	Albert Lawver (434888)	Employee	EXP-0006566	09/12/2023	Mileage 0804-090523	225.39 USD	USD
Expense Report: EXP-0006567	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0006567	09/12/2023	Mileage 0823-082823	99.56 USD	USD
Expense Report: EXP-0006568	Kitsap Public Health District	Kayla Petersen (434695)	Employee	EXP-0006568	09/12/2023	Mileage 0801-083123	133.16 USD	USD
Expense Report: EXP-0006569	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0006569	09/12/2023	Mileage 0901-090723	103.75 USD	USD
Expense Report: EXP-0006570	Kitsap Public Health District	Jacob Wimpenny (434923)	Employee	EXP-0006570	09/12/2023	Mileage 0823-082923	123.34 USD	USD
Expense Report: EXP-0006571	Kitsap Public Health District	Layken Winchester (431493)	Employee	EXP-0006571	09/12/2023	Mileage 0816-083123	63.73 USD	USD
Expense Report: EXP-0006583	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0006583	09/13/2023	Mileage 0825-091123	193.23 USD	USD
Expense Report: EXP-0006585	Kitsap Public Health District	Gabrielle Hadly (434294)	Employee	EXP-0006585	09/13/2023	Conference/Travel 0815-081723	258.76 USD	USD
Expense Report: EXP-0006588	Kitsap Public Health District	Ashley Duren (430735)	Employee	EXP-0006588	09/13/2023	Mileage 0718-080823	45.98 USD	USD
Expense Report: EXP-0006592	Kitsap Public Health District	Michelle McMillan (434052)	Employee	EXP-0006592	09/13/2023	Mileage 0815-081623/Conference	162.44 USD	USD
Expense Report: EXP-0006605	Kitsap Public Health District	Elizabeth Davis (433997)	Employee	EXP-0006605	09/15/2023	Mileage 0711-080323	102.14 USD	USD
Expense Report: EXP-0006606	Kitsap Public Health District	Mark Wickhamshire (434070)	Employee	EXP-0006606	09/15/2023	Mileage 0201-082123, Ferry 082323	529.36 USD	USD

Miscellaneous Payment Requests



View Settlement Run

Miscellaneous Payment Request	Company	Supplier	Supplier's Invoice Number	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-11964	Kitsap Public Health District	Comcast	ACCT# 8498-36-002-1685177- SEPT 2023	Curtis Brown (Inactive)	MPR-11964	Check	One-Time Payment	09/12/2023	400.00	USD
MPR-11965	Kitsap Public Health District	Hemley's Septic Tank Cleaning, Inc.	INVOICE # PT-19608	Jan King (Inactive)	MPR-11965	Check	One-Time Payment	09/12/2023	400.00	USD
MPR-11966	Kitsap Public Health District	Laboratory Corporation of America	INVOICE # 7703838077542201-ACCT#46859120	JOHN SAYLOR (Inactive)	MPR-11966	Check	One-Time Payment	09/12/2023	400.00	USD
MPR-11980	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	0801-08312023	Katitax, Inc (Inactive)	MPR-11980	Check	POS Customer Refund	09/13/2023	710.00	USD
MPR-11981	Kitsap Public Health District	Stericycle Inc	INVOICE # 8004560399	TOM WEAVER (Inactive)	MPR-11981	Check	POS Customer Refund	09/13/2023	510.00	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-2023-83530	Kitsap Public Health District	Comcast	ACCT# 8498-36-002-1685177- SEPT 2023	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2023-83530	09/01/2023		10/01/2023	0.00	0.00	445.77	USD
Supplier Invoice: SINV-2023-83533	Kitsap Public Health District	Hemley's Septic Tank Cleaning, Inc.	INVOICE # PT-19608	Hemley's Septic Tank Cleaning, Inc.	Net 30	SINV-2023-83533	09/01/2023		10/01/2023	0.00	0.00	505.00	USD
Supplier Invoice: SINV-2023-83539	Kitsap Public Health District	Laboratory Corporation of America	INVOICE # 7703838077542201-ACCT#46859120	Laboratory Corporation of America	Net 30	SINV-2023-83539	09/02/2023		10/02/2023	0.00	0.00	668.59	USD
Supplier Invoice: SINV-2023-83544	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	0801-08312023	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2023-83544	09/01/2023		10/01/2023	0.00	0.00	9,057.70	USD
Supplier Invoice: SINV-2023-83546	Kitsap Public Health District	Stericycle Inc	INVOICE # 8004560399	Stericycle Inc - Remit-To: Shred-It C/O Stericycle Inc	Net 30	SINV-2023-83546	09/01/2023		10/01/2023	0.00	0.00	296.95	USD
Supplier Invoice: SINV-2023-83547	Kitsap Public Health District	Toyota Financial Services	ACCT# 03 0322 CU922/ SEPT 2023	Toyota Financial Services	Net 30	SINV-2023-83547	09/08/2023		10/08/2023	0.00	0.00	460.71	USD
Supplier Invoice: SINV-2023-83595	Kitsap Public Health District	Lingo	Bill# 33557480/ Customer # 412450316	Lingo - Remit-To: PO Box 660344	Net 30	SINV-2023-83595	09/11/2023		10/11/2023	0.00	0.00	13.63	USD



View Settlement Run

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-2023-83644	Kitsap Public Health District	Wex Bank	INV# 91671215- SEPT 2023	Wex Bank	Net 30	SINV-2023-83644	09/10/2023		10/10/2023	0.00	0.00	894.72 USD	USD
Supplier Invoice: SINV-2023-83713	Kitsap Public Health District	Drayton Jackson	3RD QTR 2023	Drayton Jackson	Net 30	SINV-2023-83713	09/11/2023		10/11/2023	0.00	0.00	175.24 USD	USD
Supplier Invoice: SINV-2023-83609	Kitsap Public Health District	Taylor Water Technologies, LLC	Invoice # 497076	Taylor Water Technologies, LLC	Net 30	SINV-2023-83809	09/07/2023		10/07/2023	0.00	0.00	152.65 USD	USD
Supplier Invoice: SINV-2023-83866	Kitsap Public Health District	Iron Mountain	Invoice # 202767499	Iron Mountain - Remit-To: PO Box 601002	Net 30	SINV-2023-83866	09/01/2023		10/01/2023	0.00	0.00	213.89 USD	USD
Supplier Invoice: SINV-2023-83950	Kitsap Public Health District	Loomis	INVOICE # 13310584	Loomis - Remit-To: Palatine, IL	Net 30	SINV-2023-83950	09/01/2023		10/01/2023	0.00	0.00	582.00 USD	USD
Supplier Invoice: SINV-2023-83952	Kitsap Public Health District	Spectra Laboratories - Kitsap, LLC	INVOICE # 23-05756	Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma	Net 30	SINV-2023-83952	07/31/2023		08/30/2023	0.00	0.00	1,120.80 USD	USD
Supplier Invoice: SINV-2023-83953	Kitsap Public Health District	Verizon Wireless	INVOICE # 9944202974	Verizon Wireless - Remit-To: Treasurer - PO Box 660108	Net 30	SINV-2023-83953	09/10/2023		10/10/2023	0.00	0.00	6,256.26 USD	USD
Supplier Invoice: SINV-2023-83987	Kitsap Public Health District	Hawksnest Oxford House	SEPT-OCT 2023 - SWANSON	Hawksnest Oxford House	Net 30	SINV-2023-83987	09/12/2023		10/12/2023	0.00	0.00	800.00 USD	USD
Supplier Invoice: SINV-2023-83989	Kitsap Public Health District	Allison Hicks	OCTOBER 2023-COVEY	Allison Hicks	Net 30	SINV-2023-83989	09/14/2023		10/14/2023	0.00	0.00	1,000.00 USD	USD
Supplier Invoice: SINV-2023-83990	Kitsap Public Health District	Optimal Wellness Inc.	LEADERSHIP OCT 4, 2023	Optimal Wellness Inc.	Net 30	SINV-2023-83990	09/14/2023		10/14/2023	0.00	0.00	2,750.00 USD	USD

Process History
Settlement Run Process History



View Settlement Run

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Settlement Run Event	Settlement Run Event	Step Completed	09/21/2023 12:06:37 PM		Heather Hunsaker (434069)	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 2073 for Kitsap Public Health District on 09/21/2023							
Payment Message: ID 2072 for Kitsap Public Health District on 09/21/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/21/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/21/2023							
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/21/2023							
Remittance File: For Spectra Laboratories - Kitsap, LLC - Remit-To: 2221 Ross Way Tacoma on 09/21/2023							
Successfully Completed							
Successfully Completed							
Successfully Completed							
Successfully Completed							
Successfully Completed							
Successfully Completed							

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
09/21/2023 12:06 PM	09/21/2023 12:06 PM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002603	Completed	00:00:12	Heather Hunsaker	



View Settlement Run

Settlement Run Information

Settlement Run Name STL-00002629
 Kitsap Public Health District HH
 Number STL-00002629
 Status Complete
 Date 09/28/2023
 Include Payments On Behalf Of No
 Exclude Negative Payments Yes
 Express Settlement No

Additional Information

Organization Kitsap Public Health District
 Currency USD
 Filters Used

Payment Information

Display Currency USD
 Outbound Total 217,142.79
 Inbound Total 0.00
 Expense Report Count 13
 Miscellaneous Payment Request Count 5
 Supplier Invoice Count 26

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	09/28/2023	1	94.32	USD	Print Checks: Kitsap County Claims Fund Warrant Payment (Check) on 09/28/2023	Successfully Completed
Expense Payment(Direct Deposit) for Treasurer's Main account	Expense Payment	Treasurer's Main account	Direct Deposit	09/28/2023	12	1,722.95	USD	Payment Message: ID 2089 for Kitsap Public Health District on 09/28/2023	Successfully Completed
Miscellaneous Payment(Check) for Kitsap County Claims Fund Warrant Account	Miscellaneous Payment	Kitsap County Claims Fund Warrant Account	Check	09/28/2023	5	1,723.00	USD	Print Checks: Kitsap County Claims Fund Warrant Payment (Check) on 09/28/2023	Successfully Completed



View Settlement Run

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	09/28/2023	21	189,911.33	USD	Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/28/2023	Successfully Completed
Supplier Payment(EFT) for Treasurer's Main account	Supplier Payment	Treasurer's Main account	EFT	09/28/2023	5	23,691.19	USD	Payment Message: ID 2090 for Kitsap Public Health District on 09/28/2023	Successfully Completed

Expense Reports

Expense Report	Company	Pay To	Type	Document Number	Expense Report Date	Memo	Reimbursable Amount	Currency
Expense Report: EXP-0006627	Kitsap Public Health District	Angeline Bergerer (407902)	Employee	EXP-0006627	09/19/2023	MILEAGE 0328-091423	96.29	USD
Expense Report: EXP-0006628	Kitsap Public Health District	Ross Lytle (285038)	Employee	EXP-0006628	09/19/2023	MILEAGE 0828-091123	88.43	USD
Expense Report: EXP-0006634	Kitsap Public Health District	Amy Anderson (419470)	Employee	EXP-0006634	09/20/2023	KPHD Logowear 2023	50.00	USD
Expense Report: EXP-0006635	Kitsap Public Health District	Christine Bronder (434436)	Employee	EXP-0006635	09/20/2023	Mileage 0801-083023, Raingear 2023	421.08	USD
Expense Report: EXP-0006636	Kitsap Public Health District	Callie Burton (434296)	Employee	EXP-0006636	09/20/2023	Mileage 0912-091923	129.69	USD
Expense Report: EXP-0006637	Kitsap Public Health District	Dara Deseamus (434593)	Employee	EXP-0006637	09/20/2023	MILEAGE 0824-090923, OSS WASTEWATER TEST FEE	311.50	USD
Expense Report: EXP-0006638	Kitsap Public Health District	Yaneisy Griego (410072)	Employee	EXP-0006638	09/20/2023	MILEAGE 0803-081823, SUPPLIES080723	36.01	USD
Expense Report: EXP-0006639	Kitsap Public Health District	Rosalie Howarth (434500)	Employee	EXP-0006639	09/20/2023	MILEAGE 0908-091523	55.74	USD
Expense Report: EXP-0006640	Kitsap Public Health District	Paul Giuntoli (337331)	Employee	EXP-0006640	09/20/2023	Mileage 0906-091823	94.32	USD
Expense Report: EXP-0006641	Kitsap Public Health District	Melissa O'Brien (433907)	Employee	EXP-0006641	09/20/2023	MILEAGE 0911-091823	41.99	USD
Expense Report: EXP-0006642	Kitsap Public Health District	Tameka Phelps (434295)	Employee	EXP-0006642	09/20/2023	MILEAGE ADJUSTMENT 2023, MILEAGE 0801-082923	138.83	USD
Expense Report: EXP-0006643	Kitsap Public Health District	Nolan Simmons (434365)	Employee	EXP-0006643	09/20/2023	MILEAGE 0912-091923, RS RENEWAL & MEMBERSHIP	210.22	USD
Expense Report: EXP-0006644	Kitsap Public Health District	Laura Westervelt (434382)	Employee	EXP-0006644	09/20/2023	MILEAGE 0801-082323, TRANSCRIPT	143.17	USD

Miscellaneous Payment Requests

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-12084	Kitsap Public Health District	KAREN FUSCO (Inactive)	MPR-12084	Check	One-Time Payment	09/19/2023	400.00	USD



View Settlement Run

Miscellaneous Payment Request	Company	Payee	Document Number	Payment Type	Request Category	Document Date	Payment Amount	Currency
MPR-12085	Kitsap Public Health District	MARIE STARK (Inactive)	MPR-12085	Check	One-Time Payment	09/19/2023	350.00	USD
MPR-12106	Kitsap Public Health District	CHAD BEARDEN (Inactive)	MPR-12106	Check	One-Time Payment	09/21/2023	350.00	USD
MPR-12107	Kitsap Public Health District	RICHARD FRANZ (Inactive)	MPR-12107	Check	One-Time Payment	09/21/2023	273.00	USD
MPR-12108	Kitsap Public Health District	KAREN MILLS (Inactive)	MPR-12108	Check	One-Time Payment	09/21/2023	350.00	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-2023-84343	Kitsap Public Health District	Aperture EQ	INVOICE #2329	Aperture EQ	Net 30	SINV-2023-84343	09/19/2023		10/19/2023	0.00	0.00	3,700.00	USD
Supplier Invoice: SINV-2023-84345	Kitsap Public Health District	Canon Financial Services, Inc.	INVOICE # 31241052	Canon Financial Services, Inc.	Net 30	SINV-2023-84345	09/11/2023		10/11/2023	0.00	0.00	1,043.07	USD
Supplier Invoice: SINV-2023-84346	Kitsap Public Health District	Ozark Underground Laboratory	INV# 20230918	Ozark Underground Laboratory	Net 30	SINV-2023-84346	09/18/2023		10/18/2023	0.00	0.00	286.46	USD
Supplier Invoice: SINV-2023-84347	Kitsap Public Health District	Quest Diagnostics	INVOICE # T 1476035	Quest Diagnostics	Net 30	SINV-2023-84347	09/19/2023		10/19/2023	0.00	0.00	62.59	USD
Supplier Invoice: SINV-2023-84348	Kitsap Public Health District	Stericycle Inc	INV# 3006612613	Stericycle Inc - Remit-To: Stericycle Inc	Net 30	SINV-2023-84348	09/19/2023		10/19/2023	0.00	0.00	668.04	USD
Supplier Invoice: SINV-2023-84618	Kitsap Public Health District	Anish Adhikari	INVOICE # 5 (SEPT 2023)	Anish Adhikari	Net 30	SINV-2023-84618	09/20/2023		10/20/2023	0.00	0.00	2,150.00	USD
Supplier Invoice: SINV-2023-84620	Kitsap Public Health District	Kitsap County	JUL-SEPT 2023	Kitsap County - Remit-To: KC Information Services	Net 30	SINV-2023-84620	09/21/2023		10/21/2023	0.00	0.00	6,945.51	USD
Supplier Invoice: SINV-2023-84621	Kitsap Public Health District	Summit Law Group, PLLC	INVOICE # 148282	Summit Law Group, PLLC	Net 30	SINV-2023-84621	09/20/2023		10/20/2023	0.00	0.00	2,789.22	USD



View Settlement Run

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-2023-84622	Kitsap Public Health District	Washington State Auditor's Office	INVOICE #L156656	Washington State Auditor's Office	Net 30	SINV-2023-84622	09/12/2023		10/12/2023	0.00	0.00	18,904.40	USD
Supplier Invoice: SINV-2023-84698	Kitsap Public Health District	Comcast	ACCT# 8498-36-0020701975/ SEPT 9,2023	Comcast - Remit-To: PO Box 60533	Net 30	SINV-2023-84698	09/09/2023		10/09/2023	0.00	0.00	260.84	USD
Supplier Invoice: SINV-2023-84725	Kitsap Public Health District	American Family Life Assurance Company	PR BENEFITS SEPT 2023	American Family Life Assurance Company	Net 30	SINV-2023-84725	09/22/2023		10/22/2023	0.00	0.00	2,100.75	USD
Supplier Invoice: SINV-2023-84727	Kitsap Public Health District	WA State Employment Security	PR BENEFITS SEPT 2023	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	Net 30	SINV-2023-84727	09/22/2023		10/22/2023	0.00	0.00	6,273.38	USD
Supplier Invoice: SINV-2023-84730	Kitsap Public Health District	WA State Employment Security	PR BENEFITS SEPT 2023 (WA CARES)	WA State Employment Security - Remit-To: PO Box 84249 Paid Family & Medical	Net 30	SINV-2023-84730	09/22/2023		10/22/2023	0.00	0.00	3,156.48	USD
Supplier Invoice: SINV-2023-84733	Kitsap Public Health District	Health Equity	PR BENEFITS SEPT 2023	Health Equity	Net 30	SINV-2023-84733	09/22/2023		10/22/2023	0.00	0.00	660.00	USD
Supplier Invoice: SINV-2023-84735	Kitsap Public Health District	Hra Veba Trust	PR BENEFITS SEPT 2023	Hra Veba Trust	Net 30	SINV-2023-84735	09/22/2023		10/22/2023	0.00	0.00	9,466.92	USD
Supplier Invoice: SINV-2023-84745	Kitsap Public Health District	Nationwide Retirement Solutions	PR BENEFITS SEPT 2023	Nationwide Retirement Solutions	Net 30	SINV-2023-84745	09/22/2023		10/22/2023	0.00	0.00	6,645.00	USD
Supplier Invoice: SINV-2023-84746	Kitsap Public Health District	A.W. Rehn & Associates, Inc	PR BENEFITS SEPT 2023	A.W. Rehn & Associates, Inc	Net 30	SINV-2023-84746	09/22/2023		10/22/2023	0.00	0.00	752.00	USD
Supplier Invoice: SINV-2023-84747	Kitsap Public Health District	A.W. Rehn & Associates, Inc	PR BENEFITS SEPT 2023 (DCFSA)	A.W. Rehn & Associates, Inc	Net 30	SINV-2023-84747	09/22/2023		10/22/2023	0.00	0.00	1,475.00	USD



View Settlement Run

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-2023-84751	Kitsap Public Health District	Prof & Technical Eng XPH	PR BENEFITS SEPTEMBER 2023	Prof & Technical Eng XPH - Remit-To: Local Union 17	Net 30	SINV-2023-84751	09/22/2023		10/22/2023	0.00	0.00	3,257.06	USD
Supplier Invoice: SINV-2023-84752	Kitsap Public Health District	Prof & Technical Eng XPH	PR BENEFITS SEPT 2023	Prof & Technical Eng XPH - Remit-To: Local 17 Union/PAC	Net 30	SINV-2023-84752	09/22/2023		10/22/2023	0.00	0.00	35.00	USD
Supplier Invoice: SINV-2023-84753	Kitsap Public Health District	Voya Institutional Trust Company	PR BENEFITS SEPT 2023	Voya Institutional Trust Company - Remit-To: Voya Institutional Trust Co (South Kitsap Fire Payroll)	Net 30	SINV-2023-84753	09/22/2023		10/22/2023	0.00	0.00	375.00	USD
Supplier Invoice: SINV-2023-84754	Kitsap Public Health District	WA State Dept of Labor & Industries	PR BENEFITS SEPT 2023	WA State Dept of Labor & Industries - Remit-To: Industrial Insurance Po Box 34022	Net 30	SINV-2023-84754	09/22/2023		10/22/2023	0.00	0.00	5,245.43	USD
Supplier Invoice: SINV-2023-84755	Kitsap Public Health District	Wash State Dept Of Retirement	PR BENEFITS SEPT 2023	Wash State Dept Of Retirement	Net 30	SINV-2023-84755	09/22/2023		10/22/2023	0.00	0.00	12,270.10	USD
Supplier Invoice: SINV-2023-84757	Kitsap Public Health District	Wa Health Care Authority - Uniform	PR BENEFITS SEPT 2023	Wa Health Care Authority - Uniform	Net 30	SINV-2023-84757	09/22/2023		10/22/2023	0.00	0.00	119,161.44	USD
Supplier Invoice: SINV-2023-84758	Kitsap Public Health District	Vimly Benefit Solutions Inc	PR BENEFITS SEPT 2023	Vimly Benefit Solutions Inc	Net 30	SINV-2023-84758	09/22/2023		10/22/2023	0.00	0.00	5,354.63	USD
Supplier Invoice: SINV-2023-84759	Kitsap Public Health District	Whit-Delta Dental Of Washington	PR BENEFITS SEPT 2023	Whit-Delta Dental Of Washington	Net 30	SINV-2023-84759	09/22/2023		10/22/2023	0.00	0.00	564.20	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	09/28/2023 10:06:59 AM		Heather Hunsaker (434069)	1	



View Settlement Run

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 2089 for Kitsap Public Health District on 09/28/2023	Successfully Completed
Payment Message: ID 2090 for Kitsap Public Health District on 09/28/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Supplier Payment (Check) on 09/28/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Expense Payment (Check) on 09/28/2023	Successfully Completed
Print Checks: Kitsap County Claims Fund Warrant Account for Miscellaneous Payment (Check) on 09/28/2023	Successfully Completed
Remittance File: For Summit Law Group, PLLC on 09/28/2023	Successfully Completed
Remittance File: For Stericycle Inc - Remit-To: Stericycle Inc on 09/28/2023	Successfully Completed
Remittance File: For Ozark Underground Laboratory on 09/28/2023	Successfully Completed
Remittance File: For Washington State Auditor's Office on 09/28/2023	Successfully Completed
Remittance File: For Canon Financial Services, Inc. on 09/28/2023	Successfully Completed

Background Processes

Created Date and Time	Started Date and Time	Process Type	Process	Request	Status	Total Processing Time	Submitted by	Errors & Warnings
09/28/2023 10:06 AM	09/28/2023 10:06 AM	Job	Settlement Run Complete	Settlement Run Complete for STL-00002629	Completed	00:00:11	Heather Hunsaker	

TREAS RPT - Detail Cash Report - Cash

10/4/2023

Treasurer's Detail Report
For 2023 - Sep
Fund: FD00969 Kitsap Public Health General

<u>Ledger Account</u>	<u>Revenue or Spend Category</u>	<u>Journal</u>	<u>Posting Date</u>	<u>Debit</u>	<u>Credit</u>	<u>Balance</u>
	3860 - Agency Deposits	JE-00042187 - Kitsap Public Health District - 09/20/2023 - Public Health monthly vital stats transfer	9/20/2023	0.00	25,130.00	-25,130.00
3800:Other Increases in Fund Reso						

(25,130.00)

Kitsap Public Health - 09/30/2023

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Abney (4563) Beverly	173.33	5,493.00			3,743.55
Acosta (278956) Nancy	173.33	9,453.00			5,817.28
Ader (413193) Sam	173.33	6,109.00			4,145.19
Ahlin (434420) Zachary		-			-
Anderson (419470) Amy	173.33	6,827.00			4,477.07
Archer (434384) James	173.33	4,311.00			3,262.89
Armstrong (434291) Jami	173.33	5,978.00			4,200.42
Atisme-Bevins (433909)	173.33	7,777.00			4,567.83
Banigan (215189) Leslie	173.33	7,464.00			5,334.72
Baum (434397) Rudy	173.33	5,541.00			4,052.11
Bazzell (328436) Richard	173.33	7,864.00			5,509.14
Bell (419805) Gus	168.91	7,386.71			5,010.58
Berger (407902) Angeline	173.33	5,866.00			4,186.27
Bierman (404611) Dana	173.33	9,003.00			6,641.44
Borja (426250) Windie	173.33	6,279.00			4,575.35
Boysen-Knapp (2058)	156.00	6,144.00			4,072.40
Bronder (434436) Christine	173.33	5,026.00			3,790.39
Brown (271677) Steven	173.33	9,453.00			5,635.93
Burchett (409212) Brian	173.33	5,818.00			4,215.23
Burke (434463) Lenore	173.33	4,495.00			3,209.34
Burton (434296) Callie	173.33	4,559.00			3,396.66
Byrd (434085) Stephanie	173.33	4,486.00			3,623.79
Cadorna (434932) Jessi	168.33	3,610.75			2,495.49
Calderon (434768) Brenda	173.33	4,219.00			3,208.39
Camarena (434536) Daniel	173.33	5,647.00			3,859.68
Chang (411387) Margo	173.33	4,827.00			3,413.13
Chen (434841) Jessica	173.33	6,467.00			5,040.66
Ciulla (400655) Laura		-			-
Collins (434101) Lori	173.33	6,863.00			4,355.22
Davis (433997) Elizabeth	173.33	8,574.00			5,960.76
Deseamus (434593) Dara	173.33	4,559.00			3,390.72
Dowless (340919) Kelly	173.33	7,487.00			5,146.59
Duren (430735) Ashley	173.33	5,978.00			4,344.32
Evans (4565) Eric	173.33	10,943.00			2,591.98
Fergus (434648) Maria	173.33	4,785.00			2,968.57
Fine (421693) George	86.67	2,243.00			1,735.07
Fisk (321284) April	173.33	8,667.00			5,040.76
Fong (356883) Yolanda	173.33	11,890.00			7,232.73
Giuntoli (337331) Paul	173.33	7,464.00			4,571.89
Grellner (1264) Keith	173.33	13,685.00			8,550.04
Gress (421427) Nicole	173.33	4,956.00			3,632.38
Griego (410072) Yaneisy	156.00	4,968.00			3,761.00
Guidry (355732) Jessica	173.33	9,453.00			6,647.95
Hadly (434294) Gabrielle	88.00	4,799.52			3,526.27
Hammond (434978) Gabriel	136.00	5,045.60			3,856.27
Hampton (434838)	173.33	7,487.00			5,378.15
Harmon (434977) William	213.33	9,329.20			6,854.63
Hartman (434642) Melissa	173.33	5,670.00			4,276.96
Holdcroft (270783) Jodie	64.00	2,755.84			2,280.64
Holdcroft (4579) Grant	173.33	9,453.00			5,417.20
Holt (2726) Karen	173.33	10,422.00			6,817.17
Howard (434057) Anne	138.67	4,599.00			3,479.84
Howarth (434500) Rosalie	173.33	5,541.00			4,028.43
Hughes (434256) Jakob	173.33	5,818.00			4,271.08
Hunter (409213) Kari	173.33	9,453.00			6,118.05
Inga Dominguez (434769)	174.33	4,255.51			3,200.85
Inouye (434255) Wendy	173.33	8,667.00			5,892.52
Jenkins (434053) Andrea	173.33	4,495.00			3,398.46
Johanson (400651) Krista	173.33	4,982.00			3,694.92
Jones (358933) Kimberly	173.33	9,453.00			6,392.08
Jury (434709) Thomas	173.33	5,277.00			4,018.71
Katula (393427) Dayna	173.33	8,574.00			5,225.99
Kench (245476) Donald	173.33	4,393.00			2,712.25
Kiess (250913) John	173.33	11,490.00			8,646.36
Kindschy (421430) Brandon	173.33	6,109.00			4,286.60

Kitsap Public Health - 09/30/2023

Name	Hours	Gross Pay	Employer Paid Taxes	Employer Paid Benefits	Net Pay
Kinnear (434099) Sarah	173.33	5,897.00			4,508.23
Knoop (16125) Melina	173.33	7,464.00			5,065.49
Kruse (243184) Charles	173.33	7,566.00			4,894.66
Kushner (327580) Siri	173.33	11,890.00			7,553.54
Laird (416539) Melissa	173.33	10,422.00			6,535.47
Lawver (434888) Albert	173.33	5,818.00			4,316.15
Lytle (285038) Ross	173.33	7,464.00			5,011.19
Madden (434318) Shannon	173.33	4,495.00			3,278.46
Main (434982) Emily	120.00	5,182.80			3,958.86
May (434674) Martha	116.96	3,108.25			2,310.43
Mazur (388104) Karina	173.33	8,400.00			5,499.05
McMillan (434052) Michelle	173.33	5,866.00			4,197.33
Moen (279971) Anne	174.08	6,871.31			4,716.62
Moontree (406607) Kaela	173.33	5,561.00			3,907.26
Moore (434254) Alexandra	173.33	5,277.00			3,810.56
Morris (312378) Dawn	173.33	7,054.00			4,954.50
Morris (434567) Amanda	173.33	4,495.00			3,549.78
Morrow (433895) Nathan	173.33	16,876.00			8,534.52
Nguyen (295033) Loan	173.33	5,993.00			4,325.17
Nickerson (434837)	131.33	3,639.76			2,661.38
Nielson (434638) Brian	173.33	6,047.00			4,391.81
Noble (3128) Gregoria	22.61	722.84			483.35
North (22459) Edwin	173.33	11,022.00			928.53
O'Brien (433907) Melissa	173.33	5,026.00			3,953.55
Onarheim (426938) Carin	173.33	5,296.00			3,755.79
Outlaw-Spencer (434984)	120.00	4,122.00			3,484.55
Pandino (419118) Linda	173.33	4,982.00			3,745.35
Perales (434396) Sydney	173.33	5,400.00			4,148.90
Perry (306605) Rachel	173.33	4,519.00			3,331.69
Petersen (434695) Kayla	173.33	4,342.00			3,261.98
Phelps (434295) Tameka	173.33	6,698.00			4,777.48
Plemmons (433994)	16.25	888.06			458.18
Power (434293) Allison	24.00	1,036.56			845.78
Quist-Therson (419860) Nii	173.33	8,341.00			6,124.45
Rork (404613) Ian	173.33	6,770.00			4,919.51
Sample (434976) Brittany	173.33	5,349.00			4,057.33
Shelby (434658) Emmy	156.00	6,605.00			5,435.87
Sherman (434949) Linnea	162.08	4,203.29			3,149.43
Shoriz (434893) Justin	173.33	4,924.00			3,764.39
Shuhler (425553) Yana	173.33	4,466.00			3,243.49
Simmons (434365) Nolan	173.33	5,277.00			4,002.50
Smith (361388) Terri	173.33	8,341.00			5,780.55
Sooter (427776) Thaddeus	173.33	8,667.00			6,051.99
Stedman (347366) Kelsey	173.33	9,453.00			6,208.00
Stewart (423168) Tobbi	173.33	6,109.00			4,286.70
Tiemeyer (433908)	173.33	7,730.00			5,349.85
Tjemsland (433192)	173.33	7,130.00			4,972.62
Tonti (434149) Mindy	88.00	2,322.32			1,941.39
Turner (1682) Denise	173.33	5,493.00			3,302.78
Van Ort (392243) Susan	173.33	7,464.00			5,095.44
Wagner (426251) Mary	121.34	3,013.00			2,152.36
Warren (434273) Lisa	120.83	5,284.17			3,797.60
Wellborn (14545) Brian	131.00	3,320.34			1,919.41
Wendt (397255) Jan	173.33	7,580.00			5,614.66
Westervelt (434382) Laura	173.33	6,109.00			4,277.60
White (434641) Erica	173.33	5,897.00			4,598.81
Whitford (434292) Tiffany	173.33	4,099.00			3,003.16
Wickhamshire (434070)	86.67	2,136.00			1,700.45
Wimpenny (434923) Jacob	173.33	6,735.00			4,943.95
Winchester (431493)	173.33	5,277.00			3,825.56
Wyatt (434415) Janet	138.50	6,056.88			4,091.03
	20,092.90	784,280.71	63,608.66	202,332.47	533,954.81

TREAS RPT - Detail Cash Report - Cash

10/4/2023

Treasurer's Detail Report
For 2023 - Sep
Fund: FD00969 Kitsap Public Health General

<u>Ledger Account</u>	<u>Revenue or Spend Category</u>	<u>Journal</u>	<u>Posting Date</u>	<u>Debit</u>	<u>Credit</u>	<u>Balance</u>
		Operational Journal: Kitsap Public Health District -	9/29/2023	0.00	204,500.30	-204,500.30
2317:Payroll Tax Payable		09/29/2023				

(204,500.30)

TREAS RPT - Detail Cash Report - Cash

10/4/2023

Treasurer's Detail Report
For 2023 - Sep
Fund: FD00969 Kitsap Public Health General

<u>Ledger Account</u>	<u>Revenue or Spend Category</u>	<u>Journal</u>	<u>Posting Date</u>	<u>Debit</u>	<u>Credit</u>	<u>Balance</u>
		Operational Journal: Kitsap	9/11/2023	0.00	122,784.63	-122,784.63
2315:Employee Benefits Payable		Public Health District - 09/11/2023				

(122,784.63)